

**An introductory lecture on the comparative state of the profession of medicine, and of medical education in the United States and Europe : session MDCCCXLVI-VII / by John Revere.**

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UNIVERSITY OF THE CITY OF NEW YORK.

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AN

INTRODUCTORY LECTURE

ON THE COMPARATIVE STATE OF THE

PROFESSION OF MEDICINE,

AND OF

MEDICAL EDUCATION,

IN THE UNITED STATES AND EUROPE;

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SESSION, MDCCCXLVI-VII.

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BY

JOHN REVERE, M. D.,

Professor of the Theory and Practice of Medicine.

NEW YORK:

PRINTED FOR THE MEDICAL CLASS OF THE UNIVERSITY, AT THE  
HERALD JOB OFFICE, 97 NASSAU-STREET.

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1846-7.

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NEW YORK, Nov. 6, 1846.

PROF. REVERE.

*Sir*—At a meeting of the Students of the University Medical College, held on Monday last, ROBERT M. O'FERRALL, of Ohio, being in the chair, and J. SILL, of Michigan, Acting Secretary, it was unanimously

*Resolved*, That a Committee be appointed to solicit, at the hand of the several Professors, a copy of their excellent Introductory Lectures for publication. We, who have the honor to constitute the above Committee, take great pleasure in expressing the warmest desires of the Class, to which we would add our humble request, that a gratification so great to us, and at the same time so honorable to the Institution, as the publication of *your* eloquent and able address, delivered on Friday last, be not withheld.

With great respect, we are yours, &c.

ROBERT M. O'FERRALL, *Ohio*.  
JAMES FARRINGTON, *N. H.*  
M. C. HOYT, *Vermont*.  
JOHN B. SWEAT, *Maine*.  
WM. H. WILBER, *Massachusetts*.  
EDWIN BENTLEY, *Connecticut*.  
GEORGE D. WILCOX, *Rhode Island*.  
T. M. FRANKLIN, *New York*.  
THOS. E. HUNT, *New Jersey*.  
ROBERT MARTIN, *Pennsylvania*.  
CHAS. GALAGHER, *Delaware*.  
MILES W. PALMER, *Maryland*.  
SAMUEL RIXEY, *Virginia*.  
ALBERT MYERS, *North Carolina*.  
EDWARD SILL, JUN., *South Carolina*.  
W. N. KING, *Georgia*.  
J. D. HOLLY, *Alabama*.  
J. F. DISMUKES, *Mississippi*.  
JAMES F. SEGUIN, *Louisiana*.  
J. P. GARVIN, *Tennessee*.  
ROBERT J. BRYAN, *Kentucky*.  
JOHN J. CONLAN, *Ohio*.  
ZIBA FOOT, *Indiana*.  
JAMES NOBLE, *Illinois*.  
LEON DE ALVEAR, *S. America*.  
ALEX. HARVEY, *Canada*.  
DANIEL F. VASBINDER, *Canada*.  
MATHEW O'CALLAGHAN, *Ireland*.  
R. W. FISHER, *Florida*.  
GEO. A. SMITH, *Texas*.  
THOMAS FRYE, *Arkansas*.

By J. SILL, Secretary of Committee.

UNIVERSITY, NEW YORK, Nov. 10th, 1846.

*Gentlemen*—I felt much flattered by your note of the 6th, asking a copy of my introductory lecture of the present session for publication, though I have heretofore declined this honor. I am prompted to yield at present, not only from my desire to comply with your wishes, but from a belief that much misapprehension exists with respect to the comparative state of the medical institutions for education, and the profession in this country and Europe, which it is the object of the lecture in some degree, to correct. With this purpose, I shall be most happy to place the manuscript, at any time, at your disposal.

With the highest consideration and respect, I am yours,

JOHN REVERE.

Messrs. R. M. O'FERRALL, S. SILL, &c.,  
Committee of the Medical Class.

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## INTRODUCTORY LECTURE.

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It cannot be denied, gentlemen, that there are peculiarities in our profession which, especially at an early period of its history, exposed it to the sneers of the censorious and the ridicule of the satirist ; and that it has been at times assailed by the most caustic wit and biting sarcasm. But within the last half century it has assumed a dignity which has, to a great extent, shielded it from the shafts of ill-nature and ridicule. The numerous illustrious names that have, in that time, graced its annals, and the vast benefits it has manifestly conferred upon mankind, has given to it a rank, and placed it in a position so strong, that it is rare, at present, to hear its claims questioned from any source worthy of attention.

Of late, however, gentlemen, a spirit has arisen in some parts of this country, and within the pale of the profession, as it seems to me, most hostile to its best interests. Attempts have been made to impress the public with the belief that the profession here is in a most degraded state. In one journal especially, in which more accurate knowledge and a different spirit might have been expected, a regular onslaught has been made on the members of the profession and medical schools of the United States. The most serious charges have been brought, and allegations made under the authority of respectable names, which, if true, demand our most serious attention.

As you, gentlemen, are about to unite your destinies with those against whom these grave charges have been preferred, it would seem particularly appropriate to this occasion to inquire as to their soundness and truth. It is my present purpose to do this in all candor, as far as the time will admit. These statements have been published with the signatures of their authors ; but as my objects are opinions, not men, and as I am desirous of avoiding every thing like personality, I shall merely advert to the communications themselves. Indeed, gentlemen, I disclaim, in this investigation, all personal feeling, and profess to be governed merely by pride of profession, and a sense of official duty.

The communications in which these charges are made will be found in the fifteenth, sixteenth and seventeenth numbers of the New York Journal of Medicine.

The allegations alluded to may thus be briefly stated :

1st. That the mass of the members of the profession of medicine in the United States, are grossly deficient in preliminary education and professional acquirements, and in both these respects are far behind



the medical communities of other countries. Though it is not expressly stated, we are left to infer that, in the opinion of one of the writers, the chief exceptions to this remark, are those who have received their medical education in Europe.

2nd. The most sordid, disgraceful management and corrupt practices are attributed to the professors of the medical schools throughout the United States, without distinction, so that, if these statements be true, their diplomas are utterly contemptible.

3rd. They call for a national convention of medical men, to reform these abuses, and give their views as to what should be the standard of medical education.

Let us now examine each of these points : first, as to the degraded state of the profession in this country, in comparison with other countries. I may here remark, that the general aspect of the most elaborate of these communications appears somewhat like a bill of indictment against the profession of medicine and its institutions for education in the United States. It is drawn up with due professional zeal, apparently rather in the hope of establishing the guilt of the party than a mere regard to the ends of truth and justice. It seems to me exclusive, *ex-parte*, and erroneous in many of its assumed facts. I do not say that the writer has intentionally asserted what he believes to be erroneous, but only that, in his eagerness to establish a point, he has overlooked the ends of justice. He assumes, and endeavors to prove, that the physicians of the United States are far inferior in general intelligence and education to those of other countries ; and though he admits that there are exceptions to the general rule, and that we have amongst us *some fully qualified and highly accomplished* physicians, who have never enjoyed the advantages of having studied in Europe, yet, with the exception of this favored few, we are led to infer that the mass of the profession in this country are grossly deficient in early education and professional acquirements. The other writer is more explicit on this point—he remarks, “ that though there may be found here and there a mind so endowed by nature, that, despite the contracting influences of our present system, will rise superior to every obstacle—yet that it is almost universally the reverse with the mass of the profession—the ninety-nine in every hundred. These he describes—“ as entering the profession with but a smattering of anatomy and physiology, hastily caught during a sixteen weeks attendance on a medical college, where he is honored with a parchment and admitted into the ranks of the profession.” But do these remarks hold true as regards the “ mass of the profession in the United States—the ninety-nine in every hundred ?” Is it true, “ that the profession in this country is far behind *the medical* communities of all other countries ?”

Though, gentlemen, I would not presume to associate myself with the accomplished few, educated abroad, so complacently referred to by the writer, yet, like him, it did so happen that I enjoyed the privilege of visiting Europe and spending several years, as a student, in some of their first medical schools. I had also the honor of receiving my doctorate in Edinburgh, when at the very zenith of her glory, and have



since visited the chief medical schools of Europe. Having, likewise, had the honor to be connected, during the last fifteen years, as a professor of the practice of medicine with two among the largest medical schools of the United States, Jefferson Medical College, Philadelphia, and this institution, I have been necessarily thrown into extensive personal intercourse with the members of the profession in almost every part of the United States. I have thus had within my reach an opportunity of comparing the state of the profession in this country with that of some of the nations of Europe. I will now endeavor to draw, briefly, what seems to me a just and fair comparison between them.

Let us, then, compare the mass of medical practitioners in Great Britain, perhaps the most enlightened country in Europe, with those of our own, and, on a fair comparison, I assert that the disadvantage, in many respects, is not with us. It is indispensable, in making this comparison, to keep in view the fact, that the organization of the profession is essentially different in the two countries. In Great Britain the medical men are divided into three classes, viz., Apothecaries, Surgeons and Physicians. Nearly all the practice, except on extraordinary occasions, is in the hands of the apothecaries and surgeons, who constitute the mass—nineteen-twentieths of the medical men. The elite of the profession consists of the doctors of medicine, and the higher class of operating surgeons (whose practice is chiefly consultation) and constitute but a small fraction of the mass. In this country, as you know, this division of labor does not obtain. Here the profession is a *unit*—all the regular members being educated avowedly for the purpose of practising all the branches. Keeping this in view, then, it may be safely asserted that if many of our medical men have defective early education, yet, the remark applies with quite as much force to the mass of practitioners in Great Britain. This is unavoidable from the very circumstances in which they are placed. The medical practitioners, in Great Britain, are generally bound apprentices to surgeons and apothecaries at an early age, before they have had time to receive a proper elementary education, where they remain until they are twenty-one years of age, and are in a condition to begin to practice themselves. In their character of apprentices, they are kept confined to the shops and surgeries of their masters for from five to seven years, with little other opportunity for improvement than in attending the lectures necessary for passing either Apothecaries Hall or the College of Surgeons. These persons are generally taken from the humbler conditions in society, and have few opportunities of intellectual improvement at home in their intercourse with their families, while their positive social rank in that country is very low. Hence, though we occasionally see individuals, by force of talent, rising to the highest professional rank, yet usually the stamp of this defective education is ineffaceable. This was strikingly shown in the language of one of the most eminent British surgeons of modern times. To this I may add, that the London medical schools, to which those chiefly resort who merely intend to pass their examinations at the Apothecaries Hall or



the College of Surgeons, have two courses of lectures during the season, each lasting three months.

On the other hand, it is notorious that the members of the profession, in every part of this country, are derived almost exclusively from the best educated and most respectable class of our citizens; and though a proportion of them may not have passed through an extended course of liberal preparatory studies, yet, taken as a class, they are undoubtedly among our most enlightened and respected citizens—a rank which nothing but merit could sustain.

Thus you will be furnished with a basis on which you may form a judgment as to the general soundness of the position assumed, as to the comparative advantages of the mass of the profession in this country and Great Britain.

But, gentlemen, I admit that there is in Great Britain a class of medical men higher than these—the graduates in medicine of the Universities, and who are known in Great Britain as pure physicians and surgeons. Persons generally connected with respectable families, and possessed of some private fortunes, whose early education has been good, and who have sought, in other countries as well as their own, the means of professional improvement and personal refinement. These, we suppose, we may venture to place as an offset “for the fully qualified and highly accomplished” few (educated in Europe) in our own country, referred to by the writer. When we then candidly compare the whole profession in this country with that in Great Britain, it must be admitted that the last class is proportionally larger than with us. This must necessarily happen in the very nature of things. In a country possessed of the vast wealth of Great Britain, which has been accumulating for so many ages, and in which the political institutions tend to throw and preserve property and influence in the hands of the few—where all the machinery of society has arrived at the highest degree of maturity and perfection—which, from the density of its population, is like one great city with schools and colleges and medical institutions at the door of every one—where the number of public charities for the sick is so great and so munificently endowed, and where the enlightened conductors of them have done all in their power to foster the interests of clinical instruction; it must have necessarily happened that these combined influences have raised up a considerable class of those who may be truly said to be “fully qualified and highly accomplished” practitioners and writers. The comparative numerical deficiency in the United States, of this class, necessarily arises from the converse of all these circumstances. Nevertheless, this class has steadily increased, and must continue to increase with the progressive development of the vast resources of this country, and the increasing importance attached everywhere to the subject of education.

But it is not the cue of the authors of the communications referred, to proscribe openly all the members of the profession. It is rather stated, as it were, incidentally, that they are actually this ignorant and degraded class of persons, for the purpose of establishing another and the principal point. This low state of the profession is therefore attributed



to the sordid spirit and disgraceful management of those into whose hands the cause of medical education has been placed. It is on the devoted heads of the teachers of medicine that all this bitterness is poured ; and were it not that the persons thus spoken of are well known in the different communities in which they live, and have given ample public proofs of their private characters and professional acquirements, it must have been inferred from these statements that the public teachers of medicine throughout the United States have been, and are chiefly, distinguished for their corrupt practices and disgraceful abandonment of the great cause entrusted in their hands. We say these inferences are equally directed against all the medical professors in the United States, as one of the writers expressly declares, that his remarks are not alone applicable to any particular institution, but leaves us to infer that they include all. That our statement is not exaggerated, will be apparent from the following extracts, though I shall not give the most offensive. The writer states, in support of these views, in the first place, that our medical education is so defective that our graduates, when they get to Europe, are ashamed of their diplomas which are scouted by the professional men there. That the writer should have met with persons in Europe disposed, like himself, to hold lightly the scientific institutions of this country, is not surprising. We are all aware that upon all topics, especially like this, there is among Europeans a general affectation of superiority, and a disposition to treat contemptuously everything connected with America—regarding us as a nation of semi-barbarians—whose democratic government is opposed to everything like personal, intellectual and moral refinement. But there are many noble exceptions among Europeans to this ; nor, as far as we have observed, is there much disposition among Americans in Europe to submit, not to say to encourage this arrogance. It is time, gentlemen, this anti-American spirit was rebuked. One is not surprised at seeing your Dickenses, Fiddlers, Trollopes, *et id omne genus*, return your kindness and hospitality with ridicule, insult and abuse—they but obey their instinct. But we cannot see number after number, of a respectable American medical journal, circulate such allegations as these without comment—without feeling mortification and regret. But as regards the general feeling in Europe towards American students, my impressions are the reverse. In my experience, the consideration of American students of medicine in Europe (and they are generally graduates before going) is high, not only among their companions, but their teachers ; I have not only witnessed this myself, but have seen letters from Louis, and other eminent men in Paris and London, most complimentary to the professional intelligence and zeal of this class of persons. I am, therefore, at issue with the writer on this point, and I shall be perfectly satisfied with the decision of those who, being disinterested, are the best informed on this subject.

Let us next inquire how far the alleged deficiencies, among the medical men of the United States, are inseparably connected with the condition of the country and the actual state of society, and how far the profession is likely to be improved by the suggestions of the



writers? It is, gentlemen, a mere truism to assert that the institutions of every country (medical as well as others) must be moulded not only by the moral and intellectual characters and wants of its inhabitants, but the physical conditions in which they are placed. How unreasonable, then, is it to hold up the institutions of Europe, England for example, as a standard to which those of the United States must conform. In the most important respects these countries are the very opposites of each other.

In England, a monarchy and oligarchy, every thing is made to bend to these cardinal points of its government;—the wealthiest and perhaps most civilized nation of modern Europe, from time immemorial, every thing has been done to cherish the interests of science and learning, the great moving powers by which the many are to be controlled by the few. Hence their institutions of learning (medical as well as others) are numerous, richly endowed and efficiently sustained by the government. With a population much larger than our own, she presents a territory less than some of our single states.

By the almost universal adoption in all ranks of the laws of primogeniture, the eldest son is provided for, while the others are left to struggle on as they may. To persons of moderate means, the learned professions are the chief roads to distinction. All these things are the reverse with us; our history has just commenced—our government is, in the highest meaning of the term, a republic, or rather a democracy, where every thing is designed for the many, nothing for the few. All being equally protected by the laws, but no favoritism extended to individuals, or classes, all are equally bid to exert their personal gifts, acquirements and energies for the public good, and to look to their usefulness and efficiency in their several departments, as their only chance of reward. Hence the establishment and support of our universities and colleges (particularly the medical) are the results of individual talent, enterprize and pecuniary hazard, and can only be sustained at great risk, and by untiring personal exertion and ability. With a population of not more than twenty millions, our territory is larger than all Europe. Instead of universities, and colleges, and hospitals in every neighbourhood, in many parts the most elementary knowledge is only accessible to a very few, while it has been estimated that full one-third of those who resort to our principal medical schools are compelled to travel (and in many instances for considerable distance through the wilderness) from five hundred to over two thousand miles. Our universal custom being that of treating all our children alike, in a country just started into national existence, there can be (comparatively speaking) but little accumulation of individual wealth. Hence our students of medicine are for the most part limited in their means. The chance of profit in the profession of medicine is too trifling, in comparison with other pursuits, to induce many of the inhabitants of cities to embark in it; the students of medicine are, therefore, chiefly from the country, their parents engaged in agricultural pursuits or professions, and though perhaps perfectly independent at home, and of the highest standing there, yet they often find it extremely inconvenient



and onerous to supply the ready funds which long journeys and a residence in a large city inevitably demand. In some parts of the country the prejudices arising from the institution of slavery cut off the rising young men of the most respectable classes from almost every other occupation except those of agriculture and the learned professions. How different then the circumstances of students of medicine in the two countries, and we repeat how unreasonable, not to say preposterous to require the same standard.

Among the allegations by which one of the writers endeavours to prove the degraded state of the profession, and of the medical schools throughout the United States, he makes the following assertion:—"There is," says he, "no school in the country whose certificate our army and navy examiners can take as a guarantee of the qualifications of candidates." How disingenuous is this statement! It is so made as to leave the impression, that in Europe this is constantly done, but that owing to the deplorable state of the medical colleges in the United States it is impracticable. It would seem scarcely possible, that one thus undertaking to publicly censure and rebuke others could have been ignorant that subjecting candidates to the examination of an army and navy medical board is as much practised in Great Britain as in the United States, notwithstanding her military and civil power are swayed by one head—one government. But in this country, consisting of so many sovereign confederated states, jealous of each other, and each with its favorite medical institutions, the army and navy belonging in common, to all; it is obvious that this course was inevitable. In the same spirit, the writer also remarks, "It would almost seem from the course pursued by these, (the medical professors,) that our colleges are disposed to offer bounties to young men and entice them away from honest mechanic trades to engage in the study of medicine."

Let us next inquire, briefly, what are the qualifications of candidates for the doctorate required in our principal medical schools; are they adapted to the existing state of society and such as the circumstances will sanction—and how do they compare in their actual requirements and results with those of the most respectable medical institutions in Europe?

The statement of the writer respecting the requisitions of candidates for the degree of M. D. in our principal institutions are marked by the same disingenuousness which pervades all its parts. They are made in a tone of apparent candor, while suppressing some of the most important of the rules of these institutions. The observations of the writer on this subject conclude as follows:—"He (the candidate) is then admitted to an examination. The character of this examination is generally such, that a student who cannot undergo it must be *wofully ignorant indeed.*"—"Hence the rejection of candidates is a matter of exceedingly rare occurrence, and almost all who have complied with the most essential requisites of paying the teacher are sure of being honored with the title to which they aspire."—And on what authority, we would ask, has the writer undertaken to make this statement implicating the characters of all the professors of medicine in every part of the United



States, who may be said, generally, to hold a high rank in society, both as men and prominent members of an honorable profession. The writer does not give us his authority, and we must therefore infer that it rests upon his personal knowledge. That he may know facts concerning some particular institution to which these remarks may be applied is doubtless possible; but the charges here made, as regards the medical schools of the country, generally, are, as far as my personal knowledge goes, absolutely and entirely unfounded. I have had the best means of knowing the actual practice, as regards these examinations, in several of the most respectable medical schools in the United States, as well as those abroad, and I solemnly declare it, as my conviction, that instead of being the mere mockeries here represented, which any "one may pass who is not wofully ignorant," that they are, to say the least, as stringent and searching, and as, I believe, the proportion of rejections are as large as in the most respectable medical schools of Europe. In some respects indeed these examinations are more difficult in our schools than in those of Great Britain. In the latter the topics are more limited. If the person e. g. presents himself as a candidate for the Diploma of Apothecaries Hall, the chief subjects on which he is expected to be prepared are materia medica, pharmacy, chemistry and the kindred branches. But little stress is laid on the practice of medicine and surgery. If before the Royal College of Surgeons, the gist of the examination is surgery and anatomy. If for the doctorate, a knowledge of surgery and the minutiae of anatomy are not exacted. Of course changes have taken place since I passed my examination for the doctorate at Edinburgh, then admitted to be the first medical school in Europe, and exacting the highest standard for its degrees. There were six examinations conducted in the Latin language, but the rule of examination was then such as I have described. On the contrary, in our medical institutions the candidate is expected to be fully prepared, and is critically examined on all these branches.

I repeat then, gentlemen, that the examinations for the degree of M. D. in our respectable medical schools instead of being the farces which the writer describes—"which any one may pass who is not wofully ignorant," and in which the only essential qualification required of the candidate is paying his fees.—I unhesitatingly declare it, as my conviction, that instead of this there are not many of those who have been long engaged in the practice who could successfully endure them, even including *the accomplished few* who have enjoyed the advantages of visiting the medical institutions of Europe. The reason of this is obvious; every one experienced in the matter is aware, that after a few years passed in practice, much of the minute knowledge of anatomy, chemistry, pathology, &c. exacted in these examinations almost unavoidably escapes the grasp of the memory and becomes merged in more important practical acquirements.

It is true, that the term of study exacted by our colleges is but three years, with two full courses of lectures; while in the principal medical colleges of Europe the period is four years. In some of their colleges, also, the curriculum of lectures lasts for six months, while in this country the



regular courses in the principal institutions are only continued from four to five months, though instructions in some of the departments are actually going on for five or six months, or even longer. These are the essential differences between the prominent medical institutions of Europe and this country. Many of the institutions in this country, as regards the facilities they offer to the students for acquiring a knowledge of their profession are of a high character. In the convenience of their buildings, the extent of museums, the facilities for dissection, the tone and character of the lectures, and the ability and zeal of their teachers; we may say, without boasting, in all these respects, that the chief medical schools of the United States will compare not disadvantageously with those of Europe. We do not pretend that our system is perfect, or that it may not be improved by a judicious and temperate course by those who are the best informed on this subject.

The course pursued by the mass of medical students in the United States is generally as follows:—They are, for the most part, the sons of the most respectable of our citizens, who being generally well educated themselves, have extended to their children every advantage of this kind in their power. They seldom commence the study of medicine until they are about twenty years of age. They usually pass the first year in the office of some respectable practitioner in their neighbourhood, and attend their first course of lectures, dissecting and seeing hospital practice. The next two years are spent in the office of their preceptor reading and seeing the local diseases to a greater or less extent, (an object of far greater importance in this country than Great Britain) and generally, as they advance in their studies, assisting their teacher in his practice. Towards the close of their pupillage they again resort to the schools for their second course of lectures at the termination of which, before they can become candidates for the doctorate, they are required to produce their credentials, proving that they are twenty-one years of age; are of good moral character; have studied medicine, for at least three years, under some respectable practitioner; and have attended two full courses of lectures; the proofs on all these points are rigidly enforced. After this the candidates are subjected to a critical examination, which, if passed satisfactorily, entitles them to their degree—if doubtfully, to a second examination; if unsatisfactorily, they are rejected, and must study another year. The professors know that the value of the diploma of each school depends on the facilities which it can offer for imparting professional knowledge, and the evidence which this document furnishes of the probable qualification of the possessor; they are well aware, therefore, of the necessity of keeping a high standard on all these points, and, that their diploma would become worthless and their class-rooms deserted, should the public have just cause even of doubt, as to their fidelity on these important points. Conscious of this, the candidates are most anxious to present themselves well prepared for their examinations. The solicitude exhibited by them and the efforts they make, especially during the last course of lectures, to accomplish this, cannot be surpassed and



would appear scarcely credible to those who have not the means of direct observation.

But, gentlemen, though our medical schools only demand three full years of study and two full courses of lectures, yet in practice probably the majority of the candidates have actually occupied a much longer time, nearer four years, and as the lectures are free after the second course, a very considerable number attend three courses. While many graduates after having been in practice for three or four years again resort to the principal institutions, especially those situated in the large cities. To facilitate this, these institutions admit all graduates in medicine, of more than three years standing, gratuitously. This constitutes a considerable class in such institutions as their catalogues shew. Thus we see it explained how it happens, that the faculty in the United States, as a whole, is as we have stated quite equal to that of Great Britain in their preparatory education and professional qualifications, while they enjoy the highest social position. It rests, as such influence must always rest in this country, upon their personal respectability, usefulness, and professional qualifications. The farther improvement of the profession, gentlemen, must necessarily be a work of time; it must be brought about by the progressive development of the country, society, and the spirit of competition that is abroad, which in this country hurries forward all such honorable and useful enterprises quite as rapidly as they will bear. Glance for a moment at the progress of the institutions for medical education in the United States. During the latter part of the last century, the first attempt to establish a medical school was made by Drs. Shippen, Morgan, Rush and others in Philadelphia. Its commencement was weak and doubtful, but it soon rose into a noble institution which is still in vigor. This example was soon followed by others in every part of the country and we have now about thirty chartered medical colleges, most of them useful and respectable, and some of them that would do honor to any country. How unfair then, how unjust to ourselves, and our profession, is the attempt to undervalue and degrade these institutions and traduce the characters of their founders and teachers! There is, gentlemen, an onward *go-a-head* feeling in this country that does not require the whip or spur. All our public institutions, particularly the medical, feel this impulse, and though they keep in advance of public opinion, and in some degree direct it, yet they cannot force it beyond its legitimate march. This has been strikingly shewn in the attempts that have been made to improve the present system of medical education. There is no point in which the necessity of improvement is more obvious than that of increasing the length of the regular courses of lectures. This, as I personally know, during the last fifteen years has been constantly dwelt upon by the professors themselves in their lectures and echoed in the medical journals. But though all seem to admit its propriety, and though several of the most prominent colleges have made positive and vigorous efforts to accomplish it, yet thus far they have proved only partially successful. There is



no difficulty in extending the course of lectures, as that depends on the volition of the professors, but the great obstacle is to get the class to attend them. I have known three among the most powerful and popular institutions in the country, two of which I have had the honor to be connected with, which have resolutely made the attempt, but thus far with only measured success. It is easy, gentlemen, for those who have little positive knowledge, or direct interest in medical education to asperse those who have; it is much easier to tear down than build up. This fault-finding, too, seems to imply a consciousness of individual superiority in such persons, which though the unreflecting may for a moment admit, more competent judges in the matter will doubt. If, for example, a person should demand a very high standard it seems to imply the exclamation—*Ecce homo!* It would seem to follow, that he was himself an illustration of its propriety, and yet, as we all know, this is not necessarily the case.

But, gentlemen, let us look at the proposals of reform in those who are dissatisfied with the present state of things, that we may see how far their projects are practicable and adapted to the condition of the country. The following are some of the remarks of one of the writers on the standard that should be required before any individual can even become a student of medicine:—“*A thorough and practical knowledge,*” says he “*of every branch of Natural Science, and of the English language, at least should be made an indispensable requisite before entering on the study of medicine or surgery.* The necessity of this is too obvious to need a single argument.” “How,” he inquires, “is the student to appreciate the important influences of location, temperature, &c. without a knowledge of *geology, mineralogy, meteorology,* and the laws of caloric, light, electricity, and attraction, and *natural philosophy?* and how is he rightly to understand the appearance, composition, properties, and above all, the mutual action of medicines upon each other without a thorough knowledge of *chemistry and botany?*” This standard, by implication, the other writer seems to approve with the additional circumstance, that all this should be ascertained by a preparatory examination before the individual should be allowed to commence the study of medicine. Well may the writer exclaim, how few of our students of medicine, at present, come up to this standard! He might have added practitioners, as well as students. We would ask these gentlemen, how many individuals there are (not merely in the profession of medicine, but any other,) within the circle of their acquaintance, who, to use their own expression, have a *thorough and practical knowledge of every branch of Natural Science, of geology, mineralogy, meteorology, chemistry, botany, and Natural Philosophy?* How many individuals, who come up to this standard, do they suppose are to be found in the United States, in Europe, in the world! Can they name one!! Indeed, to attain a *thorough practical knowledge* of any one of these departments of science is the work of a life, and is actually accomplished by very few. Yet it is here asserted, that such knowledge is *indispensable* before the individual should be allowed to commence the study of medicine.



What these gentlemen would propose, as the standard for the doctorate, they do not so specifically define; but we are left to infer from their general statements and views, that they are not less sublimated and Utopian. They would probably require the same period as in the most elaborate medical college of Europe, say from four to seven years study, and the highest curriculum of lectures; twenty or thirty teachers and courses of lectures on as many different medical topics; examinations without number, &c. &c. &c. And suppose it were practicable to find persons capable and willing to engage in such an enterprise, and any institution should adopt such regulations—how many pupils, may we suppose, they would find anxious to avail themselves of such transcendant advantages? One of these writers, at least knows something of the difficulties of getting up a medical class, which has been so strikingly illustrated during the last few years in this city—even where the teachers have only demanded a nominal compensation. It is my conviction, that any institution, whatever its strength and popularity, would inevitably break down in attempting such an innovation, while at the same time it would exert a malign influence upon the profession itself.

The number of graduates from all our medical schools have been estimated at about eight or nine hundred annually. This, at first, seems very large, but on reflection it will be perceived to fall short probably of the actual demand for practitioners in medicine. It is generally supposed that, for effectual medical service, there should be on an average one physician to every thousand persons. The present population of the country is more than twenty millions, while the nature of the profession is shown statistically to be most unfavorable to health and longevity, especially in new countries and warm climates. Hence, it is obvious that the number of medical men rendered unavailable annually, from disease and casualties and death, must be very large; to this must be added the annual increase at least six hundred thousand.

It is obviously for the interest of the public, as well as the dignity of the profession, that practitioners in medicine should be as well educated as the circumstances will admit. But this, it is plain, can best be accomplished by setting up a standard adapted to the actual condition of the country.

Let us suppose, for a moment, that all the medical schools in the United States should adopt and regularly adhere to the standard of these gentlemen. What would be the unavoidable influence upon the medical education and the general state of the profession? The present system places within the reach of almost all the aspirants to the practice of medicine and surgery, such an education and qualifications as will enable them to enter the ranks of the regular profession with honor. But were such high requisitions indispensable certainly not more than one-fourth could probably come up to this standard. What would become of the other three-fourths? Is it not obvious that they would be compelled to fall back and swell the already too numerous class of empirics and irregular practitioners? Is it not plainly, then, the interest and duty of those really anxious to raise the standard of the



profession, to do every thing to foster, among the junior members, the desire and reasonable hope of becoming associated with the regular members of the profession, and what is more necessary for this than taking care not to outrun, on this point, the general judgment, feelings and condition of the country? In the nature of the case, gentlemen, this must be chiefly left in the hands of those who have the management of our institutions for education—whose opportunities of observation are the best—whose interests are directly concerned to keep the standard as high as it will bear—and, as experience has amply shown, have been always in the advance, never in the rear, of public feeling on this point. With the present and increasing competition, in medical education, there can be no danger, as the interests, we might say the very existence even of the most powerful of these institutions, depend on their keeping up to the public standard. The rule above laid down, that the institutions of every country must be adapted to the actual condition of its inhabitants, applies with quite as much force to the different States of the Union as to the different countries in Europe. A moments reflection shews that the standard and rules applicable to the institutions of education (medical or others) must vary in the different States. For example, that the standard in the States of Massachusetts, New York and Pennsylvania, may be most unsuitable to those of Michigan, Missouri or Arkansas. It is obvious, in the nature of things, that no national convention of medical men or other combination can or ought to deprive these different communities of the right of arranging these matters for themselves. But let us do, gentlemen, what we will, each State will have its own rule and standard, and each community will regulate that of the State.

We might now enquire whence this zeal for reform—these denunciations of the profession, and especially of the teachers of medicine? Do they proceed from an exclusive and disinterested love of the profession, and a desire to promote its dignity and honor, or are they prompted by less pure and elevated motives? But as such inquiries might tend to awaken unkind feelings, we shall not pursue them, but close our remarks with the following extract, taken from one of the writers above referred to, to whom we would commend their re-perusal.

“There is, to as great extent, if not greater here (in the United States) than elsewhere, a degree of jealousy and unkind feeling, which ought no where to exist. It would appear that many of our body fall into the gross error of considering *that their individual success depends on decrying others.*” “All,” the writer adds, “who are in the habit of indulging in this very censurable and disloyal course, would do well to bear in mind the *established* truism, that every physician who decries another injures himself by depreciating the general estimation in which his profession should be held, or, in the words of Mr. Percival, a physician should (from motives of interest) cautiously guard against whatever may injure the general respectability of his profession; and should avoid *all contumelious representations of the faculty at large or of individuals; all general charges against their selfishness or probity.*”



“ This evil,” he adds, “ exists to a deplorable extent among us,”—and after the extracts that have been made, can it be doubted.

While, then, gentlemen, every thing around us marks the rapid advances of our country, in all those arts which tend to improve the social and moral condition of man, let us beware that our department does not lag in the rear; that our profession at least keeps equal pace in the general onward movement of society. But, at the same time, let us keep also in mind the wise maxim—*Festina lente*—and recollect that rashness, false zeal, and injudicious haste, are especially to be avoided.



## NEW YORK UNIVERSITY—DEPARTMENT OF MEDICINE.

The Lectures in this Institution will commence on the last Monday of October, and continue four months.

VALENTINE MOTT, M. D., Prof. of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

JOHN REVERE, M. D., Prof. of the Theory and Practice of Medicine.

GRANVILLE SHARP PATTISON, M. D., Prof. of General and Descriptive Anatomy.

MARTYN PAYNE, M. D., Prof. of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M. D., Prof. of Midwifery and the Diseases of Women and Children.

JOHN WILLIAM DRAPER, M. D., Prof. of Chemistry.

WM. H. VAN BUREN, M. D., Prosector to Prof. of Surgery.

WM. DARLING, M. D., Demonstrator of Anatomy.

The fees for a full Course of Lectures amount to \$105. The Student can attend one or more of the Lectures, as he may be disposed, and pay only for those which he attends. The fee for the Diploma is \$30. The Matriculation fee is \$5. The fee for admission to the Dissecting Rooms and Demonstrations is \$5.

The most ample opportunities for Clinical Instruction will be afforded to the Students of the University, and the facilities for dissection will be all that can be desired. The *materiel* is abundant and cheap. The dissecting rooms will be open on 1st of October.

The *New York Hospital*, fifteen minutes walk from the College Buildings, is visited *daily*; and the Students have an opportunity of studying the various Medical and Surgical diseases of that Institution.

The *Eye and Ear Infirmary*, in which more than 1,400 patients are prescribed for annually, is open to the Students.

The *University Surgical Clinique* is attended every Saturday, at the College Buildings, by Prof. MOTT, and the University Students witness the various operations performed by the Professor. More than 600 patients, affected with every variety of malady, are brought before the Class during the season.

The *University Lying-in Charity*, under the charge of Prof. BEDFORD, is ample in its arrangements. During the past five sessions more than 1,200 cases of Midwifery have been attended by the Students of the University.

In addition to these facilities for Clinical observation, there are the various Dispensaries and Charities of the city, containing not less than 40,000 patients, presenting every possible aspect and character of disease.

Excellent Board and Lodging can be had in the vicinity of the College for \$2,50 to \$3 per week.

The number of Students in attendance the last session was 407; and the Degree of Doctor of Medicine was conferred on 135.

N. B.—Students on arriving in the city, by calling at the College Building, 659 Broadway, and asking for the Janitor, will be conducted to Boarding-houses.

Any further information respecting the Institution can be had by addressing the Secretary, Prof. Draper, 659 Broadway.

By order,

JOHN W. DRAPER, *Secretary*.

November 16, 1846.

P. S.—The Faculty have resolved, in future, to deliver a preliminary Course of Lectures during the month of October, commencing the first of the month. Lectures will, therefore, be given daily during the entire month of October, *without extra charge*. These Lectures will, in no way, interfere with the integrity of the regular winter session. The October course, together with the opening of the Dissecting Rooms on the first of the month, will, therefore, present additional facilities to those Students who may be disposed to avail themselves of them.



NEW YORK UNIVERSITY - STATEMENT ON FINANCING

The following is this institution with a mission to the highest quality of education and research in the liberal arts, sciences, and professional fields. The Board of Trustees, the Faculty, and the Administration are committed to the highest standards of academic excellence and financial integrity. The University's financial health is a top priority, and we are committed to ensuring that our resources are used effectively to support our educational mission.

John William Danks, Jr., M.D., President of the University, has led the institution through a period of significant growth and development. Under his leadership, the University has expanded its academic programs, enhanced its research capabilities, and improved its financial standing. The Board of Trustees and the Faculty have worked closely with the Administration to ensure that the University's financial resources are managed responsibly and used to support our educational goals.

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JOHN W. DANKS, JR., President  
November 10, 1916

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