

A SUGGESTION THAT NATIONAL LEGISLATION PROVIDE FOR A MEDICAL EXAMINING BOARD TO CONFER A SPECIAL DEGREE IN MEDICINE AND SURGERY

AND THAT THEREAFTER THE STATES, THROUGH THEIR MEDICAL LICENSING BOARDS, SHALL LICENSE ONLY UPON THIS DEGREE.¹

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That there is a plethora of medical colleges and of medical students and practitioners in the United States, is so well-known that it is unnecessary to make the assertion in this paper. That this condition does not exist in countries in which governmental restriction is exercised over the examining and licensing of physicians and surgeons is clearly shown by statistics giving the relative number of medical colleges, students and practitioners in proportion to population in the several countries of the world.

From an editorial published in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, dated March 24, 1894, it is said of the number of students attending the 136 medical colleges in the United States (109 regular medical colleges, 19 "homeopathic" and 8 "eclectic"): "At the sessions of 1885 the total attendance was 10,891 of which 9,245 were regular, 1,032 homeopathic, 614 eclectic. During the sessions of 1893, the attendance was 18,910, of which 16,759 were regular, 1,410 homeopathic and 741 eclectic. These figures show gains in eight years of 73.6 per cent. in the total attendance, 81.2 per cent. for the regular students, 30.6 per cent. for the homeopathic, 20.6 per cent. for the eclectics, an average of 9.2 per annum during the period. The average increase of population during the same period was less than 2.5 per cent. So that instead of being a diminution of students of medicine in relation to population, there is a relative increase nearly four times greater than that of population. As a matter of practical interest to the profession it may be noted that there is an average increment of nearly 6,000 new home-made physicians every year, and that while the population increased 24.8 per cent. during the decade 1881 to 1890, the number of newly graduated physicians increased 50 per cent. during the same period; last year, 1893, the increase was a trifle over 8 per cent." From statistics collected by F. W. Reilly, M.D., making interesting comparisons of the number of students attending medical colleges in the United Kingdom, France, Germany and the United States and Canada, and published in the same journal in the issue of Jan. 12, 1895, I quote the following:

"United Kingdom (Great Britain and Ireland), 8,696 total registered students between 1889 and 1893; for the year 1893, based on yearly accretions, 7,000; population, 37,000,000.

"France, total number medical students inscribed on the books of the Paris Faculty of Medicine for 1894, 5,144; population, 40,000,000.

"Germany, total number medical students registered for 1894, 8,684; population 50,000,000.

"United States and Canada, total number medical students in attendance sessions of 1894, 20,800; population, 70,000,000,

"Proportions: In the United Kingdom, 1 medical student to 5,286 of population; in France, 1 to 7,776 of population; in Germany, 1 to 5,757 of population; in the United States and Canada, 1 to 3,365 of population."

After reading these statistics we doubtless agree with the editor of that journal when in an issue of Dec. 29, 1894 he says concerning the increasing student classes, "Congress may put tariffs up or down, or abolish them entirely, may threaten currency legislation or railroad-pooling bills, or any other device for or against the prosperity of the nation, but here is one American infant industry that thrives apace and asks for no protection. What the struggling practitioner in the already overcrowded ranks thinks of it belongs to another category."

A government medical board upon whose examination alone can licenses to practice be granted, is perhaps the only means by which in the United States this increasing plethora of medical colleges and graduates can be relieved. It is only through national legislation that the medical colleges in the United States, or in fact in any other country, can be forced to adopt a uniformly high standard of medical education. Such a standard will certainly not be attained by the ununited and non-coöperative methods now pursued by the several medical schools of this country.

It can not be expected that Congress will ever take from the several States of the Union the right or power to regulate the licensing of physicians and surgeons; but national legislation can provide for a government medical and surgical examining board that could examine all applicants and to those who pass the examination confer a special degree with some proper title, such as "Fellow in Medicine and Surgery, United States of America." In order to maintain a high standard of requirements for passing this examination and keep this examining body free from political influences, a controlling majority of the members of this board should be selected from the medical staff of the United States Army and Navy. A degree from this board should be accepted as sufficient evidence of qualification or fitness for admission to medical positions in the Army or Navy. For the convenience of applicants in the several States, this examining board could periodically hold meetings in each State or district of the Union.

This government board having been formed for the purpose of examining applicants as to their qualification to practice medicine and surgery and for the purpose of conferring a degree or giving a governmental recognition of that qualification, the several States of the Union would then have a uniform standard upon which they could license physicians to practice, and each State could through its legislature provide that any person not already licensed to practice medicine and surgery in that State must first present a degree from the national board of examiners before he can obtain a license, the applicant's license then to be granted regardless of what medical college he has ever attended or whether he has or has not ever attended a medical college. By this plan the granting and the revocation of licenses to prac-

¹ This Board to be principally composed of and under control of the superior officers of the medical staff of the United States Army and Navy.

tice would still be reserved to each State, the government standard of qualification being the only one upon which licenses would be granted. With such a national examining board in existence, but a short period of time would elapse before all States and territories would license only upon certificates of qualification issued by this board or else permit to practice only those who could register a degree from this board.

In examining the last report of the Secretary of the Illinois State Board of Health, I ascertain that in only sixteen of the forty-nine States and territories in the United States is an examination for a license required of all applicants. The examining boards in these States are appointed by the governor or a local board of health or elected by a county or State medical society; in one State, Texas, they are appointed by judges of district courts. These sixteen States represent but a small proportion of the population of the United States. They are Alabama, Arkansas, Florida, Indian Territory (Cherokee Nation), Maryland, Minnesota, Mississippi, New Jersey, North Carolina, North Dakota, Pennsylvania, South Dakota, Texas, Utah, New York, Virginia and Washington. In the remaining thirty-three States, including the District of Columbia as one, the legal requirements for practice are either none whatever or a license granted upon some diploma, a registration of some diploma, or, in a few States, an examination in the absence of a diploma. At the present time, any licentiate in one State in the Union moving to one of sixteen States that now license only upon examination, would be put to the inconvenience of passing an examination in each one of these States in which he may locate, an experience which could be avoided should all States license upon a degree or certification issued by a national examining board.

No "pathy" should be recognized in the personnel of this board. Since all who practice medicine and surgery, homeopaths and eclectics included, proclaim that they have studied and are familiar with regular medicine and use it in their practice, a degree from this examining board would be simply verification of their claims. If they want a special degree as evidence of knowledge in their preferred "pathy," their own college can furnish them with that. This board should recognize neither "pathies" nor diplomas nor any medical schools or teaching bodies. Homeopaths and eclectics, familiarizing themselves in therapeutics sufficiently to pass the examination before this board, certainly should be able to well understand what they term "comparative therapeutics" and perhaps make such use of their own therapeutic methods as would be in better conformity to their theory and more satisfactory to themselves.

This national board of examiners should be permitted to make its own rules and standard of requirements and exercise its own judgment as to how many and what subjects all the candidates shall be examined upon, the only restriction being that a degree or certificate of qualification shall be issued only upon examination. This would prevent interference through court processes with the proper and satisfactory performance of its duties.

What is suggested in the foregoing may be briefly stated as follows: 1, that national legislation provide that a national board, principally composed and under control of the superior officers of the medical staff of the United States Army and Navy, shall examine all

applicants as to their qualifications to practice medicine and surgery, and, to any one who successfully passes the examination, shall issue a certificate or degree as evidence of such qualification; 2, that thereafter each State legislature, at its option, may provide that its medical licensing board shall accept as evidence of proper medical qualification upon which to issue license only the degrees or certificates of qualification issued by the national examining board.

The national examining board and the State licensing boards would be entirely independent of one another, it being optional with any candidate to undergo an examination by the national board and optional with each State to adopt or accept as evidence of proper qualification to practice medicine and surgery, and upon which to issue a license to practice, the degree or certificate of the national board of examiners or, as at present, a degree from a local or foreign college or a certificate from a State examining board. However, should any State or States or all the States adopt the national standard of qualification for practice and issue licenses only upon certificates or degrees from this national examining board instead of it being optional with the candidate to appear before the national examining board, it will by the State be made necessary that he do this in order to obtain a license. In other words, the States would still reserve to themselves the licensing function and the right of revocation, but would adopt and accept only the national standard of qualification upon which to grant licenses.

The principal results that would follow from licensing physicians and surgeons upon no other evidence or certificate of qualification than a degree conferred by a national examining board under control of the superior officers of the medical staff of the United States Army and Navy, would be as follows:

1. The examining body will not be under the control of politics or of medical colleges, or of medical societies in which members of college faculties have a controlling influence.

2. A better and more uniform standard of qualification would be required. The granting of licenses upon diplomas from all kinds of colleges, both local and foreign, or upon examinations by boards of examiners elected by State and county medical societies or appointed by governors, as is done at present, certainly does not give as good assurance of proper qualifications as would a certificate based upon examination by the superior officers of medical staff of the United States Army and Navy. Who does not know that a college diploma, whether American or foreign, is not infrequently issued to those who are much more poorly qualified than is the average practitioner and to those whose qualifications would be inferior to one who had successfully passed examination by the medical staff of the United States Army and Navy? To the medical profession in foreign countries it certainly must seem peculiar that those who have degrees from European colleges can in this country be licensed upon degrees or diplomas that in the countries in which they are issued would have no legal recognition or would not be recognized by a licensing board or accepted as evidence of proper qualification for practice. It is a well-known fact that in many of the best foreign medical colleges, especially in Germany, attendance upon lectures or college curriculum is not obligatory, and that in applying for a degree of

Doctor of Medicine simply the passing of the examination is required, no other evidence whatever of previous study or attendance upon college curriculum being required. In other words, any person passing the examination in one of these universities can, without ever having studied or attended upon a college curriculum, get the degree of Doctor of Medicine, a foreign diploma, upon which most of the licensing boards in this country will now grant him a license to practice medicine and surgery, while in all American colleges an attendance upon the full college curriculum, extending over a period of four years in the best colleges, is required before a student can present himself for a degree upon which a license will be granted. So great is the American demand for a foreign degree or diploma rather than for a medical education obtained in a foreign college that it is very doubtful whether this custom of issuing degrees or diplomas upon examination alone will soon be corrected in the foreign universities which, while maintaining a high standard of actual college work, are equally as anxious to supply the American demand. If a degree in medicine, even from the best universities, is with good reason discredited by the German government and licensing boards, and also by some other foreign governments and licensing boards, there certainly should be the same reason for discrediting in this country that degree to the extent of also refusing to accept it as sufficient evidence of qualification upon which to issue a license.

3. The standard of requirements for graduation from medical colleges in this country, and perhaps also in European countries, would be increased as a consequence of provisions for a government examining board. In order to acquire such qualifications as would be required by this examining board and avoid the publicity of failure before a government board, students would attend only such medical colleges as give the best instruction and opportunities for study and have the highest standard of requirements for graduation.

4. The number of medical schools in the United States would greatly decrease, since students expecting to appear before this national examining board will not attend the colleges that do not give superior instruction and superior facilities for study.

5. Merited aid will be given to worthy medical schools that now require a high standard of education and desire to still higher advance the standard, since competition from low standard colleges will be eliminated. For this reason legislation favoring such a national board of examiners as is here suggested will doubtless be opposed by the low-standard college men.

6. The number of students beginning the study of medicine and of graduates engaging in its practice after a short period of study and without proper qualifications, would be greatly reduced, a higher and more uniform standard having in this an immediate effect.

7. This national standard of qualification would effect in many cities the consolidation of several medical schools now existing independently and endeavoring to outbid one another through a low standard of requirements for graduation, "not lived up to," but represented ostensibly to the public as a high standard.

8. It would make the practice of medicine and surgery more remunerative by lessening the number

engaging in its study and practice, consequently the number of medical colleges and the number of free clinics that have the medical colleges as an accepted excuse for their existence.

9. General recognition of the necessity for a high standard of medical education and an enforcement of such requirements would doubtless induce some of the best medical schools to be changed to post-graduate colleges, fortunately emphasizing the fact that what we now need are more post-graduate schools and a smaller number of medical schools for undergraduates.

For the benefit of colleges desiring to give proof of the claim that their professors are qualified as teachers, and, furthermore, that the graduates of all sorts of American colleges (regular, homeopathic and eclectic) should not, as at present, have the same standing or recognition when they enter European colleges, it might be well for national legislation to further provide that, any candidate having first passed the general examination or possessing a license from any State, may at any time, upon passing a special examination in any subject or department in medicine or surgery or in sciences cognate thereto (as anatomy, physiology, chemistry, bacteriology, pathology, general surgery, etc.) obtain another degree or certificate of proficiency showing that he is qualified to teach or become a professor in that subject or department of science. The students who enter college to study medicine and surgery and the public who employ them as graduates and practitioners educated in these colleges are certainly entitled to that much assurance or proof of proper qualification on the part of medical instructors, and the faculty of any medical college that actually desires to advance the standard of medical education and the standing of the college itself should certainly hail with delight any plan by which to separate among medical colleges the chaff from the wheat, by which to prove that what is proclaimed in college catalogues and at commencements from the rostrum about thorough instruction is not mere bombast and advertisement.

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THOUGHTS ON VITAL RESISTANCE TO DISEASE—IMMUNITY, NATURAL AND ACQUIRED.

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We occasionally observe individuals whose state of health, physically and mentally, seems so thoroughly perfect that they can and do pass through epidemics of virulently infectious disease unscathed. We observe a far larger number who prove themselves, for the time being at least, impregnable to exposure or even inoculation with germs of certain contagious diseases, and who yet fall easy prey to other diseases on slight exposure. The latter class are protected only as to certain germs, either by the fact of having previously experienced an attack of the given malady, or by some inherent quality in their own organization. In this consideration, the possible protection afforded by some extraneous circumstance, such as approximately perfect sanitary surroundings or the influence of chemic disinfectants, is supposed to be excluded.