

American versus European medical education : a comparison of American medical college work with that of European medical schools, including some thoughts on free trade in medical diplomas of foreign manufacture / by Samuel O.L. Potter.

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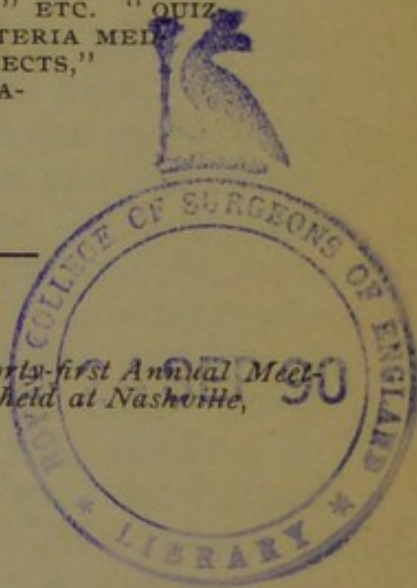
Including some Thoughts upon Free Trade in Medi-
cal Diplomas of Foreign Manufacture.

BY

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"AN INDEX OF COMPARA-
TIVE THERAPEU-
TICS," ETC.

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1890.

A BIRD'S EYE VIEW OF
MEDICAL EDUCATION

A COMPANION TO THE AMERICAN MEDICAL COLLEGE
AND THE AMERICAN MEDICAL ASSOCIATION

BY
THE AMERICAN MEDICAL ASSOCIATION

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AMERICAN VERSUS EUROPEAN MEDICAL EDUCATION.

A COMPARISON OF AMERICAN MEDICAL COLLEGE WORK WITH
THAT OF EUROPEAN MEDICAL SCHOOLS.

INCLUDING SOME THOUGHTS UPON FREE TRADE IN MEDICAL
DIPLOMAS OF FOREIGN MANUFACTURE.

Any American physician who is thrown into the society of European medical men, either at home or abroad, cannot fail to become sensible of a feeling of contempt for American medical education and persons, which pervades the European to such an extent that, polite as he may be, he is never able to wholly disguise it. This sentiment is most freely exhibited by medical immigrants to this country, by gentlemen who come here to settle after having received a foreign medical degree or diploma; and many who show it most offensively are Americans by birth though of foreign parentage, who have been sent abroad for their medical education. If hailing from the German or Austro-Hungarian empires, the diplomas¹ possessed by these gentlemen do not qualify them to practice medicine in the countries where they were obtained; for not one in a thousand of such medical immigrants possesses the certificate of the State examination (Staats-

¹ Throughout this paper I shall use the word "diploma" in its common significance, the certificate of graduation in either College or University.

Examen) of the country in which he was educated. Although, however, their education is not of a grade sufficiently high to admit them to practice at home, they are admitted by our liberal laws and customs to all the legal rights and professional privileges enjoyed by the most highly educated physicians of our own or any other country. In return, very many of them rarely fail to sneer at our colleges and their graduates, or to promulgate the idea that foreign medical education is so superior to ours that American graduates are not worthy of being entitled physicians.

This spirit pervades so many foreign medical men that it becomes exceedingly offensive to us at home, and equally humiliating abroad; especially to those who believe, with the writer, that the assumption is unjust to our professional men and schools; and that it is based upon false information and prejudiced statements, which find their way every now and again into the columns of the European medical press.

That we ourselves are to blame, for this contemptuous treatment from many who are inferior to our poorest graduates, is a fact which becomes apparent after devoting but slight attention to the subject. If we would honor ourselves and our Harvards, Bellevues, Jeffersons, etc., by demanding from the lawyers who make our laws the application of the same tests to, and restrictions upon foreign graduates, which their governments apply to our graduates, we would strike at the root of the evil, and enforce respect with a single blow. If our laws were made to provide that no diploma from a German medical school or University would be recognized by the Pennsylvania State Board of Examiners until such times as graduates of Pennsylvania medical

schools received similar recognition in the German empire, we would hear the last about fraudulent American diplomas being the distinguishing feature of our system of medical education. The authorities at Berlin and Vienna would then speedily take the trouble to inform themselves in regard to the character of our different colleges; and would soon learn to distinguish between fraudulent American diplomas and true ones, as clearly as they do between fraudulent and genuine American bonds and other securities in their financial transactions.

The recent insolent action of the authorities of the medical school at Berlin, in denying to our graduates studying there the right to the letters "M.D." after their names in the catalogue, though giving it to graduated students from other countries, ought to open the eyes of every American physician, and excite a determined spirit of retaliation, unless we have lost our manhood entirely, and are satisfied to submit to any insult from any source. The first effect should be to draw our students away from Berlin, where they have been flocking of late years for post-graduate study; which can be obtained by the English-speaking student with much more direct benefit at London or Edinburgh. If a student is not thoroughly versed in the German language he can obtain but little benefit from a post-graduate year in Berlin or Vienna; unless the atmosphere of those cities is so permeated with medical lore that the student inhales its wisdom as he breathes, or absorbs it from the beer he drinks and the tobacco he smokes. England is our natural mother educationally as in every other respect. Our old time physicians went to Edinburgh to finish up, and there has never been any real reason why our students should go beyond that ancient seat of

learning any farther than London, to obtain any advantage of medical education.

To return to the question, however, whether our medical schools are as deserving of credit as those of Europe, will necessitate our looking somewhat closely at the latter, before drawing any conclusions upon the subject. The very fact that German degrees in medicine are discredited by their own governments, every graduate being obliged to pass the State Examination before being permitted to practice, shows clearly that the diploma of M.D. of the average German University is of little value at home as evidence of a good medical education. Such has always been the impression in England in regard to German degrees, which from time immemorial have been looked upon there with even more contempt than the Berlin dons show for American ones. And when we understand, that attendance upon lectures is not only not obligatory upon the German medical student, but is not even required by the regulations of many of their best Universities, we are not at a loss for a reason why their degrees are discredited. The rule in German colleges seems to be to let the students do pretty much as they please. Understanding this feature of German medical education, that students are admitted to the final examination in many schools, without any requirement as to previous attendance on lectures, we will require a great deal of faith to believe that their average graduates are as well educated as ours, who must attend 80 per cent. of the daily lectures for three collegiate years. The evidence for this statement does not rest on mere hearsay. I have before me the regulations of the University of Heidelberg,² for graduation in medicine; the first of which

reads as follows, in extremely ungrammatical phraseology :

“ 1. *In applying for the examination for the degree of Doctor, no evidence of Medical Studies is required, further than the passing of the Examination.*”

Not only no lectures, but no pupilage, no evidence as to time of study, and the University expressly states that no such requirements are demanded. What a howl would go up all over the world if an American medical college should publish such an announcement to intending medical students?

Many of our State Examining Boards have passed resolutions to the effect that after a certain specified date they will not recognize the diplomas of schools which do not require attendance on three full courses of lectures. The resolution of the California State Board of Examiners is as follows :

“ Resolved, that on and after April 1, 1891, the Board of Examiners of the Medical Society of the State of California will not grant certificates to practice medicine on diplomas issued after that date by colleges which do not require *that all candidates for graduation shall have studied medicine not less than three full years, and shall have attended not less than three full regular courses of lectures delivered during three separate years.*”

If these Boards stand by their announced resolutions they must throw out the diplomas of Heidelberg and many other prominent German Universities, which by their own published regulations show that they do not come up to such a standard as our licensing boards require.

The regulations of the University of Munich (München), are expressed in such broad terms, that it is evident that almost any kind of a med-

² “ Medical Education and Practice in all parts of the World,” by H. J. Hardwicke, M.D., F.R.C.S., etc., London, 1880, page 85.

ical education would comply therewith. They state as follows:³

"Candidates, before being admitted to the Doctorate Examination, must present to the Medical Faculty the following :

1. A Gymnasial certificate, or at least such certificate as shows that the candidate has enjoyed a regular education.

2. Certificates of at least four years' attendance at a University or *Medical Institution*, and of attendance at the *Lectures* on the "*principal branches* of Natural Science and Medicine."

Then follow requirements for certificates as to the candidate's "*assistance at a birth, and the application of a bandage,*" and others equally trifling, after which comes a verbal examination of two hours in the German language, a dissertation written in Latin or German, and fees to the amount of \$75. This standard is far below that of the poorest of the American colleges. The term "*regular education*" in paragraph 1 may mean anything, and the "*Medical Institution*" of paragraph 2 would cover any sort of a concern which the Faculty chose to accept. So also the "*Lectures on the principal branches*" does not define the number of lectures, by whom, or the branches lectured on; and the verbal examination leaves no evidence behind to act as a check upon the Faculty. In fact, the standard of the University of Munich for the degree of M. D. is ridiculously low; and if such regulations were promulgated by an American college, its diploma would be discredited by all our State Boards and Medical Societies.

The regulations of the Universities of Berlin, Leipzig, Bonn, Würzburg, etc., are more definite, and require from three to four years of regular attendance at a medical school. The Austrian

³ Op. cit., page 88.

Universities are all under the same rule, requiring at least five years of work in the medical school, the course occupying nine months in each year.

To all this, the Germanophile will reply, that the quality of the examinations is such that no unworthy candidate can pass. Of this we have no evidence but the official discrediting of these examinations by the State, which is rather against than in favor of their high rank.

A German physician now practicing as a specialist in one of our large cities, and a graduate in medicine of the University of Würzburg, as recently as 1884, told me himself that although an M.D., of that University he could never practice there, for he could not be admitted to the State Examination, not having gone through the proper gymnasium before entering the University. This shows that the degree of this University is granted with very little adherence to governmental regulations; and exhibits a rather anomalous state of affairs, that a man should be an M.D. of a leading University in a country where he never can obtain authority to practice medicine. Yet this man practices here on that degree, and freely abuses the educational institutions of the country which has been so much more generous to him than the land of his own educational career.

To recapitulate then, we see that the medical degrees of German Universities are discredited by the German authorities, and do not entitle their holders to practice in Germany:—that one leading German University, as late as 1880, announced in its regulations that it did not require any attendance at lectures, or anything else, as a prerequisite to examination for its degree of M.D.:—that another leading German University uses the term "*Medical Institution*" in defining the term

of study required of candidates, with other equally indefinite requirements:—and that the quality of their final examinations is just as much an unknown quantity as it is in any other country.

British Medical Education is based upon a much higher standard than that of Germany in respect of the guarantees it gives of the possession of definite qualifications. A British degree or other “qualification” in medicine means that its owner is a man of a certain definite general education, who has received a strictly specified amount of medical training, gone through a certain amount of medical study, and passed examinations as searching as it is possible for examinations to be.

Our evidence for this assertion is three-fold. In the first place the British government accepts the British college diploma as evidence of professional fitness, and makes it its business to see that the diploma has this value. In the second place, the candidate for a diploma is not examined therefor by the men who have taught him, but by a different set of Examiners, who know him only by a number: the Royal Colleges having no teaching powers, and the teaching schools having no power to grant diplomas of any kind. The college examinations in England, therefore, occupy the same place as the German State Examinations; but, being in the accredited position they are, their diplomas mean something; and the anomaly is avoided of having Doctors of Medicine who are not entitled to practice their profession under the laws of the very country which conferred on them the degree of M.D. through its chartered agent, the University.

In the third place, a British medical student is surrounded by definite rules at every step of his course. He must register under the law the fact

that he has begun his study ; he must pass a preliminary examination in general education before he can so register, the subjects of which are strictly defined ;—he must spend so many sessions at a regularly approved hospital, in practical work ;—he must attend so many lectures at a regular school on each specified subject ;—he must receive certain definite practical instruction, dissect so many months, and finally, after not less than four years from the date of his registration as a student, he must pass certain examinations, in part oral, in part written, before a body of Examiners having no interest whatever in the school where he was taught,—men who have never exposed their hobbies to him in lectures, and who do not even know where he received his training. The public is guaranteed that every man who receives a British diploma has gone through this strictly prescribed course, and therefore it can rely upon the fact that the graduate has been properly prepared for his professional work, so far as human institutions can accomplish such preparation. The General Medical Council controls everything pertaining to medical education and registration in the kingdom,—and is a representative body, being composed of one member elected by each of the seventeen colleges, universities, and other qualifying bodies, with six others appointed by the crown.

In making any comparison between the educational standards of two countries, it is impossible to consider the maximum requirements or work done for any degree or other reward, the maximum always varying with each individual student. The only feasible standard of comparison is the *minimum*, the least possible amount of actual work, time, etc., required to make the student eligible to a certain place or position.

Another reason for this position is found in the universal experience of educators that the majority of students will seek the institutions which demand *the least* expenditure of time, work and money, in return for a certain, respectable degree. This is a law the world over, and instances to the contrary are only exceptions to the rule. When the foreign medical man criticizes our methods, it is our *minimum* requirements which he looks up and sneers at. Let us look at the *minimum* requirements for the medical diploma in another of the great countries with which we have most frequent association in matters medical.

The British course of medical study is laid down at *four years* at least; that is to say, the candidate cannot present himself for his final examination until the expiration of four years from the date of his registration as a medical student. So far,—so good!

When, however, we look at the requirements laid down for the various courses of study of which the period of four years is made up, we will find some things which are new to many an American graduate who has spent two faithful years at college, with one previous year or more of pupilage, and then has listened to a Canadian graduate's abuse of the American short term of study.

In the first place, the English student is permitted to spend, out of the four years, one year and a half, or "*one winter session and two summer sessions, receiving Instruction as a Pupil of a legally qualified Practitioner holding such a public appointment, or having such opportunities of imparting a practical knowledge of Medicine, Surgery or Midwifery, as shall be satisfactory to the two colleges.*" I quote from the most recent regulations for the Conjoint Examination by the Royal Col-

lege of Physicians of London and the Royal College of Surgeons of England.

Now, this means the old system of preceptorship which we have always had in addition to our college courses, but which we never counted in speaking of a student's education; and which our colleges are now dropping entirely, and replacing by a third year in college, for reasons which seem good to the profession over here. When an Englishman speaks of our 2 years' course as against his 4 years, he forgets, or perhaps does not know, that our 2-years' colleges always required a previous year of pupilage, and that his own colleges permit $1\frac{1}{2}$ years of their 4 years to be spent in the same way.

This reduces the obligatory period of actual work for an English diploma to $2\frac{1}{2}$ years; but does he spend this $2\frac{1}{2}$ years attending lectures? No, indeed!—he is only obliged to attend lectures for $\frac{1}{2}$ year, one college term of six months. The rest of the $2\frac{1}{2}$ years he is required to put in attending, "*at a recognized Hospital or Hospitals, the Practice of Medicine and Surgery.*" The obligatory course of lectures includes on

Medicine and Surgery,—6 months each, 3 a week on each subject.

Anatomy,—6 months, or one Winter Session.

General Anatomy and Physiology,—6 months, 3 lectures a week.

Midwifery and Diseases peculiar to Women,—3 months.

Pathological Anatomy,—3 months.

Forensic Medicine,—3 months.

Attendance on lectures on Eye and Ear Surgery, and other special branches, as Histology, Microscopy, etc., etc., is optional with the student.

The $2\frac{1}{2}$ years of actual work is thus seen to include only *one course of lectures*, the rest of the time being spent in the Hospital Service of the

Medical School, including service as a clinical clerk and surgical dresser, clinical lectures in the wards, and other practical instruction. This hospital attendance must cover 3 Winter and 2 Summer Sessions, or $2\frac{1}{2}$ years, the whole period not covered by the pupilage of $1\frac{1}{2}$ year: so that evidently the six months' course of lectures is attended at the same time as the hospital service, by one who is doing the minimum time. This is borne out by the following extract from the announcement of St. Bartholomew's Hospital and College, for 1888-1889:

"With reference to Professional studies, other than those in a Medical School, it should be remembered that only 18 months of such studies are recognized by the College of Physicians and the College of Surgeons. Their Regulations require that *at least two years and a half* of the requisite four years of Professional study shall be passed at a *Hospital Medical School*; while, of course, the whole of the four years of compulsory Professional study may be so passed with advantage."

SUMMARIZING THE MINIMUM WORK for an English Diploma, we have—

- (1). Preliminary Exam'n in General Education, followed by Registration.
- (2). Pupilage with a legally qualified and approved Practitioner $1\frac{1}{2}$ year.
- (3). Exam'ns in Anatomy, Physiology, etc., at various times during the course.
- (4). Attendance on the

{	Practice of an Hospital Medical School —the Hospital Service	2	years.
	Lectures of an Hospital Medical School —one Winter Course	$\frac{1}{2}$	year.
- (5). Final Exam'n in Medicine, Surgery and Midwifery, after the minimum period of 4 years.

American Medical Schools must now claim our attention, and though it may seem a trite subject to many of you I trust that I will be able to pre-

sent some new views and interesting features of their work for your consideration. Let us inquire into the minimum amount of work required from the American medical student!

Foreign medical men believe that in many American colleges a medical student can graduate after six months' study. I will acknowledge that, and go further, and say that he can graduate without any study at all, if it so please him. The strongest and most arbitrary governments, with all the exercise of their power and resources, have never been able to entirely stop counterfeiting and smuggling,—both of which offences are constantly going on to some extent. How, then, is it possible for a profession, loosely organized, having no power or resources, to prevent the issuing of fraudulent medical diplomas by criminals who choose to manufacture such documents and sell them to others equally criminal? Such things have been done,—are being done,—and will be done to the end of time! They are more easily done in a new country than in an old one: they are exposed when found out, and the guilty parties punished when a jury can be found to convict them. In some few cases, similar fraudulent practices have been perpetrated under legal cover,—as in the case of the Buchanan College at Philadelphia, the proprietor of which had stolen an old charter, issued forty years before for a college which was never organized. This charter was forgotten, but had never been repealed by the legislature; and under it Buchanan and his faculty of Methodist ministers worked, and sold diplomas for several years. So also, in the case of the fraudulent school started a few years ago in Jefferson County, Kentucky, under the name of the *Jefferson Medical College*, expecting to trade on the reputation of an eminent school in Phila-

delphia, then over 60 years of age, having 10,000 alumni, and a faculty which always included the most honored names in the American medical profession. A similar instance was the recent attempt to erect a fraudulent medical school in Boston, under the name of the *Bellevue Medical College*, stealing the title of a renowned New York college which is known all over the world.

The Berlin college authorities recently told our students, (and individual Englishmen often echo the idea), that they cannot distinguish between our good and our bad schools, and hence must reject all. When they have any money to invest in our railroad bonds, our brewery stocks, or our mining corporations, they make it their business to so distinguish between the good and the bad, —between companies controlled by honest men, and those which are run by thieves. They know the difference between Ontario and Emma mining stocks ;—they do not reject all our securities from their financial consideration because some are bad ; and they can just as easily ascertain which of our schools are deserving of their respect, and which are not so. 'Three hours' work of a medical attachè to the German embassy at Washington would obtain all the needful information, if they desired it.

AMERICAN MEDICAL COLLEGES, good, bad and indifferent, may be arranged in the following four classes, viz.—

(1). Medical colleges which require a preliminary examination before matriculation,—3 full courses of lectures in all branches, of not less than six months each, in not less than 3 calendar years,—and pass examinations during the course; —with full clinical instruction, 3 days in a week, throughout the terms,—before the student is admitted to the final examination. Many of these

schools have even higher requirements than the above, having graded classes, with pass examinations from one to the other; an optional and recommended course of 4 years in college; and require attendance on one or more of their Summer Courses before final examination.

In this class are the Medical Schools of the following Universities,—Harvard, Pennsylvania, Michigan (including the Homœopathic Department of the latter), Cooper Medical College of San Francisco, Jefferson Medical College and the Medico-Chirurgical College of Philadelphia, the College of Physicians and Surgeons of New York, the Boston University School of Medicine (Homœopathic), and a large number of others, embracing colleges in all the larger cities of the country, hardly to be distinguished from each other in the excellence of their teaching, the high professional standing of their Faculties, the strictness and honesty with which they carry out their requirements, and the high character of their graduates. This class includes about 60 per cent. of all the recognized schools.

(2). Medical Colleges requiring as pre-requisites to final examination, 2 full courses of lectures in not less than 2 calendar years, and a previous year of pupilage with a recognized practitioner. Many of these schools have an entrance examination, some adopted the 3-years' plan for a while, and abandoned it when their classes fell off; and most of them have announced their intention to shortly adopt the compulsory 3 years' college course. Such are the Medical Departments of many State Universities, including those of Oregon, Maryland, Iowa, Vermont, Virginia, etc., the University of the City of New York, of Georgetown, and the following colleges,—Bellevue, Yale, Rush, Miami, Ohio, etc.—the full list

comprising many of the very best teaching schools in the country, and about 35 per cent. of all the recognized schools.

(3). Medical Colleges having no preliminary examination, and only requiring 2 courses of lectures, not necessarily in 2 calendar years, however, before admitting to the final examination. The list of these schools, though a very small one, is too large unfortunately; and sometimes a case occurs which would seem to throw a school, of which better things are expected, into this category. Their names cannot be given, inasmuch as to do so would only direct students to them, and aid them in their nefarious practices. They are known sufficiently well by every physician who has had a young man leave his neighborhood, and return after a year or so with a diploma and the title of Doctor of Medicine. They include about 5 per cent. of the recognized schools.

(4). Unrecognized Colleges and other Institutions issuing diplomas which are not accepted by any of the State Examining Boards, or by Medical Societies as a basis of membership. Several lists have been published from time to time of these so-called Colleges. The following is that published by the Iowa State Board of Medical Examiners, as embracing the schools which are not recognized by it. Most of them have no real existence, but would be found in the garret of some quack doctor's house, or in a place for giving hot baths, as was the case in one instance personally known to the writer.

NOT RECOGNIZED.

Diplomas from the following Colleges are *not* recognized by the Iowa State Board of Medical Examiners. For what reasons it is not stated:

American Eclectic College, Cincinnati.

American Health College, Cincinnati.
 American University of Pennsylvania (Buchanan),
 Philadelphia (now suppressed).
 Beach Medical Institute, Indianapolis.
 Bellevue Medical College of Massachusetts.
 College of Physicians and Surgeons, Buffalo, N. Y.
 College of Physicians and Surgeons, Milwaukee.
 Eclectic Medical College of Philadelphia.
 Edinburgh University, Chicago and St. Louis.
 Excelsior Medical College, Boston.
 Hygeo-Therapeutic College, Bergen Heights, N. J.
 Hygeo-Therapeutic College, New York City.
 Joplin Medical College, Joplin, Missouri.
 Livingstone University, Haddonfield, N. J.
 Medical Department of the American University of
 Boston, Boston.
 New England University of Arts and Sciences, Boston.
 New England University Arts and Sciences, Manches-
 ter, N. H.
 Penn Medical University, Philadelphia.
 Philadelphia University of Medicine and Surgery,
 Philadelphia.
 Physio-Eclectic Medical College and Physio-Medical
 College, Cincinnati.
 St. Louis Eclectic Medical College, St. Louis.
 St. Louis Homœopathic Medical College, St. Louis.
 Curtis Physio-Medical Institute, Marion, Ind.
 American Anthropological University of St. Louis.
 Medical Department of Drake University, Des Moines,
 Iowa.
 King Eclectic Medical College, Des Moines, Iowa.

It will now become evident, to those who have followed me, that the vast majority of the schools of this country require 3 years attendance on lectures and clinics in the college ;—that nearly all the others require 1 year of pupilage and 2 years of college work,—and that the recognized schools falling below this latter standard are very few in number, and by the end of next year they will all be obliged to advance their standard to the 3-years' basis, on penalty of being discredited by the State Licensing Boards which have so declared their determination.

In comparing the *Minimum Time* spent by the

American and the English Medical Student, we have their time as follows :

COLLEGES OR SCHOOLS OF MEDICINE.	Tot. Years. of Pupilage with a Practitioner.	Total Years of Actual Work in Medical School.		Tot. Years in Full Course of Study.
		Hospi- tal.	Lec- tures.	
Conjoint Examination for diplomas of Roy. Coll. of Phys., London, and Roy. Coll. of Surg., England.	1½	2	½	4
American Schools of 1st Class, numbering 60 per cent. of the whole.	..	3		3
American Schools of 2nd Class, numbering 35 per cent. of the whole.	1	2		3
American Schools of 3rd Class, numbering 5 per cent. of the whole.	..	2 (?)		2 (?)

So, then, as far as time is concerned, in our first-class schools we require 3 years of actual work to the English student's 2½ years;—in the second-class schools we require 2 years of actual work to the English student's 2½ years; and in our third-class schools everything is doubtful, but they form an insignificant part of the whole, and are located in small cities where their attendance is very slight.

Now, let us look at the *Minimum Work* done by a student in the school I know best, being that in which I have the honor to occupy a chair, the *Cooper Medical College of San Francisco*. In this school, one of the best of the First Class, the student must make, by roll-calls, at least 80 per cent. of the following schedule, before final examination, excepting the number of Months, which represents the actual minimum working time in the three years of the college course, for each branch of study.

COOPER MEDICAL COLLEGE, SAN FRANCISCO.

No. of Mos.				Branches of Study.	No. of Lec- tures.				No. of Clin- ics.				Tot. of Lect. and Clinics.
1 year.	2 year.	3 year.	Total.		1 year.	2 year.	3 year.	Total.	1 year.	2 year.	3 year.	Total.	
5	5	8½	18½	Anatomy	60	60	76	196	.	.	.	.	196
5	5	8½	18½	Anatomy, Demonstra'ns	20	20	52	92	.	.	.	.	92
.	.	.	.	*Anatomy, Dissections.	.	.	.	.	.	.	.	.	.
5	5	.	10	Physiology	60	60	.	120	.	.	.	.	120
.	5	8½	13½	Materia Med. and Thera.	.	60	76	136	.	.	.	.	136
5	5	3½	13½	Chemistry	40	40	32	112	.	.	.	.	112
5	5	8½	18½	Medicine	60	60	76	196	80	144	224	420	
5	5	8½	18½	Surgery	60	60	76	196	80	144	224	420	
5	5	8½	18½	Obstetrics	40	40	40	120	.	.	.	.	120
5	5	5	15	Diseases of Women . . .	40	40	40	120	20	36	56	176	
5	5	5	15	Diseases of Children . .	20	20	20	60	20	36	56	116	
.	5	8½	13½	Eye and Ear Diseases . .	.	.	16	16	60	92	152	168	
5	5	8½	18½	Micros. and Histology . .	40	40	56	136	.	.	.	.	136
.	.	3½	3½	Pathology, Demonstr.	.	.	16	16	.	.	.	.	.
.	.	3½	3½	Mental Diseases . . . . .	.	.	16	16	.	.	.	.	1
.	.	3½	3½	†Physical Diagnosis . . .	.	.	16	16	.	.	.	.	16
.	5	8½	13½	Nervous Diseases . . . .	.	.	.	.	20	36	56	56	
.	5	8½	13½	Genito-Urinary Dis. . . .	.	.	16	16	20	36	56	72	

* Five parts at least. † Taught also in every clinic.

The Intermediate Course occupies 3½ months, from January 15 to April 30; it is obligatory on the third-year students, but is largely attended by those of the second year. The Regular Term occupies 5 months, from June 1 to October 31, and is obligatory on all three classes. Ten clinics are held at the College every week in the entire calendar year; and 4 clinics are held at the City and County Hospital every week by the Clinical Professors of Medicine and Surgery. The student's daily work begins at a clinic at 8 o'clock A.M. on Monday, and continues every week-day to 5:30 P.M. except Saturday, on which day it ends at 4 P.M. This does not include extra-mural quizzes, and other optional work which is always going on during the term. In the Intermediate Course 16 Lectures and 16 Clinics are delivered in each week; in the Regular Course the weekly exercises number 24 Lectures and 15 Clinics. The Practical

Anatomy is counted by parts of the subject, five parts, dissected to the satisfaction of the Demonstrator, being required of every student. Pass examinations are held at the end of every term, a Preliminary Examination is required before matriculation of all non-graduates in arts, and the Final Examination for the Degree is both written and oral, occupies nearly two weeks, and includes practical examinations at the bedside by the Clinical Professors of Medicine and Surgery. Besides the above, each member of the Faculty constantly quizzes his class either in the clinic or the lecture-room,—and knows thereby the exact standing of each student long before the final examination arrives.

Such is the minimum work in one school; its maximum varies with the individual students. Several voluntarily take a four-year's college course, all who can get such appointments, spend a year after graduation as internes in the various hospitals of the city and State;—some go abroad every year for a post-graduate course in Berlin, Vienna, Edinburgh or London; a few go up for the Army and Naval examinations; and several are obliged to remain or go elsewhere, having failed in the final examination.

It is not our policy to reject men at the final examination, if we can help it; but rather to weed them out at the end of their second year. If, at that time, we see that a student is not up to the standard, he is quietly advised of the fact, and he does not enter the third year's class. As a result of this policy we find our final rejections are few in number, a fact which is often misrepresented by persons who do not care to examine into the truth of the matter.

The self-sacrifice shown by our Faculty is but a sample of what is shown in nearly all our med-

ical schools. Each member of ours gives, on an average, ten hours of his time weekly to college work, exclusive of the hours spent in preparation, and not one draws a cent from its treasury. Our President and Founder, L. C. Lane, A. M., M.D. (Jeff.), L.L.D. (Union Coll.), M.R.C.S. England, M.D. (Berlin Univ.), has spent of his own private funds fully \$250,000 on our building and site; and this in the evening of his career, after his professional triumphs have been won, and when he has nothing to obtain in honors, for he has received them all, from either his profession or the community. Such noble work as this is being done throughout the land by great-hearted men; and it is inexpressibly provoking to see the results of their self-abnegation referred to with contempt by others, who never in their lives gave a dollar or a minute to the cause of medical education.

One of our college experiences may prove interesting to our critics over the water. We have applications every year for admittance, asking short terms and guaranteed graduation, from people who do not know our methods; but fully 90 per cent. of such applications come from the English colonies in Australia, Tasmania, New Zealand and British Columbia, from would-be physicians who have read in English medical journals that medical diplomas are to be purchased here in open market. These applicants always state that they cannot afford to stay very long, and usually add the remark that expense is no object. Our Dean replies to all such by sending a copy of our Announcement, and adding the information that its requirements are strictly adhered to. Our organic law forbids our conferring an honorary degree, or even a degree *ad eundem*.

Some few English medical men have given credit to American medical colleges for what they

are doing. For example, in the preface to the book already cited, Dr. Hardwicke says: "In some of the States of the Union there exist a great number of first-class and highly respectable Universities and Medical Colleges, capable of affording as good and sound an education as can be obtained in Europe. *Harvard, Pennsylvania, New York, Bellevue and Jefferson, are names honored as much in Europe as in America.*"

Unfortunately, however, there are many instances of a less fair spirit among English medical writers. The following is a recent and most glaring instance:

"AMERICAN DEGREES.

"Having written a reliable friend in the United States of America for information respecting a certain American Degree, he kindly writes (October 10, 1889) "The enclosed bears on your enquiry." The following is the enclosure from the *Kansas City Daily Star* of October 2, 1889:

"Degrees are acquired in the United States with alarming facility. The *North American Review* for October contains a very instructive, if somewhat alarming article by Drs. Eggleston, Flint and Doremus, in which, under the title 'The Doors Open to Quackery,' the writers discuss the present methods by which professors of the art of healing are manufactured in America, and turned loose upon a luckless community. Dr. Eggleston says that there are 'not a dozen American medical colleges out of 117 that would be tolerated for a moment in any country that pretends to be civilized;' and this, despite the efforts of the best men in the medical profession, which are openly combated or secretly thwarted by quacks, charlatans, and low class colleges. It clearly is not for want of degree granting colleges that the American doctor is less informed than his brethren in other countries, for it seems that, taking the average of all other countries as a fair average, there are schools enough in America to educate medical men for 300,000,000 people, but in most of them the standards for matriculation and graduation have been put down so low as to make an American diploma almost a reproach in other countries. It will be remembered that Dr. Rauch, of the Illinois

Board of Health, visited Montreal during the small-pox epidemic that raged in this city some months ago. Dr. Rauch was able to speak in terms of high commendation of the general sanitary regulations of Montreal, and the means it has at command for coping with zymotic disease. Dr. Rauch, it seems, put up a young journalist of Springfield, Ill., to try for a medical diploma from the Bellevue Medical College, Boston, Mass., the President of which is a rabid anti-vaccinationist. The diploma was granted and the reader will be interested by the perusal of the thesis on the strength of which this license to kill was issued.

' VACCINATION.

'The Grate increase of Disease in theese Late years Calls for Explanation Undoubtedly the Doctors of this day is to blame for very much of it. But more than anything Else in my opinion is the Inseartion into the Pure Blood and Vitle fluid of our Inosent offspring of that vile Diseas of the animals cowpox So grate has the Curse Be- came that Privelidges of School Edication is denied in this and Many other States to those who wisely refuse to Submit to this Curse that is just a Peace of the Non- sensikal Medica teachings of the Day when Theory and Imagination Rool instead of Practical Expearance and which keaps its Studends in close Confinement a Big part of three or four years to hear the Nonsens which is thear peddled out to them consumption Siffles and Skin Disease Runn Wild among the people This calls for a Strong Kick on the Part of our noble Profession which should seak to build upp the Health and Streangth of the People instedd of Planting the seeds of Diseas in them To Prove that Vaccination Don't do no good we nead ondly to say that Thear has Been More Small Pox in this Place in the last year than thear was in the last Nineteen or Twenty year and more deaths from it I neadnt say no more About a Thing that is so Plane to Eny thinking Man or Woman Eather we should all Band ourselves together in all Parts of the Country to Shutt off this Cursed Practiss the People Should be Tought Better But the Days is Cumming when Enlightenment will take the Place of Ignoranse and Prejudice and when that Time Comes these fannatics who live by Scaring People will have to step aside and Vaccination will not be Heard of any more.' "

[To save us in England from the deluge of worthless American degrees, there ought at least to be a law com-

selling the publication after the degree of the source whence it was obtained.]”—*Exch.*

The tone of this publication is exceedingly aggravating, putting, as it does, an impudent forgery and fraud upon a level with our medical schools, and insinuating that such degrees are “American Degrees,” as it does by its title, as also by the mis-statements of its correspondent. If, in some backwards settlement of Canada or Australia, named *Oxford*, some two or three men should get together and style themselves a University, “*The University of Oxford*,” issue diplomas to whoever would buy, making M.D.s, D.D.s, L.L.D.s, etc., and when the fraud was exposed and published, an American medical journal should quote the circumstance as an illustration of the value of English degrees, the case would be an exact parallel. When referring to the Buchanan fraud in Philadelphia, most Englishmen who know of it will use it as an illustration of the methods of Philadelphia medical schools; but will not tell that Dr. Buchanan was a graduate of the Faculty of Physicians and Surgeons of Glasgow, in Scotland;—that every one of his associate professors were Methodist Ministers, not physicians,—and that he and they are now doing a long term in the penitentiary for their fraudulent practices. As remarked before, imperial governments cannot entirely stop the practices of counterfeiting and smuggling, how then can we, without power of any kind, prevent forgery in our professional diplomas.

England and the United States should stand hand in hand, and shoulder to shoulder, against all the world besides; and if they only would do so, no power on earth could injure either of them. But depreciation of our institutions by English writers makes Americans sulky and “ugly,” as

they say themselves, and they will not *try* to rectify erroneous beliefs regarding matters which should be better understood. They look to England as to a mother, and expect her praise and her encouragement in their progress upward and onward. They have so far received Englishmen as honored elder brothers; but some day they will turn upon this persistent misrepresentation, stop all free trade in medical diplomas of foreign manufacture; and, following Canada's example, force other nations to respect their educational institutions.

The history of the Canadian episode is very instructive in this connection. A few years ago some graduates of her medical schools were refused registration in England upon their Canadian diplomas; whereupon Canada, with becoming self-respect, passed laws requiring English medical immigrants to submit to local examination before being licensed to practice in Canada. At the very next session of the British parliament the government brought in a bill, which passed, and is now the law of Great Britain. This bill provides for the registration in Great Britain of graduates in medicine of *any country* which grants reciprocal rights to British graduates, provided,—that the Queen in Council has named a day upon which said law shall take effect for each State or Country. The Queen in Council speedily named a day for Canada, but has never yet done so for any State in the American Union. It would be interesting to see whether she would propose to do so for any American State which should legislate against the recognition of British medical diplomas.

When our difficulties are taken into consideration,—when it is remembered that every American State, young or old, governs its own educational matters;—that the central government has no con-

trol whatever over the practice of any profession, except in its own courts, and in its own military and naval establishments ;—that, as yet, we have no endowments for our medical colleges ;—that, under our democratic institutions every medical sect or delusion can obtain sufficient following to secure from the politicians charters for so-called colleges, with the right to issue diplomas ;—that we have three distinct bodies of medical practitioners, recognized by law, viz.: the Regular, the Homœopathic, and the so-called Eclectic ;—that every effort to secure the passage of laws to control medical practice and education is fought bitterly by two of these bodies, and by spiritualists, faith-healers, magnetic healers, Christian Scientists, metaphysical healers, electro-biologists, *et hoc genus omne* ;—that juries in the large cities are often composed of the scum of European humanity ;—that such juries will not convict the most flagrant violators of medical laws ;—it is really a wonder that we have done as well as we have in this matter of medical education. Only by the self-sacrificing labor of the much-abused Professors in our great schools, have these institutions reached the high standard which is conceded to them by all fair-minded investigators.

One fact, which is patent to all close observers of matters medical, and which is highly complimentary to American graduates, is that the great majority of the quackish members of the profession in this country is composed of foreign graduates. Leaving out of consideration the openly-acknowledged quacks, many of whom append foreign titles to their names, but whose claims cannot be verified, and looking at the recognized medical men who, in every community, are running in non-ethical paths, we will find 99 per cent. of them to be graduates of

foreign schools. The men who erect blazing signs, brass hands with index fingers pointing from the side-walks to their offices ;—who drive foreign-looking vehicles, and carry therein terrier dogs trained to bark at the passers-by ;—who falsely claim to have received the Victoria Cross and other decorations before emigrating to America ;—who wear décolletè shirts, and dress in the most blazè style ;—who cover their waiting room walls with framed certificates from every dispensary they ever stuck their noses into, and fill their waiting-room chairs with charity patients as stool-pigeons for others ;—who employ “ cap-pers ” and “ steerers ” at the railroad depôts and steamer landings ;—who dazzle their callers’ eyes with big brass microscopes, and pneumatic cabinets as large as a hotel safe ;—who organize clubs for medical treatment, and take obstetrical cases at \$10. each, including nine days’ attendance ;—who seek appointments to Sons of St. George, Caledonian Societies, Turner-bunds, and Base-ball clubs, as physicians thereto ;—in one word the men who are daily prostituting their noble profession, degrading it to the level of a trade, by adopting trade methods in lieu of professional dignity ;—these are almost invariably medical immigrants, graduates of foreign medical schools. Not daring to practice such devices at home, they come to our hospitable shores, and with haughty contempt for our generous and free institutions, assume that “ every thing goes, don’t you know, in America ! ”

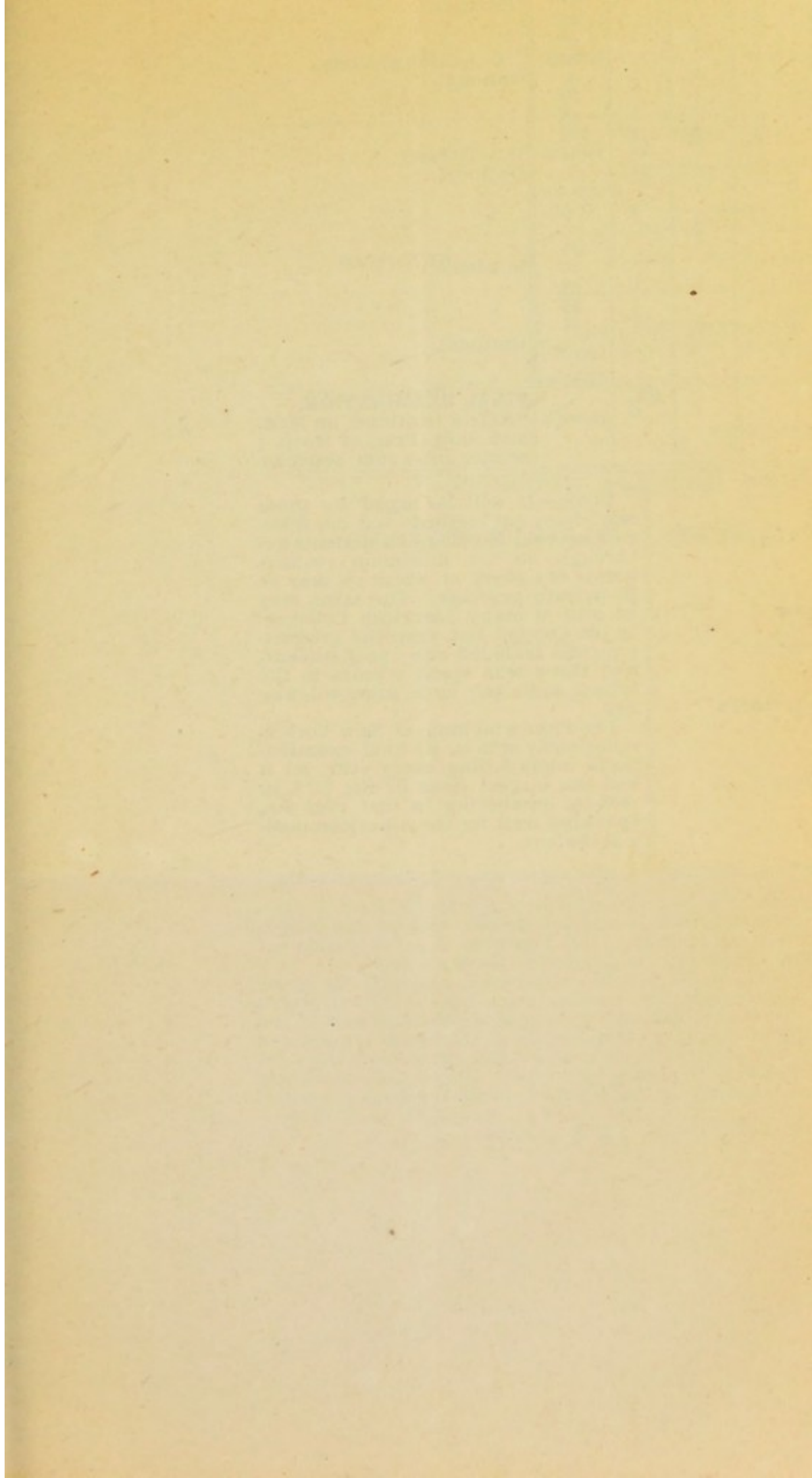
I would propose two remedial measures for these difficulties. The first is a suggestion that the American Medical Association memorialize Congress to institute, establish, and maintain, a *National Medical College* in Washington, for post-graduate special instruction and training for one

year, of candidates for the Medical Services of the Army and Navy. That such school be open to all graduates of American Medical Colleges in good standing without regard to age;—that, the final examination passed, its diploma shall qualify for the Army and Navy for those within the proper limit of age;—and for all others shall qualify for appointments on Pension Boards, the Indian Reservations, the Marine-Hospital Service, Surgeons in the State Militia, Acting Assistant Surgeons in all the services, etc. That all such graduates thereof be enrolled in an "*Army Medical Reserve Corps*," from which alone the government would appoint extra Surgeons in the Army and Navy in case of need, up to certain ages. Such a National Medical school would prove of inestimable value in consolidating and regulating the standards and requirements of our State medical colleges; and by establishing a fixed standard of professional acquirements, would be of great benefit to the people at large, and to the medical profession, without infringing on the rights of the States in educational matters.

Secondly—I would suggest that the American Medical Association proceed, by committee, to endeavor to obtain from England full legal and professional recognition for such of the graduates of our best schools who have evidence of equal preliminary education, and of four years' study before graduation, by showing to the English authorities that our 3-years' course is fully equal to their 4-years' one. This recognition, if obtained, would bind the medical men of the two nations in close bonds of sympathetic union; and do much towards advancing the pan-Anglo-Saxon Confederation which must some day be realized. It would stimulate our second-grade schools to the early adoption of a higher

standard. It would make London, instead of Berlin and Vienna, the Mecca of our young graduates ; and the resort of our weary practitioners, when seeking to combine relaxation with study in the great world-centres. These men would cross the ocean with lighter hearts if they could feel that as graduates of Harvard, Jefferson, Cooper, Physicians and Surgeons of New York, Bellevue, etc., they could enter the wards of the London hospitals with as much respect from the natives as an L. S. A. receives in those of Philadelphia or New York. Such recognition would enable our Thomases, Da Costas, Pancoasts, Bartholows, Lanes, Senns, Van Burens, Flints, etc., our princes of medicine and surgery, to feel that no suspicion rested upon them, when, as American Professors, they entered the halls of an English college. It would only be a simple act of justice to a national body of men which has done as much for medical science, and scored as many medical and surgical triumphs, as any other body of medical men throughout the world. There is no nation on the face of the earth so ready to do right, or right a wrong, as the English nation, even in the face of national humiliation, as seen in their treatment of the Boers and the Irish. Surely English medical men will prove no less tardy in this respect, if their past errors are shown to them in a clear and self-luminous light !

...the great body of medical men throughout the world
There is no nation on the face of the earth so
ready to do right or right a wrong as the Irish
nation, even in the face of national prejudice
that no suspicion rested upon them when an
American physician they entered the hall of an
English college. It would only be a slight
of justice to a national body of men which has
done as much for medical science and secured as
many medical and surgical triumphs as any
other body of medical men throughout the world.
There is no nation on the face of the earth so
ready to do right or right a wrong as the Irish
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this school, and included several graduates of other colleges, and several "accumulations" from previous classes.

NOTES.—In selecting the colleges to be tabulated herein I have avoided taking all of the very best, omitting Harvard, University of Pennsylvania, University of Michigan, etc., and in their stead taking three "two-year" schools, so as to give a fairer average. In doing so, however, I have tabulated the "three-years' advised course" of these schools, for the reason that after this year (1890) they adopt the compulsory three-years' course.

The difficulty of tabulating the varying requirements on one form has been very great, from the fact that some schools omit to designate particular hours for certain subjects, which are known to be taught therein. For example, Hygiene is given a definite

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