Roberts (J. B.)

REMARKS

ON THE BILL PROPOSED BY THE

MEDICAL SOCIETY

OF THE

STATE OF PENNSYLVANIA,

FOR THE ESTABLISHMENT OF A

STATE BOARD OF MEDICAL EXAMINERS AND LICENSERS.

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BY

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Delivered at the Meeting of the Northern Medical Society of Philadelphia, October, 1888, in the discussion on Dr. S. Updegrove's paper.

STATE BOARD OF MEDICAL EXAMINERS AND LICENSERS.

REMARKS ON DR. UPDEGROVE'S PAPER.

Dr. John B. Roberts: While not one of the committee of the State Medical Society which recommended the proposed bill to establish a State Board of Medical Examiners, I desire to state that I am heartily in favor of the bill; not because it is a bill expected to protect or aid the profession of medicine, but because I believe such a law will protect the public against the profession. If the profession of this State cannot protect itself, and support itself, by its record of good, legitimate and proper work, I do not want a law to protect its members by keeping other physicians from settling in Pennsylvania. I do, however, desire that the State shall not lose the labor and energy of any of its citizens by reason of sickness or death due to the ignorant and careless medical attendance which they receive from improperly educated and unscrupulous doctors. I believe that paupers are cast upon the bounty of the State, and that much wage-earning capacity is lost by reason of preventable sickness and death; preventable by the State seeing to it that its

citizens are protected from the dangers of medical ignorance.

I think the speaker is incorrect when he says the bill is advocated against the almost unanimous wish of the profession. I hold that there is good evidence that a very large part of the profession approve of this form of law. This very bill, or rather the one from which it was drafted, was approved three years and a half ago by the Section of State Medicine of the American Medical Association, and afterwards approved by the general meeting of the Association, then in session at New Orleans. The Association directed that the various State societies have their attention called to the bill, in the hope that such legislation might be effected in the different States of the Union. The bill was forwarded from the Association to our State Society meeting, that year at Scranton, and its principles were endorsed by the State Society. Last year the State Medical Society, after full discussion, approved it again, at the meeting in Philadelphia. I think some similar action was taken at the Williamsport meeting, or at the Bedford meeting. At any rate, there was no action at those meetings in the nature of rescinding or altering the well known previous action of the Society. You all know how the bill was approved last Spring, at the Philadelphia County Medical Society, at the

largest meeting that had been held for several years, with only one or two votes in the negative.

How can the gentleman say, in the face of this evidence, that the almost unanimous verdict of the profession is against the proposed law. These meetings were held in widely different sections of the State and country, during the space of nearly four years, and were composed naturally of very different groups of voters; but the result was approval time and again.

I think the speaker is incorrect again when he says such a law will encourage quackery. In the Canadian province of Ontario, irregulars have ceased to exist, or at least to practice, since the legislation requiring a State examination was effected. In Minnesota, the examination of the State Board drove incompetents and irregulars to the neighboring states in large numbers. Are Pennsylvania and the other states not so protected to become the homes of, and offer the fields of practice for, these undesirable doctors?

My friend objects to the bill because it is possible that the Governor may appoint some homœopathic physicians members of the Board, and says the Board should not exist if such a state of affairs is probable. I believe that in Illinois, where there are others than those of our own profession on the Board of Health (which acts in a cer-

tain measure as an examining board), there is no lack of proper investigation into the qualifications of candidates by reason of this association, and no harm done to the integrity or honor of the profession.* If homœopathy is excluded from representation on the board by any clause in the bill, it can never become a law. The gentleman seems to think that such a bill would be passed by the Legislature. If he had studied the history of the birth of the State Board of Health of Pennsylvania, he would know better than that. Ten long years of agitation were required to effect that desirable end; and it was only after all embarrassing and restrictive clauses were dropped, that the Board was created by the Legislature.

If a State Board of Medical Examiners and Licensers is needed, it can only be obtained by showing that all men are to be subjected to the same treatment and the same examination. No special legislation, no legislation that appears to be of special advantage to one class of physicians can be carried through the Senate and House of Representatives of this commonwealth.

That a Board of Examiners is needed is shown by the recently published reports of the Boards of Examiners of

*The American Medical Association has decided that to serve on State Boards with homœopathic members is not improper, and does not constitute a consultation.

North Carolina and Virginia. Extracts from these reports have been printed in the *Journal of the American Medical Association*, from which journal I have taken the facts quoted, with numerous omissions, however, of unimportant portions of the article.

"*Board of Examiners of North Carolina.*—In 1886 there were 63 applicants for license before this Board; 17 were rejected—26.99 per cent. In 1887 there were 48 applicants; 14 were rejected—29.17 per cent. Of the 34 that passed the examinations, 32 were regular graduates. Of the 14 that did not pass, 8, or 59.14 per cent., were graduates. In 1888 there were 53 applicants; 17, or 32.07 per cent., failed to pass. Of the 36 that passed, 35 were graduates. Of the 17 rejected, 12, or 70.58 per cent., were graduates. In 1887 and 1888 there were thus 101 applicants—87 graduates and 14 non-graduates; 22.98 per cent. of the graduates failed to pass; while 78.57 per cent. of the non-graduates failed."

"*State Board of Examiners of Virginia.*—At the examinations held by this Board in April, 1888, there were 34 applicants, 1 of whom withdrew. Of the remaining 33, 26 passed and 7 were rejected—22.22 per cent. Of the 33 applicants 30 were graduates; of the 7 rejected all were graduates; of the 3 undergraduates all passed.

"The last report of the Virginia Ex-

amining Board gives a list of the colleges from which graduates have come before it for examination. The table shows that since the organization of the Board, January 1, 1885, there have been 223 applicants in all, 49 being rejected—21.97 per cent. Of the applicants 212 were graduates; 45 were rejected—21.69 per cent. There were 11 non-graduate applicants, 4 of whom were rejected—36.36 per cent.—and 2 had not completed their examinations at the time of the report. In the table are given the names of 27 colleges from which applicants have come before the Board; excluding the University of Heidelberg, we have 26 American colleges; 13 of these sent 51 applicants, all of whom passed; 13 others sent 156 applicants, with an average of 34.73 per cent. of each rejected—more than one-third.

"Among the colleges represented were the following: Medical College of Virginia, 54 applicants, 7 rejected, 12.98 per cent.; University of Maryland, 33, rejected 8, 24.24.; College of Physicians and Surgeons of Baltimore, 33, 10 rejected, 30.3 per cent.; Jefferson Medical College, 12, rejected 3, 25 per cent; Bellevue Hospital Medical College and the University of the City of New York, 5 each, rejected 1 each, 20 per cent.; Vanderbilt University, 3, 1 rejected, 33.33 per cent. * * * There are still other interesting figures to be

had from the table. Of the 45 rejected graduates, 21, or 46.66 per cent. (from 8 colleges) applied for a second examination; of these 9, or 42.85 per cent., failed a second time. We thus see that the Board held 228 examinations of graduates of American colleges, and rejected 23.68 per cent. Can any one wish for better proof that the colleges (as a class) are not regulating themselves, but need regulation, and a great deal of it.

"The percentage of graduates to matriculates in American colleges now averages 30.5. The average for the colleges whose students failed before the Virginia Board is 34.12—3.62 per cent. higher than the general average; for the colleges whose students passed, 28.53—1.97 per cent. lower than average. The colleges whose graduates failed, then, graduate 5.59 per cent. more of their matriculates than the colleges whose graduates passed. Colleges whose graduates failed average 2.07 courses of 22.44 weeks each; others 2.61 courses of 25.84 weeks each. Average for American courses is 24.9 weeks; average course of colleges whose candidates failed is 2.46 weeks less—of others .14 week more, or 3.46 weeks longer than the course of the other colleges.

"Counting first and second applicants, we see that 228 graduates were examined, and 54 failed—23.68 per cent. From 1877 to 1887 inclusive there were

36,097 graduates from medical colleges of the United States. They held documents that are considered as entitling to practice in the majority of our States and Territories. But according to the above figures, if these 36,097 had gone before an efficient examining board, *8,300 would have been rejected!* About 1,400 more than there are physicians in Illinois now! It is appalling to think that in ten years more than twice as many incompetents have been graduated from the medical schools in the United States as there have been graduates during any one of these ten years, except the session of 1881–82, when there were 4,450 graduates."

It might be supposed that the questions asked by this Virginia Board were unfair questions, or those that would be incorrectly answered by many practical and safe practitioners. To disabuse your minds of this idea I shall give you some of the questions, which were incorrectly answered, taken from the report of the Board. Moreover, I was told to-day by a medical friend, who was present at one of these examinations as a spectator, that the questions were legitimate and proper questions, and not at all of a transcendental nature. Let me, however, give you examples. Here they are, with the replies given by *graduates* in medicine.

"Describe the larynx. *Ans.* The larynx is composed of cartilage. The

œsophagus passes through the larynx.

What is the function of the liver? *Ans.* Do not know.

Give tests for arsenic. *Ans.* Sulphuretted hydrogen is one. Don't know rest.

Give test for mercury. *Ans.* Do not remember.

Give dose of tartar emetic. *Ans.* Ten grains.

Give dose of sulphate of atropia. *Ans.* Hypodermically, 10 grains; by mouth, 60 grains.

Give dose of corrosive sublimate. *Ans.* One grain.

How would you treat placenta prævia? *Ans.* I don't know what it is.

Give dose of powdered cantharides. *Ans.* Forty grains.

What is the source of iodine? *Ans.* It is dug out of the earth in blocks, like iron.

Describe dengue, or break bone fever. *Ans.* By four applicants: A fever that comes on soon after the bones are broken. By one applicant: The patient should be cautioned against moving, for fear the bones should break.

Describe the peritoneum. *Ans.* It is a serious membrane lining the belly and extending into the chest, covering the heart and lungs."

You laugh, gentlemen; but why not weep when these *graduates*, who have been driven from Virginia, may have

settled in Pennsylvania; perhaps, indeed, in the very summer-resort where your wife and children may spend next summer's vacation. Wouldn't you rather they should be treated by an intelligent homœopath or by nature than by a regular graduate who gives sixty grains of atropia at a dose?

These facts certainly show that many of our most reputable and renowned schools need supervision of their graduates.

I, for one, believe in the bill of the State Medical Society, and cannot share Dr. Updegrove's opinion as to its folly and evil portent. Much more might be said on other phases of the bill; but I have spoken too long already.