the majority of cases, it will be found of the greatest utility to irrigate the stomach and the colon, and then disinfect the small intestines by the use of such antiseptics as will reach them without losing their power and with the least irritation, and begin at that point to arrest the growth of ferments. This general treatment is applicable, usually, not only in all diseases in which there is so-called dyspepsia, with the exception of cases of cancers and ulcers—in which modifications are necessary—but is applicable also in typhoid fever, in Asiatic cholera, cholera morbus, and in innumerable other morbid conditions of the digestive tract that every physician needs to understand well, and that may occur independently or in connection with some other affections. The stomach tube, for the pure or medicated lavage and disinfection of the stomach plays a most important part. By its use, gallons of water can be used each day or each sitting. The following medicinal agents may be used with advantage in the disinfection of this organ:

ROSENHEIM'S SOLUTION FOR LAVAGE OF THE STOMACH.

Borax	2 drachms.
Creolin	4 grains.
Salicylic acid	18 "
Thymol	4 "

Use with a syphon tube after clear water lavage, once a day for disinfection.

COMPOUND CINNAMON AND CITRIC ACID LAVAGE.

Pasteurine, (composed according to published formula and analysis, of cinnamon, citric acid, gaultheria, witch hazel)	2 ounces.
Water	1 quart.

Use with syphon tube as preceding prescription. Either of these formulas may be used in lavage of the colon.

For the small intestines and for continual disinfection, calomel may first be used in doses varying from $\frac{1}{8}$ to 3 or 5 grains, preceded and followed by an alkaline laxative and then by the long use of acid antiseptics, as Pasteurine, or the use of other products arresting aerobic and anaerobic germs, as naphthol, benzo-naphthol, which spend their force particularly in the small intestines. The stomach and lower bowels can be irrigated with water, medicated or not, with the agents just mentioned, using for the purpose a colon tube four or five feet long. I need not say that the intestinal elimination as well as kidney elimination, should be rendered and continued as perfect as possible. The free use of pure water, hot or cold, is for this purpose, very beneficial. The elimination may be assisted otherwise by medicinal agents as may be deemed best under the circumstances.

There are a number of conditions of the stomach and bowels that can be materially improved and sometimes cured by the proper use of electricity. It is, to-day, practicable to introduce an electrode into the stomach. Having filled it partly with water an electrode is introduced into the stomach, and the other one is applied externally wherever wanted. Galvanism and faradization may thus be produced with perfect safety. The same process of electric treatment, involving the whole length of the canal from the stomach to the rectum, may be used with one pole in the stomach and the other in the lower bowels, thus passing a current longitudinally through the tract. In various forms of atony of the digestive tube, this kind of treatment was found particularly useful.

All these new methods, however, would avail little for permanent cure were it not for the proper use of

dietetics, during and sometimes after the treatment. It is here that the knowledge of the physician in the composition and the physiologic digestion of food is taxed to its utmost capacity; for one can not always prescribe a diet with the assurance of getting favorable results, without being well versed in these branches. Furthermore, it is absolutely necessary in many cases to be acquainted with the physiologic, chemic and bacteriologic condition of the alimentary canal to understand what phenomena must take place when foods of a given kind shall reach it. The haphazard diet that we usually find prescribed in many cases is often fraught with danger or, at least, very commonly produces disturbances more serious than existed before treatment. Very few in general practice would agree, for instance, in giving to the stomach complete rest from any kind of food for as long as six, seven or ten days in the case of catarrh of that organ, feeding the patient during all that time with pre-digested food by colon enemata, and yet this is precisely what is done occasionally in aggravated forms of this disease, and with the very best success.

The greatest difficulty that we find in the way of treating diseases of the alimentary canal by improved methods is that so many object to the use of the stomach tube, fearing its introduction into the organ, because it produces nausea and sometimes a sense of choking; and physicians who will not use this method have encouraged this repulsion and thereby robbed many a patient of this one means of salvation, until no remedy could be successful. On the other hand, I have met practitioners who had used the tube for awhile and stopped it for no other reason than that one or two patients never came back, and the doctors lost that much revenue.

I submit, that since the evidences are eminently in favor of most of the modern improvements and methods of diagnosis and treatment of the diseases of the digestive apparatus I have mentioned, it behooves every physician to give them careful attention. True, it requires time and apparatus, but in the matter of reaping satisfactory results it will pay, although it may not yield much financially.

THE RISE AND FALL OF THE LICENSED PHYSICIAN IN MASSACHUSETTS.

1781-1860.

The President's Address at the Ninth Annual Meeting of the Association of American Physicians held in Washington, May 29, 1894.

BY REGINALD H. FITZ, M.D.

BOSTON.

In calling to order the ninth annual meeting of our Association I desire to express the highest appreciation for the honor you have bestowed upon me in appointing me to preside over your proceedings. To conduct the affairs of so aristocratic a democracy has been made a task so easy that the gift of persuasion, or the knowledge of parliamentary law become wholly unnecessary qualifications. The one obligation which has weighed somewhat heavily is the thought of the opening address which is to prepare the way for such communications as you are to make for the advancement of scientific and practical medicine—all the more as my own attention has been particularly directed for the past few months toward a class of practitioners who have no idea of scientific medicine, and whose only thought of the practice of medicine is how much money can be made out of it.

It may not be uninteresting to learn what men like yourselves, many years ago, did in order to discourage such persons—what they planned, what they accomplished, and why they failed. I will, therefore, ask your attention to the rise and fall of licensed physicians in Massachusetts, 1781–1860.

In the “Records of the Governor and Company of the Massachusetts Bay in New England” (1854, III, 153), is to be found the first legislation concerning the regulation of medical practice in Massachusetts. On May 3, 1649, the General Court, held at Boston, voted as follows:

“Forasmuch as the laws of God (Exod: 20, 13) allows no man to touch the life or limme of any pson except in a judicyall way, bee it hereby ordered and decreed, that no pson or psons whatsoever that are employed about the bodyes of men, woemen, and children for preservation of life or health, as phisitians, chirurgians, midwives, or others, shall presume to exercise or putt forth any act contrary to the knowne rules of arte, nor exercise any force, violence, or cruelty vpon or towards the bodyes of any, whether young or old,—no, not in the most difficult and desperate cases—wth out the advice and consent of such as are skilfull in the same arte, if such may be had, or at least of the wisest and gravest then present, and consent of the patient or patients, (if they be mentis compotes,) much lesse contrary to such advice and consent, vpon such punishment as the nature of the fact may deserve; wch lawe is not intended to discourage any from a lawful vse of their skill, but rather to encourage and direct them in the right vse thereof, and to inhibit and restrayne the presumptuous arrogance of such as through præfidence of their oune skill, or any other sinister respects, dare be bould to attempt to exercise any violence vpon or towards the bodyes of young or old, to the prejudice or hazard of the life or limme of men, woemen, or children.”

Until the years immediately preceding the War of the Revolution there was no more stringent regulation of medical practice than this. But in 1760 the City of New York had found it necessary to regulate the practice of medicine within its limits on account of the abundance of quacks preying upon the community. Five years later the Medical School of the University of Pennsylvania was established, and in the following year the New Jersey Medical Society was founded. In still another year the Medical School of Columbia College began its career; and in 1771 the colony of New Jersey passed its act regulating the practice of medicine, to be followed in 1774 by the abortive attempt in Connecticut.

The years thus ripe in revolutionary ideas and acts produced their fruit in Massachusetts.

Although there were excellent physicians in the larger cities and towns of the Commonwealth, and several of them possessed medical degrees received in Europe, they were few and far between. Most practitioners had served merely a sort of apprenticeship to their seniors. There was no medical school in the State, and but two in the country, and these almost as remote as the leading schools of Europe at the present day. Any one undertook the study of medicine in such manner as he saw fit, and entered his practice with as little preparation as he chose. A considerable number of wholly unqualified practitioners thus were to be found, a source of danger to the community, a disgrace to the name of physician, and a cause of jealousy, contention and distrust among the members of the profession.¹

The example set by New Jersey and New York was one which demanded a speedy following, and thirty-one of the leading physicians of Massachusetts, sixteen being from towns outside of Boston, became incorporated as the Massachusetts Medical Society,

“that a just discrimination should be made between such as are duly educated, and properly qualified for the duties of their profession, and those who may ignorantly and wickedly administer medicine whereby the health and lives of many valuable individuals may be endangered, or perhaps lost to the community.”

That this purpose might be carried out, the President and Fellows of the Society or their appointees from its members were given “full power and authority to examine all candidates for the practice of physic and surgery, who shall offer themselves for examination, respecting their skill in their profession, and if upon such examination, the said candidates shall be found skilled in their profession, and fitted for the practice of it, they shall receive the approbation of the Society in letters testimonial of such examination,” etc. They were obliged, under penalty to hold this examination, although candidates were not obliged to present themselves for approval.

The State thus did not prevent the practice of medicine by any one, but it implied that the letters testimonial of the Society discriminated between the duly educated and properly qualified, and the ignorant and wicked. By the limitation of the maximum membership to seventy, admission to the Fellowship became a proof of distinction which the better educated and higher minded physicians were proud to attain. This number, furthermore, gave evidence of the comparatively few physicians in the State at that time, who were considered worthy of this high distinction. Indeed, it repeatedly happened in the early life of the Society that it was impossible to secure the attendance of a sufficient number of Fellows to form a quorum to transact business.

Two years after the incorporation of the Medical Society the Medical School of Harvard College was established; and it was feared that the power of Harvard College to examine medical students and grant degrees in medicine might interfere with the authority of the Society to examine candidates for practice and issue letters testimonial. According to the memorial of Dr. John Warren in 1811, this “would have produced the most unhappy effects, but for the repeal of an exceptionable article in that establishment, and the accommodating conduct of those who, at that time, were the guardians of science and the patrons of the healing art.”²

But doubts arose with reference to the duties and powers of the Society concerning the examination of candidates and its authority to demand and receive compensation for its services, and an act in addition to the act of incorporation was passed in 1789. It was therein made the duty of the Society, “in order more effectually to answer the designs of their institution, from time to time to describe and point out such a medical instruction or education as they shall judge requisite for candidates for the practice of physic and surgery, previous to their examination before them. . . and they shall cause the same to be published in three newspapers in three different counties within this Commonwealth.”

The Society continued to fail in its object to create a proper standard of medical qualifications. The population of the State rapidly increased, and the number of practitioners likewise. There was no sufficient inducement to lead physicians to apply for

¹ Proceedings of the Massachusetts Medical Society, 1831, 19.

² Dr. S. A. Green's Centennial Address, Med. Comm. Massachusetts Medical Society, 1875–81, xii, 639, 651.

the approval of the Society; and in the first twenty years of its existence only some twenty candidates had received the testimonials in approval of their professional skill.³ In the same period Harvard had conferred its medical degree upon thirty candidates.

Early in the present century Dr. John D. Treadwell, a young, learned, devoted and public-spirited physician of Salem, impressed with the inability of the Society to accomplish its aims, endeavored to improve its usefulness. An extensive correspondence was instituted among the members and with the assistance of Mr. Sewell, afterward Chief Justice of the State, a bill was drafted which, somewhat modified, was enacted in 1803.

The Massachusetts Medical Society, as it now exists, was then instituted; and its plan of organization became a model for other State societies. It was no longer a close corporation with a limited membership, but it was possible for every physician in the State to become a Fellow. It was only necessary that he should have been a student in medicine agreeably to the regulations of the Society, and pass a satisfactory examination before the censors, after which he received a license to become a practitioner of medicine or surgery; "and after three years of approved practice in medicine and surgery, and being of good moral character, and not otherwise," he became a member of the corporation by subscribing to the by-laws.

The medical graduates of Harvard University were made licentiates without passing an examination, since the right to confer degrees had been granted Harvard College long before the Massachusetts Medical Society was incorporated. "The only means of avoiding collision with that ancient and respectable institution was by the compromise which was adopted."⁴

A duly licensed physician in Massachusetts in 1804 was required to give satisfactory evidence of the following qualifications before being admitted to examination for the license: Some acquaintance with Latin and Greek, and with the principles of geometry and natural philosophy; three full years of study under the direction of some respectable physician or physicians whose practice he must have attended. During this time he must have read the most approved authors in anatomy, physiology, chemistry, materia medica, surgery, and the theory and practice of physic. He was examined in physiology, pathology, therapeutics and surgery.

There was still no obligation on the part of any practitioner to present himself for license; and the only privilege enjoyed by the licensed physician, apart from the right to attend the meetings of the Society and the use of its libraries, was exemption from service in the militia.

Notwithstanding the Act of 1803 made it possible for every properly qualified physician to become licensed and a member of the Society, it proved necessary to take further steps to bring them within the fold, and in 1806 a by-law was passed in the following terms:

"To promote the laudable design of the Legislature, in forming and incorporating this Society, to prevent as far as may be all unqualified persons from practising medicine or surgery, and in order to discourage empiricism and quackery: it shall be deemed disreputable and shall be unlawful, for any Fellow of this Society, in the capacity of physi-

cian or surgeon to advise or consult with any person who having been a Fellow of the Society, shall be expelled therefrom, or with any person whatever, who shall thereafter commence the practice of medicine or surgery within this Commonwealth, until he shall have been duly examined and approved by the censors of the Society or by those of some district society," etc.

The object of this by-law was to guard the public against ignorant, designing and unscrupulous pretenders. The Society had provided the means by which physicians could give evidence of having followed a suitable course of study, and it was its duty to inform the public that if it employed unlicensed practitioners it must suffer the consequences.

Notwithstanding these attempts at compelling practitioners to become educated physicians, the standard was evidently too high for all to attain. Many could not comply with the requirements; others did not find a sufficient inducement in the honors and privileges bestowed by the Society. The Thomsonians, then beginning their career, required no education and no license. There was no law to prevent their entering practice; and Chief Justice Parsons⁵ had then made his famous decision in the case of the Commonwealth v. Thomson, "that if the prisoner acted with an honest intention and expectation of curing the deceased by this treatment, although death, unexpected by him, was the consequence, he was not guilty of manslaughter. . . . There is no law which prohibits any man from prescribing for a sick person with his consent if he honestly intends to cure him by his prescription; and it is not felony, if through his ignorance of the quality of the medicine prescribed or of the nature of the disease or of both, the patient, contrary to his expectation, should die."

The Chief Justice evidently felt that there was likely to be need of some legislation which should prevent the occurrence of such cases, for he closes his decision by saying: ⁶ "It is to be exceedingly lamented that people are so easily persuaded to put confidence in these itinerant quacks, and to trust their lives to strangers without knowledge or experience. If this astonishing infatuation should continue, and men are found to yield to the impudent pretensions of ignorant empiricism, there seems to be no adequate remedy by a criminal prosecution, without the interference of the Legislature, if the quack, however weak and presumptuous, should prescribe with honest intentions and expectations of relieving his patients."

In 1811 an unsuccessful attempt was made to incorporate a rival society with the same privileges as those enjoyed by the Massachusetts Medical Society, under the title of the Massachusetts College of Physicians. The announced reason was that two societies were better than one; the real object was thought to be the establishment of a new medical school.

The Massachusetts Medical Society strongly opposed the scheme, on the ground that it was unnecessary and would lead to the rejected candidates of the one society being accepted by the other, whatever might be their qualification, thus producing disagreements and animosities injurious to the profession and to the public.⁷

It is possible that in consequence of the recommendation of Chief Justice Parsons, certainly with the view of discouraging quackery which was rapidly increasing under the influence of Thomson, the Legislature in 1818 passed its first "Act regulating

³ Dr. James Jackson's speech at the Annual Dinner, 1856.

⁴ Proceedings Massachusetts Medical Society, 1831, 26.

⁵ Massachusetts Reports, 1809, vi, 134.

⁶ Op cit. p. 142.

⁷ Dr. S. A. Green, loc. cit., p. 651.

the Practice of Physick and Surgery," which was supplemented in 1819 by "an Act in addition to an Act entitled 'an Act regulating the practice of Physick and Surgery.'"

According to the first of these Acts, no person entering the practice of physic and surgery within the State could recover by law any debt or fees for his professional services unless he had received a medical degree from some college or university, or had been duly licensed by some medical society or college of physicians, or by three Fellows of the Massachusetts Medical Society, designated in each county by its councilors, with power to examine candidates and grant licenses. Copies of these licenses were to be deposited with the clerk of the town, district or plantation in which the licentiate resided.

In the Act of 1819, that the physician might recover his debts by law, it was necessary that he should be a licentiate of the Society or a medical graduate of Harvard. If the candidate for the license was educated out of the State, the censors might waive a new examination if they were satisfied that he had received an education agreeably to the regulations provided by the Society.

It is stated⁸ that this difficult trust was accepted with reluctance,⁹ that the law was not sought for by the Society, and that it was doubtful whether its action was not rather injurious than beneficial. Of this law Chief Justice Shaw said:¹⁰

"It appears to us that the leading and sole purpose of this Act was to guard the public against ignorance, negligence and carelessness in the members of one of the most useful professions, and that the means were intended to be adapted to that object. If the power of licensing were given to the Medical Society exclusively, there would be much more plausible ground, at least, to maintain that the power was conferred on a body who would have a temptation to abuse it, so as to promote their private interests; but where the power is conferred equally on the University charged with the great interests both of general and professional education, and which can not be perceived to have any such interest, that ground of argument seems to be wholly removed, and it seems difficult to perceive how a power which it is important to the community should be placed somewhere could be placed more safely. The courts are all of the opinion that the law in question is not repugnant to the Article of the Bill of Rights, above cited, and that its validity can not be impeached on the ground that it is a violation of any principle of the constitution."

The licensing of physicians by the Society doubtless aided in restraining a certain number of practitioners from adopting some of the methods of the charlatan; but it did not interfere with the encouragement of the latter by the community. I am indebted to Dr. John Homans for the opportunity of quoting from a letter of Dr. George C. Shattuck to Dr. Homans, written July 26, 1828. It gives evidence of the fondness for quackery in Boston at that time:

"The city has 60,000 (inhabitants?) and seventy-one regularly bred physicians. About one-half, from either youth or age, have not much to do. The irregular physicians are numerous, at the head of which, in popular influence, we may place Thomson, who has formed his botanical society, who have individually learned his system of practice by hot drops and sweating, etc. The disciples of this system, perhaps may embrace one-sixth of the population of Boston. The patent medicines are employed in about, I believe, another sixth of the cases."

In 1831 the Society had reached such a degree of success in carrying out the objects of its incorporation that it included in its ranks "nearly every edu-

cated practitioner of medicine or surgery in the State."¹¹

The line of distinction was so strongly drawn between its members and irregular practitioners "that the profession is no longer made responsible in the minds of men for the consequences of their ignorance and malpractice, nor its harmony disturbed by their misconduct; and they are much less successful than formerly in diverting the confidence of the community from regular physicians to themselves."¹²

At this time, however, there were certain discordant elements within the Society which threatened its prosperity and usefulness. Some of the younger physicians were dissatisfied with the clause in the Act of 1803, which demanded a period of three years of probation in practice before admission to full membership in the Society. The Legislature was therefore requested to repeal this clause, which it did by a special act in 1831, and approved candidates became at once Fellows of the Society.

A more serious disturbance, which menaced the harmony and influence of the Society at this time, was the appeal to the Legislature from the physicians of Berkshire County, in the western part of the State. They desired to be incorporated as an independent body, nominally on account of their distance from the headquarters of the Society, their limited privileges, and their dissatisfaction with the requirements of the censors. It was supposed that this action was largely planned in the interests of the Berkshire Medical Institution, a medical school incorporated in 1823, but without the authority to confer the degree of Doctor of Medicine.¹³ It was situated in Pittsfield, and was practically a department of Williams College (not far distant), which had the power to confer degrees, but no medical faculty or medical school. Williams College sanctioned the degree of the candidates educated at the Berkshire Medical Institution. The conditions of this alliance proved important in the courts¹⁴ when the honorary degree of M.D. from Williams College was offered in evidence as a legal qualification. It was decided it was invalid, since the defendant must have both the education and the degree to be a legally qualified practitioner.

In the year following the incorporation of the Berkshire Institution it had petitioned the Legislature to be granted the same privileges as belonged to the medical graduates of Harvard University, the most important of which was that of being acknowledged and received by the Massachusetts Medical Society without examination as regular practitioners of medicine and surgery.

At that time this petition was successfully opposed, on the ground that the Berkshire Institution had no independent board of overseers like Harvard College, and therefore was not under the same restrictions and oversight. The petition to form an independent society was also successfully opposed; but in 1837, with the approval of the Society, an Act was passed, according to which graduates of the Berkshire Medical Institution were "entitled to all the rights, privileges and immunities granted to the medical graduates of Harvard College."

The rights and privileges of the licentiates of the Massachusetts Medical Society had been somewhat extended by the Anatomical Law of 1834, according

⁸ Proceedings Massachusetts Medical Society, 1840, p. 68.

⁹ Loc. cit., 1831, p. 10.

¹⁰ Hewitt v. Charlier, Jr., 16 Pick., 355.

¹¹ Proceedings Massachusetts Medical Society, 1831, 18.

¹² Loc. cit., 1831, 19.

¹³ Loc. cit., 1836, 25.

¹⁴ Wright v. Lauckton, 19 Pick., 291.

to which "the dead bodies of such persons as it may be required to bury at the public expense might be surrendered to any regular physician duly licensed according to the laws of this Commonwealth."

The State had thus definitely committed itself to the regulation of the practice of medicine by the Acts of 1818 and 1819, and had placed the duty of licensing practitioners in the hands of the Massachusetts Medical Society. It conferred but few privileges on the licensed, namely, exemption from militia service and jury duty, the right to obtain and dissect the unclaimed bodies of those to be buried at the public expense, and to collect fees by law.

But unlicensed physicians could take their pay in advance, and were not desirous of the privilege of consulting with the members of the Society. The Thomsonian movement was rapidly spreading throughout the country, appealing to the people by its simplicity and economy, its dogmatic assertions and reports of wonderful cures, its advocacy of vegetable remedies, and its cry of persecution.

The efforts of the Society to include within its ranks all educated practitioners, led in 1836 to the recognition of dentists as practitioners of medicine, since dental surgery was being studied and pursued scientifically by gentlemen of regular medical education.¹⁵

In the following year a further attempt was made in this direction, by requiring that every licentiate or medical graduate of Harvard or Berkshire entitled to admission to the Society must enter within a year after being so entitled, or be deemed an irregular practitioner. This term was applied to all practitioners in the State who were not Fellows or Licentiates of the Society, or doctors in medicine of Harvard or Berkshire. The above regulation was repealed three years later, since it took away "the freedom originally intended to be allowed to all regular physicians to join the Society or not, as they pleased," and stigmatized "as irregular practitioners gentlemen who have been recognized as competent physicians merely for the exercise of this freedom."¹⁶

In 1836, the statutes of the Commonwealth were revised, and the report of the commissioners (1835, Part I, 125), includes all the legislation previously enacted, placing the control of the licensing of physicians in the power of the Society.

But the Legislature did not accept the first section, which read as follows:

"No person who has commenced the practice of physic or surgery, since the year one thousand eight hundred and eighteen, or who shall hereafter commence the practice thereof, shall be entitled to maintain any action for the recovery of any debt or fee accruing for his professional services, unless he shall, previously to rendering these services, have been licensed by the officers of the Massachusetts Medical Society, as hereafter provided, or shall have been graduated a doctor in medicine in Harvard University, or in the Berkshire Medical Institution, by the authority of Williams College."

It also negatived a clause making the neglect to record a license a like disqualification to its non-possession.

The Legislature approved this part of the report of the committee with the above exceptions, and it became chapter 22 of the revised statutes, entitled, "Regulations Concerning the Practice of Physic and Surgery."

According to Dr. J. Mason Warren,¹⁷ the first sec-

tion was omitted in accordance with the wishes of the greater part of the (State Medical) Society . . . as being in its action adverse to their interests. It served merely to excite sympathy, especially for the Thomsonians, and could not prevent them from receiving fees for services rendered.

The Society continued in its work of licensing physicians without apparent disturbance until 1848. At this time its effect in controlling the conditions of medical practice in the State is thus expressed by Dr. A. L. Peirson, of Salem, in behalf of a committee of which he was chairman:¹⁸

"We have steadily elevated our profession, by improving medical education, encouraging the harmony and honorable intercourse of its members, and have protected from the mischief of quackery, by discouraging every show of it among regular practitioners. This simple and efficient plan of the Society has accomplished all that was ever intended by its organization in 1803. . . . It is to be regretted that, from natural causes, in no way to be attributed to the form of organization, the concentrated action of the Society has not been equally felt in all parts of this extended Commonwealth."

According to Dr. Z. B. Adams,¹⁹ there were at this time 1,237 medical practitioners in Massachusetts, most of whom belonged to the Massachusetts Medical Society.

On the contrary, Dr. J. V. C. Smith presented the minority report of the same committee, in which he states:²⁰

"The Society was once eminently useful in protecting the community from the encroachment of ignorant pretenders, . . . and it must be obvious to all that circumstances have greatly changed, our legislative tables have been completely turned, and will probably ever remain so. A license, or medical degree, is no longer requisite for the practice of medicine in Massachusetts, and no laws of the State, or of the Massachusetts Medical Society, are of any avail in guarding the entrance into the profession, or regulating the conduct of its members. . . . Less than one-half of the regular practitioners of medicine now nominally constitute the Society. In Berkshire, there are one hundred; less than twenty belong to the Society. In Hampden, one hundred and thirty (about); and of this number only about twenty or twenty-five are members of the State Society. In some other counties there is doubtless a majority, while in others not one-half of the regular physicians are members. The number of Fellows of the Massachusetts Medical Society is not far from seven hundred, which is not probably one-half of the physicians in the State."

These reports were called forth by a resolution presented by Dr. Childs, of Pittsfield, involving a change in the organization of the Society for the purpose of advancing medical science, promoting harmony and good feeling in the profession, thereby contributing to the best interests of society.

Although the councilors largely favored the views expressed in the majority report, the existence of a considerable degree of dissatisfaction and the necessity of remedying it was apparent in the appointment of a committee to consider the question of altering the by-laws. This committee consisted of Drs. John Ware, A. L. Peirson, W. Lewis, J. Jeffries, J. V. C. Smith, H. H. Childs and John C. Dalton. The report of this committee is especially valuable from the character of the latter, and the recognition of the necessity of the Society to increase and consolidate its strength.

They found²¹ that many members had often expressed the opinion that the Society as constituted

¹⁷ Transactions of the Medical Society of the State of New York, 1844, 1845, 1846, vi, app., 40.

¹⁸ Proceedings of the Massachusetts Medical Society, 1848, 142.

¹⁹ Transactions of the American Medical Association, 1848, i, 366.

²⁰ Proceedings of the Massachusetts Medical Society, 1848, 150.

²¹ Proceedings of the Massachusetts Medical Society, 1848, 155.

¹⁵ Proceedings of the Massachusetts Medical Society, 1836, 116.

¹⁶ Proceedings of the Massachusetts Medical Society, 1840, 72.

did not accomplish all the purposes of which it was capable—and failed to secure the favor of the profession in remote parts of the State. Consequently only a limited number of physicians found it for their interest to become members. They were called upon to obey laws they had no voice in making and to contribute to the expenses of an organization in which they found it difficult to take part. The Society is but little known to those among whom they are thrown, thus has but little influence over them, and is not necessary to their reputable standing among physicians nor to their success with the community that they should be connected with it.

The committee reported various amendments to the by-laws involving favorable action of the Legislature which took place in 1850. By-law V permitted any reputable practitioner of medicine or surgery who had been in practice not less than fifteen years, to be admitted a Fellow, previously to 1852, by the district society where he resides by a vote of two-thirds of the members present at any stated meeting.

The Society was thus endeavoring to increase its influence in the one direction by licensing as many educated and intelligent physicians as possible, and even without examination in certain instances.

This liberality, however, was to be controlled by what many now see to have been an unwise policy, namely, the treatment of the homeopaths.

In 1846²² an applicant for membership stated that he had great confidence in the efficacy of medicine "especially when prepared and prescribed agreeably to the directions of Hahnemann." The councilors referred the application to the censors, with full powers to settle the matter, and they admitted the applicant to membership.

In the meantime the influence of homeopathy was increasing, and in 1850²³ it was moved "that all homeopathic practitioners are, or should be, denominated irregular practitioners, and, according to the By-Laws of this Society, made and provided, ought to be expelled from membership." This resolve was tabled on motion of Dr. Bigelow.

At the next meeting Drs. Hayward, O. W. Holmes and J. B. S. Jackson were appointed a committee "to devise some course of action, to be pursued by the Society, in regard to all homeopaths." This committee reported as follows:²⁴

"1, *Resolved*, That any Fellow of this Society who makes application to resign his Fellowship in consequence of having adopted the principles and practice of homeopathy may be permitted to do so on paying his arrearages; but he shall not be entitled to any of the privileges of Fellowship, nor shall his name be retained in the list of Fellows.

"2, *Resolved*, That a diploma from a homeopathic institution shall not be received as any evidence of a medical education; nor shall the Censors of the Society regard the attendance on the lectures of such institutions, nor the time passed at them, as qualifications which shall entitle candidates to an examination for a license from this Society."

This report was adopted. Three years later the question of homeopathy was again brought before the Society at the annual meeting.²⁵ The Essex North District Society there presented the following resolution:

"Forasmuch as there is no common ground of support or sympathy between homeopathy and allopathy;

"*Resolved*, That if the homeopaths are allowed to retain

their regular standing in the Massachusetts Medical Society, and claim fellowship and counsel with allopaths, we, as consistent and conscientious individuals, request to be honorably discharged from our allegiance and connection with the parent society."

Dr. Spofford presented the following resolution:

"That, while we recognize the right of regular physicians to use medicine in any quantity or doses which they may consider useful to their patients, we consider all use of the name of homeopathy in public papers, on signs or otherwise, as quackish or disreputable, and that all persons who make pretensions to homeopathic practice ought to be excluded from the Society."

These resolutions, together with the whole subject, were referred to the councilors, who appointed the following committee to report upon them: Drs. Bigelow, Metcalf, M. Wyman, Spofford and Alden. Dr. Jacob Bigelow reported in February, 1854, and his report was laid on the table.

In the next year,²⁶ the censors of the Suffolk District Society rejected a candidate for admission who avowed himself practicing upon the principles styled homeopathy, on the ground that he was not "fitted for the practice of medicine." It was voted (Feb. 7, 1855), on motion of Dr. Bowditch, "that the Councilors approve of the course adopted by the Censors of the Massachusetts Medical Society for Suffolk District."

In the following June this district society called the attention of the general society to defects in the by-laws concerning the expulsion of members, with reference to a remedy; and this question, together with that concerning the admission of members, was referred to a committee for a report. A few days later the latter reported. Their report was referred to the councilors for adoption. They, in turn, referred the report to a committee, which altered the recommendations; these were adopted by the councilors in February, 1856, and by the Society on May 29, 1856.

These alterations made it possible to expel a member for any breach of the by-laws, for which censure, expulsion or deprivation of privilege was a penalty, and for any conduct unbecoming and unworthy an honorable physician and member of the Society, in addition to causes hitherto deemed sufficient. A carefully arranged method of conducting trials for offenses was also provided. The report of the committee of the councilors recommending these alterations stated that they had no definite measures to offer with regard to homeopathy, and submitted the subject to the judgment of the councilors. This part of the report was laid on the table without debate.²⁷

June 3, 1856, four days after the adoption of the amended report by the Society, the Homeopathic Medical Society was incorporated by the Legislature. It was authorized to examine all candidates for membership, and, if qualified, give them the approbation of the Society. Its members were declared exempt from militia service.

In the following year, the motion that all candidates for the Fellowship be examined by the censors was referred to a committee, reported upon favorably, and the Legislature passed a special act March 5, 1859, making this method the law.

At this time the revision of the statutes was again under consideration, and the commissioners had made their report to the Legislature, in which the existing laws concerning the regulation of the practice of

²² Loc. cit., 1846, p. 108.

²³ Proceedings Massachusetts Medical Society, 1850, 32.

²⁴ Loc. cit., 1850, 51.

²⁵ Loc. cit., 1853, 102.

²⁶ Loc. cit., 1855, 7.

²⁷ Loc. cit., 1856, 35.

medicine were included. This report was referred to a joint committee, which was subdivided into special committees. The general committee referred the chapter concerning the regulation of medical practice to one of these special committees on May 16, 1859. It instructed this committee, "by special order, to inquire into the expediency of omitting all that part of the chapter relating to the Massachusetts Medical Society and to the regulation of the practice of medicine; and on May 21 they reported to the general committee, amendments striking out every section, and every line, and every word in that chapter which gave the Massachusetts Medical Society any power to examine or license physicians or surgeons, or to prescribe a course of study and qualifications for physicians or surgeons."²⁸

Four days later, the councilors appointed a committee, consisting of Drs. J. Bigelow, A. A. Gould, J. Jeffries, G. C. Shattuck, H. J. Bigelow, H. H. Childs and J. G. Metcalf, and "instructed them to look after the interests of the Society in the Legislature," and they were "authorized to take such measures to protect their interests as they may deem expedient."²⁹

But, in the words of Mr. Benton, "the general committee adopted these proposed amendments, with the addition of a change of title of the Act from 'Regulations concerning the Practice of Physic and Surgery' to 'of the Promotion of Anatomical Science;' and that chapter now stands, with the same title as Chapter 81 of the public statutes. All the amendments were adopted by the Legislature, and were enacted Dec. 28, 1859. . . . The Legislature then deliberately took out of the law of the Commonwealth every provision for the regulation of the practice of medicine or surgery, or for the examination or qualification of physicians or surgeons."

The committee of the Society appointed to look after its interests in the Legislature recommended, Oct. 5, 1859, that "no person shall hereafter be admitted a member of the Society who professes to cure diseases by spiritualism, homeopathy or Thomsonianism," which was adopted. As evidence of the state of feeling at the time, it may be said that at the meeting at which this resolution was approved, it was voted that the Society disclaim all responsibility for the sentiments contained in the annual address of the day previous. This had been delivered by Oliver Wendell Holmes, and was entitled, "Currents and Counter-Currents of Medical Science."

Thus we see that the Massachusetts Medical Society was organized in 1781 with the express purpose of making a just discrimination between duly educated and properly qualified practitioners and those who ignorantly and wickedly administer medicine. For many years its Fellows acted most judiciously in endeavoring to include within their number every educated and moral practitioner in the State. They accomplished this largely by the force of example, association and united encouragement. The State made them the sole source of licenses to practice. The progress of Thomsonianism left their responsibilities essentially intact. The advent of homeopathy found them weak where they should have been strong, short-sighted where they should have been far-seeing. The leaders were obliged to follow, and

the reproval of the censors prevailed against the wisdom of the councilors.

Homeopathic diplomas and homeopathic certificates are now accepted by the Society. Homeopathic physicians have been found fitted to practice by the great public, which decides this question for all. Ten years of increasing intolerance destroyed seventy years of enthusiastic effort, devoted labor, tactful management and wise council in the public interest. The State revoked the control of medical practice, and the people have been the sufferers. The history of Massachusetts in this respect is the history of the country. She was one of the last of the States to lay down the control, and she will be one of the last to resume it.

Thanking you for the patience with which you have listened to an historical narrative which offers but little in the way of moral or example to our own Association, we will proceed to the business of the day.

SOCIETY PROCEEDINGS.

Ohio State Medical Society.

The Forty-ninth Annual Meeting of the Ohio State Medical Society, held at Zanesville, Ohio, May 16, 17 and 18, 1894.

FIRST DAY.

Prayer was offered by the Rev. Charles E. Barnes.

The Address of Welcome was delivered by Dr. E. C. Brush, Chairman of the Committee on Arrangements. The Society was welcomed to Zanesville after a pilgrimage of thirty-nine years.

At the previous meeting held in Zanesville, 1855, Dr. G. S. B. Hempstead, of Portsmouth, presided, and Drs. W. W. Dawson, of Cincinnati, and Charles C. Hildreth, Zanesville, were the Secretaries. Reference was made to Dr. Alfred Ball, of Zanesville, who was the first physician to offer his services to the Governor of Ohio, in 1862, and Dr. Howard Culbertson, who in 1861, was by this Society awarded the prize for the best essay on the use of anesthetics in obstetrics, and also author of the prize essay on excision of the larger joints, presented to the AMERICAN MEDICAL ASSOCIATION in 1876.

The Report of the Committee on Arrangements was then submitted by the Secretary of the Committee, Dr. J. C. Crossland.

Telegrams conveying the congratulations of the Illinois State Medical Society and the Iowa State Medical Society, were received, and the Secretary instructed to return to these bodies, and also to send to the Missouri State Medical Society, the fraternal greetings of the Ohio State Medical Society. These Societies were in session at the same time.

The annual report of the Treasurer and Librarian was read, showing a membership of 665 members, and the Society free from debt. It was accepted.

The report of the Secretary was read and received.

A revised Constitution was submitted by the Special Committee on revision of the Constitution, and was adopted.

The following Committee on Nominations was appointed by the President: Drs. Dudley P. Allen, Geo. A. Collamore, W. J. Conklin, Thad. A. Reamy, and W. J. Scott.

DR. D. S. KELLICOTT, Professor Zoölogy and Entomology, Ohio State University, read the first paper entitled,

THE STATE UNIVERSITY AND MEDICAL EDUCATION.

The author spoke first of the propositions or fundamental principles in accordance with which the University authorities have arranged the course designed especially to prepare students for the successful study of medicine, and then of the course itself.

²⁸ Argument of J. H. Benton, Jr., before the Committee on Public Health, 1885.

²⁹ Proceedings Massachusetts Medical Society, 1859, 112.