Correspondence

The One-Year Clause in Reciprocity.

CHICAGO, NOV. 24, 1906.

To the Editor:—A few of the states engaging in interstate reciprocity require that the original license on which the applicant requests reciprocal recognition, shall have been issued at least one year prior to the issuance of the license under reciprocity.

On June 20, 1906, the Illinois State Board of Health adopted a resolution to the effect that, after January 1, 1907, it would decline to reciprocate with any state exacting the above requirement. A short time later, the Minnesota State Board of Medical Examiners rescinded the above rule, which had previously been adopted by it, and the Wisconsin State Board of Medical Examiners likewise placed itself in accord with the Illinois Board.

One of the states with which Illinois had previously reciprocated, at once terminated reciprocity, although several months intervened before the rule of the Illinois Board would become effective—an act strangely at variance with the avowed advocacy of that state for the furtherance of the interests of practical reciprocity. The reasons assigned by this sister state for continuing the "one year requirement" are as follows:

"It is the best safeguard yet devised to prevent the roving charlatan, without any place of residence, from obtaining a license in _____." "It is believed by the _____ board that a certificate of moral and professional character, signed by parties (sic) of less than one year's acquaintance and actual knowledge of applicant's ethical standing, is of little value in determining the real character of the applicant." "It will also prevent state boards with commercial inclinations from inducing recent graduates and others to give up two fees instead of one, if examinations were taken where practice is intended."

Let us see how the rule works in practice. In Chicago, for example, all students who are certified to the Illinois State Board of Health as members of the senior class in good standing in a recognized medical school are granted the courtesy of a conditional examination at least one month before graduation. Their papers are rated, and, if they have succeeded in attaining the required grade on examination, licenses are issued to them after they have received their diplomas and have presented them to the board for verification. They are thus ready to engage in practice and with the least possible expenditure of time and money in securing the requisite license.

Suppose that one of these men wishes to engage in practice in the neighboring state above referred to, and with which Illinois reciprocates. He is first required to conform to the following conditions exacted by that state: He must present (a) a diploma from a recognized medical college; (b) evidence that his preliminary education is up to the standard; (c) a certificate of good moral, professional and ethical character from the board of his own state. He must (d) state under oath that he has never been a charlatan or quack, and promise under oath never to become one, and, he must present (e) a license issued by the state board of his home state, and (f) a certificate from that board stating that his entrance requirements are up to the standard, that he is a graduate of a medical college and that he has been examined by the board and found duly qualified, and is unreservedly recommended as a proper person to receive a certificate under reciprocity. Even if he conforms to all of these requirements, he is informed that he is not eligible to a certificate under reciprocity; that his certificate is but twelve days old, and that he must wait until it has become twelve months old.

Does his waiting eleven long months have anything to do with his becoming a charlatan? Is he less apt to become a charlatan after a year of unsuccessful practice, in a location which is not his by election, than he would be immediately on his graduation? Is it for a moment to be assumed that, because a man has been a medical student or a hospital interne for the preceding year, it is impossible for him to furnish a certificate of good character? Is it probable that the physicians who have known him more or less intimately for twelve months would be better qualified to certify to his character than those who have come in intimate contact with him in medical school each day for four college years? Is it to be

assumed that the certificate issued by a state board is meaningless, valueless and fraudulent, because the applicant has not been engaged in the practice of medicine in the state for 365 days? Such an assumption is absurd. To refuse to accept the certificate of a sister state for the reasons enumerated above, is insulting to the intelligence and integrity of the board issuing it.

The statement that the requirement that the certificate be at least one year old "will also prevent state boards with commercial inclinations from inducing recent graduates and others to give up two fees instead of one," merits no comment, save that no board could conscientiously or properly enter into any form of reciprocal relationship with sister boards in whose honesty and integrity there was such grave doubt as is implied by the remark.

There seems to us no more valid reason why an applicant's license should be one year old before it is recognized as a legal document, than that his medical diploma should be a year old before he is permitted to take the examination of the state board.

The Illinois State Board of Health is desirous of doing nothing that will interfere with interstate reciprocity on a fair, rational legal basis. It does object, however, to having its licentiates discriminated against in what it deems to be an unfair, arbitrary manner, and its certificates discredited without reasonable justification therefor. The one year requirement might be worthy of closer and more careful study and consideration did more of the examining boards of the nation attach importance to it. As a matter of fact, however, but two of the thirty reciprocating boards of the nation, so far as we know, have such a rule in force. Two others, which once adopted such a rule, abandoned it as unnecessary.

I shall be pleased to hear from those interested on either side of this question, either personally or through the columns of THE JOURNAL.

GEORGE W. WEBSTER.

President Illinois State Board of Health.

Comparative Prices of Various Proprietary and Pharmacopoeial Preparations.

TIVERTON, MASS., NOV. 12, 1906.

To the Editor:—I have just received samples of cystogen from St. Louis. The price is \$1 an ounce. Why should not the physician keep himself posted in the current prices of preparations and not be imposed on by these firms who are filling the shelves of the druggist and the table of the physician with goods under some fanciful name when the same thing can be obtained from some reputable manufacturer at about one-sixth of the price. For example, Mallinckrodt lists hexamethylenamin at 17 cents an ounce, \$1.75 a pound, while Merck lists the same preparation, under the trade name of formin, at the same price. In the article advertised by the Cystogen Chemical Company there does not appear to be any deception except in the name and the statement that it is "A preferred product of hexamethylene tetramine remarkably free from irritating properties." The name appears to be synonym of hexamethylenamine of the U. S. P. But the price!!

EDWARD P. STIMSON, M.D.

The Migratory Needle Story.

PHILADELPHIA, NOV. 30, 1906.

To the Editor:—The belief that needles travel through the tissues of the body is an old one, and in the lay mind the anxiety to have them removed promptly is very prevalent. How such a belief could become so universal was made clear to me by the following case: A colored woman, who was being embraced by her admirer, while sitting on a sofa, suddenly experienced pain due to the entrance of a needle, causing her to cry out. On looking at the site of the pain a needle, broken level with the skin, could be readily felt and seen. She came immediately to my office, but when she reached it the needle had disappeared. I cut down on it and readily extracted it.

The explanation of the disappearance in this case was that in putting on her coat she had probably stretched the skin, which, becoming tense, slipped over the broken end of the needle. In reality the needle was exactly where it was when