

BURSTEIN (M. J.)

A REVIEW
OF
IDEALITY OF MEDICAL SCIENCE.

A Detailed Plan of Reformation of the
Practice and Study of Medicine.

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A REVIEW OF "IDEALITY OF MEDICAL SCIENCE."

A DETAILED PLAN OF REFORMATION OF
THE PRACTICE AND STUDY OF MEDI-
CINE, BY MAURICE J. BURSTEIN, A.M.,
M.D. NEW YORK.

It were only natural for me to experience much pleasure and gratification that my humble effort, published in the DOCTORS' WEEKLY of February 6, 1892, entitled "Ideality of Medical Science; the evil events of the profession, and an available device for its reformation," should have aroused a more than passing interest in the medical world. It has been reviewed and commented upon not only in the leading medical journals, but in other journals as well, while some have reprinted the entire article, so that their readers might render an opinion for themselves.

Many communications have also been addressed to me advising and requesting that I issue a supplementary article in which I could elucidate more fully the plan suggested by me, and to give therein the important details and necessary data. Believing that a proper solution of the evil existing at present would give a noble impetus to the medical profession as well as to the medical science itself, and being assured that the majority of medical men are of this opinion, I am encouraged to attempt a more accurate description of the plan already proposed in my previous article.

Before doing so, however, I cannot overlook two of the many criticisms which have been passed upon my proposed plan, and this compels me to quote an important and essential extract from my former article.

“Let the doctors of each and every State form an ‘Order’ with a grand Medical Board (or call it State Medical Board, if you like). This Board should have its subordinate or county

societies; which, again should subdivide into districts. Each district should have a certain number of physicians, according to the density of the population. A physician should have a certain number of patients under his care, or he may be appointed by the Grand Medical Board to a fixed number of families living in his district. Physicians may be subdivided into three classes, according to their standing in the profession; regular attending, visiting and consulting. By this procedure, if in some cases a few physicians are wanted, as for an operation or consultation, a certain number of physicians can be procured. In this way only would we be able to give the poor man a chance to call in a doctor when needed, before he has reached a hopeless stage."

"Now as regards the financial bearing of the question. It would, as already said, be difficult or impossible to induce people to pay in advance a fixed sum of money for future medical advice. But a suggestion would

be the following: Let the doctor be an officer of health as a policeman is an officer to keep order in town, let him be a 'sanitary teacher.' Every such sanitary officer, or teacher, or adviser, should, according to the amount of work he does, be paid by the government of the State a certain salary. Say, we have in a city 2,000 physicians, let the average for every one be \$3,500, making \$7,000,000 a year which is, certainly, a great deal less than the same number of physicians earn annually by the present "Fee System."

"The money should be distributed by the Grand Medical Board, as teachers are paid by the Board of Education. The people may be taxed, either according to their income, or each and every one alike."

The editor of the "Twentieth Century" in his criticism does not consider the question as a whole, and fails to mention the advantages that would result from my plan, but he does find fault regarding the method of taxation, and fears that the medical

profession would be controlled by political influences and that the several parties would derive therefrom quite an item for election expenses.

With regard to the method of taxation, I cannot see what difference it would make to a man whether he was taxed by his family or consulting physician, according to services rendered, or that he be taxed for medical advice in the same manner that he is taxed for education. Let Mr. P—— examine his doctor bills and he will readily see that during the year he expended much more for medical, surgical and obstetrical work done for himself and his family, than he would be required to pay in the form of taxes.

Again the editor's fears that the medical body would become a political one, are groundless. I have already stated that the doctors themselves should form the organization, and the selected board in whose hands shall be entrusted the State medical affairs, which I call the State Medical Council, must be composed

of the best and ablest men in the profession.

The State Medical Council will not be subject to political influences. Certainly, the council will have to be endorsed by the government; but they will be selected by the physicians.

The legislature once having recognized in them as a supreme medical body composed of the ablest men in the profession, would necessarily give them the power over everything pertaining to the practice of medicine, or relating to health. The editor finally admits that the plan possesses some very attractive features.

The "Medical Record" of April 9th, says editorially, that I have "exaggerated the pains and difficulties of medical practice, and that physicians will always find time to read medical journals, particularly the "Medical Record."

"Bad bills, ungrateful patients, dangerous cases, large and expensive families make life somewhat of a trial, but we fancy that there are

burdens to be met with in every kind of work; and no grand medical order could do away with those of the physician."

What the editor of the "Medical Record" says may be very true, but I scarcely think that it has a particular bearing upon the subject, and then I regret that he should have ventured an opinion after reading only a small extract of my article in the "Twentieth Century." As a matter of fact I not only claim that my plan would benefit physicians, but I have also endeavored to point out the many advantages accruing to the people were my proposed reform adopted in the medical profession. Somehow, I feel that if Dr. Shradly had read and considered the article *in toto*, he might have joined many others in undoubted approval, or have shown himself favorably disposed toward the plan, as manifested in the following extracts.

The "Medical World" of May, 1892, says, "We congratulate Dr. Burstein, and are glad he has written

such a practical paper. The minds of a large portion of our population are just now directed towards practical measures of relief. This article comes just in time."

The "Southern Clinic" of April says: "We can see the many advantages that would follow such a course, but we fail to see that the doctor has suggested the all important idea of "how" to organize the profession as he suggests. If we could ever induce the profession to perfect such a complete organization as is here proposed, we would have no need of the help of the State or Government. We would be in a position to demand and have all we wanted or were entitled to both in the matter of proper reward for our services, and in the improved teaching facilities."

The editor of the "Southern Clinic" is evidently more anxious to know how the profession rather than the people would benefit by the proposed reform; but consider also the benefits to be derived by the people, and there is no doubt that the honest

physician must join the honest citizen in demanding such a reform in the practice of medicine and the study of medical science.

The reader has perhaps concluded, and justly so, that my object is to abolish the present "Fee System." The maintenance of the physician should not be an outcome of the struggle for self-existence, but he should be placed in a position independent of that, so that his work and his efforts would be prompted by feelings of morality and humanity. Every one is aware of the evils that are likely to follow, and that actually follow, from the present practice of medicine, because the physician is directly dependent for his bread and butter upon his suffering patient, and, therefore, it would be but natural were the physician to delay the cure as long as possible. The tendency of the powerful is to take advantage of the weak. The struggle for self-existence, often compels one to become mercenary and unscrupulous. If a merchant can secure \$5 for a

pair of shoes worth only \$2, he might be considered a good business man. A workman would endeavor to get from his employer the highest possible wages irrespective of the ruin it might inflict upon the latter.

On the other hand, the employer would strive to reduce wages as much as possible, were he in a position to do so, and the sufferings of the working man whose existence might be a hell on earth, would scarcely effect the peace and quiet of the former.

This is a law of nature, and holds good with plants and animals as well as with man. If a large tree grows in a space surrounded by small plants, the nourishment of the latter will be absorbed by the roots of the tree, and the plants immediately encompassing it, will grow thin, small and weak in comparison with the same plants growing far away from that tree. If we look upon the animal world, we find that the efforts of the stronger are to annihilate the weaker. The lion will kill the reindeer, the wolf the sheep, the cat the mouse, the spider

the fly, for no other reason than to secure the means of existence. The same natural law holds true with man. The difference, however, between man and animals is, that man possesses a higher faculty over the latter, namely, intelligence; but in order to bring the man into such state of mind that this natural law shall be preponderated or overbalanced by the intelligence, or what we call *morality*, he must be placed in a position of life whereby his efforts for self existence shall be an incident of the principal cause—that of morality, but not that the endeavor for self-existence shall be the primary motive in life.

The practice of the medical profession, must be based upon the principles of morality. A slight deviation from the maxims of ethics may cost a human life. Therefore, the endeavors of mankind must be to avoid any occasion that might influence the physician to be impure in his motives. This object may only be accomplished when the profession of

medicine shall not be practised simply as a business, but that the efforts to relieve and cure "the ills that flesh is heir to" may be prompted by humanitarian instincts and love of the science itself.

It is not sufficient, however, to give a physician all that he needs and tell him to treat patients for the love of the science; nor is the solution of this problem dependent or consequent to the formation of a medical body with a Grand Medical Board. But in order to realize such a noble idea as proposed here, we must strive to change and revise the study of the medical science as well, and endeavor to create an ideal physician who shall be fully endowed with the principles of morality and the instincts of humanity. The following details would be essential in bringing this about.

Let the physicians of each ward or district call a general meeting in a suitable locality. The meeting shall be called simultaneously with the others and the first steps shall be to elect delegates for the general State

or City convention. Two delegates shall be elected for every hundred physicians. The elected delegates then shall meet at an appropriate place, and their only duty shall be to elect a supreme body, or what I call, the staff of consulting physicians constituting the State Medical Council. The delegates must certainly exercise the greatest care in selecting these gentlemen, for as I state further, this supreme body is to be a permanent one, and any member of it can only be expelled when proven to be unskillful or negligent in discharging his duties.

Hence these selected physicians must be the most scientific, the most skillful men in the profession, and must bear the highest reputation as to character and love for medical science and the public welfare.

The number of consulting physicians to be selected need not be determined according to the density of population, but let the best men remain where they are to be found. These gentlemen must either be pro-

fessors of a reputable Medical College, or be able specialists, who have served in the capacity of consulting physician in a reputable public hospital for a certain numbers of years.

These consulting physicians, having been duly selected by the profession at large, shall thereupon be styled and constituted "The State Medical Council," with power to have full control of all medical affairs within the State, in accordance with the terms and provisions of a bill to be passed by the Legislature, and entitled, "An Act," to reform the study and practice of Medicine.

The State Medical Council having been constituted by the Legislature, shall at once elect from amongst themselves Examining Committees of five members for each branch of medicine or specialty. The examining board shall then issue a notice to all physicians within the State, that the State Medical Council is prepared to examine all applicants who desire to become visiting physicians or as I call them specialists. These appli-

cants shall have had at least five year's practice, and also shall have devoted sometime to the study of a medical specialty.

The next step of the State Medical Council shall be to erect and construct public medical offices for which purpose a special committee shall be appointed. The State shall be subdivided into Medical Counties; the counties into Medical Divisions; these into Medical wards and into districts.

New York County or City, for instance, could be divided into ten medical divisions; each division into two medical wards; and each ward into ten districts. In tenement wards, however, more districts might be formed than in less populated wards.

In each district there shall be constructed a public medical office, to which ten physicians shall be appointed, two whom I call Masters in Medicine, or recent graduates, and eight regular attending who shall wait upon patients calling at the office and those lying at home.

One public Hospital shall be constructed for each medical division, embracing two medical wards. (So the City of New York would then have ten Hospitals). The physicians allotted to Hospitals shall be appointed by the State Medical Council, from among the district physicians and specialists, residing in that particular medical division.

One of the districts shall be called the ward or main district, in which there shall be an office, besides the physician's office alluded to, for visiting physicians or specialists.

There shall be one University of Medicine within the State under the direct control of the State Medical Council. The Council shall appoint professors and instructors to the University; they shall have entire supervision over the Candidates applying for admission into the University; they shall also have the supervision over the quizing classes as well as clinical teachings; they shall regulate the students' fees and the expenses of the University. The

curriculum of studies as well as the questions for examination shall be fixed and prepared by the State Medical Council, who shall also examine the papers written by the students at the final examination.

A candidate shall not be permitted to study medicine unless he produce a diploma from a High School or College of General Science. He shall undergo a physical examination by regularly appointed medical examining physicians who are to determine whether he is mentally or physically capable of pursuing the study of Medicine. The course of study shall cover a period of four years.

There shall be four courses of Medical study; each course to last eight months during each consecutive year. The course of study shall consist of four parts, and the student is to pass an examination at the end of each year, when he is or is not promoted into the next course. The curriculum of study may be subdivided as follows:

FIRST COURSE—FIRST YEAR.

Anatomy, Physiology, Physics, Inorganic Chemistry, Botany and Practical Anatomy.

SECOND COURSE—SECOND YEAR.

Anatomy, Practical Anatomy, Physiology, Embriology, Organic Chemistry, Histology and Pharmacognosy.

THIRD COURSE—THIRD YEAR.

Materia Medica, Practice of Medicine, Principles of Surgery, Obstetrics, Gyneacology, Histology, Pathology, Practical Chemistry, and Physical Diagnosis.

FOURTH COURSE—FOURTH YEAR.

Practice of Medicine, Operative Surgery, Obstetrics, Operative Gynaecology and Clinical Teachings.

The student having passed his final examination in theory and practice of Medicine and Surgery, shall receive the degree of Master in Medicine.—M. M.

This, however, shall not entitle him to practice, but he is then to serve at least one year in a Hospital or Public

Medical Office, under the direct supervision of the regular attending or visiting physician.

Having served the required term, he may apply to the State Medical Council, for the degree of M. D., whereupon he shall be examined upon practical branches, and he must present an original thesis upon any subject of Medical Science. Having passed a satisfactory examination, he shall receive a diploma from the State Medical Council, conferring upon him the degree of Doctor in Medicine.

The title M. D. shall create him a Junior Regular attending Physician, and then he may be appointed to a district office or Hospital as such.

Each public medical office, therefore, will have in attendance two M.M's, four Junior and four Senior regular attending physicians.

The duties of the assistant physicians or M.M's. shall be to assist the regular attending and visiting physicians, to officiate in their absence and to attend ambulance calls. Their

salaries shall be fixed at \$1,000 per annum. The Junior regular attending physician shall be under the direct supervision of the Senior attending. They shall hold office hours at the district office and attend to patients at home. Their salary shall be \$2,000 per annum. The Junior physician shall be relieved by the Senior regular attending, whose duty shall be the same as the Juniors'. To become a Senior regular attending, the physician must serve in the capacity of Junior attending at least two years. The salary of the Senior regular attending physician shall be \$3,000 annually.

After having served in a public medical office as Senior regular attending physician at least three years, he may apply for promotion to the rank of "fellow" physician, or what I call Visiting or Specialist. To become a Specialist he must pass an examination before the Examining Board of the State Medical Council upon a Special Branch of Medical Science selected

by him and he must present a thesis in his own handwriting upon the same subject, the result of his own original research and experience. Having passed a satisfactory examination, he shall receive his degree which will entitle him to become Junior visiting physician, or Junior Specialist, whose salary shall be \$4,000 annually.

The Junior Specialist shall serve in the Ward Medical Office, at least two years, under the direct supervision of the Senior Specialist.

After this term should he prove to be able and skillful in his specialty, the State Medical Council upon a recommendation of the visiting staff of his Ward, shall grant him a degree of "Senior Fellow," or Senior Specialist, and he shall then be eligible to the latter position. The salary of the Senior Specialist shall be \$5,000 a year.

A vacancy in the State Medical Council is not to be filled by appointment, but by a regular election of the Visiting physicians, and no phy-

sician shall be eligible for membership of the State Medical Council, unless he is at the time a Senior Specialist or what I call a Senior Fellow. The average salary of the members of the State Medical Council, shall be \$10,000 per annum, and is to be fixed by the State Legislature.

The State Medical Council, besides controlling the regulation of medical studies, and the practice of the profession, shall also have the entire charge over the Health Department. It shall elect out of its own body, a Board of Directors, who are to do the work of the various bureaus in the department. It shall have entire charge of Sanitary and Hygienic affairs in the State. It shall appoint inspectors for the various divisions of the department, who will be required to pass an examination, showing them to be proficient in their special line of work. The State Medical Council shall also have control of the medical division of public charities under the head of hospitals

and asylums. They shall appoint physicians and nurses and regulate the salaries and other expenses.

There shall be a monthly meeting of each Medical Division, embracing two wards, in which all physicians belonging to the district must participate. These meetings will tend to bring forth from the physicians, hints and suggestions calculated to benefit the profession and the public.

At these meetings also medical papers will be read and discussions on scientific subjects held. A monthly report respecting the medical work done in the district must be presented to the staff of visiting physicians.

The report shall contain:

1. Number of patients treated in hospital of that particular division.
2. Number of patients treated at district offices and at home.
3. Variety of disease and result of treatment.
4. Number of Child Births.
5. Number of deaths and causes.
6. Number of consultations with the visiting and consulting staff.

7. Advice as to changes in the Medical attendance.

8. Suggestions regarding Sanitation and Hygiene.

9. Report of expenses and salaries of the Medical division including all districts.

Four Medical Wards shall constitute a Medical Quarter. There shall be a quartely meeting of the visiting staff of the whole Quarter embracing fifty Specialists. The business of the meeting shall be, besides reading scientific papers, to discuss the general welfare of the public; to make a regular report of the work done in each individual ward during the past quarter; to advise the State Medical Council of the necessary changes regarding sanitation and general public health, also of changes in the appointment of various classes of physicians; to report the financial standing of the public institutions and district offices.

In order to faciliate the work of the State Medical Council, the visiting physicians of each and every medical Quarter shall elect representatives

from amongst themselves, who shall participate at the annual meeting of the State Medical Council, and who shall advise the Council to act upon certain medical affairs, which have been discussed and passed upon at the minor medical meetings.

Now a glance at the cost of maintaining this entire medical body; take New York City for example.

One public medical office would require:

2 Masters in Medicine each \$1,000 per annum, \$2,000; 4 Junior Reg. Attending each 2,000 per annum, \$8,000; 4 Senior Reg. Attending each \$3,000 per annum, \$12,000. Total \$22,000. One Medical Ward (composed of ten districts) would require: 20 Masters in Medicine each \$1,000 per annum, \$20,000; 40 Junior Reg. Attending each \$2,000 per annum, \$80,000; 40 Senior Reg. Attending each \$3,000 per annum, \$120,000; 100 district physicians with a salary of \$220,000, and 5 Junior Specialists each \$4,000 per annum, \$20,000; 5 Senior Specialists each \$5,000 per annum, \$25,000. One

medical ward would then have 110 physicians receiving a salary of \$265,000. The whole city being composed of 20 medical wards would require 2,200 physicians with a salary of \$5,300,000, adding 100 consulting physicians (members of the State Med. Council) receiving an average salary of \$10,000 per annum, \$1,000,000, would make a total of 2,300 physicians requiring \$6,300,000.

Expenses for maintaining a district medical office: For instruments etc. per annum, \$1,000; 2 nurses \$20 per week per annum, \$1,000; 1 pharm. \$10 per week per annum, \$500; Janitor, \$10 per week per annum, \$500; Repairs and other expenses, \$500. Total expenses for a District Medical Office, \$35,000; 200 offices would make a total of \$700,000; Add same to the salary of \$6,300,000, makes a grand total of \$7,000,000.

Estimating roughly the population of New York City at 1,700,000, we would have about one physician to a little over 700 of population. If \$7,000,000 be expended for medical

services, it amounts to \$4.00 per capita a year.

Estimating roughly the rate of taxes now imposed upon property in the City of New York to be two per centum we have about \$30,000,000, then an additional $\frac{1}{2}$ per centum would amount to about \$7,500,000, which would cover all the expenses for Medical services. A tax payer having a property of twelve families and paying \$200 a year, would then pay \$50 more making a little over \$4.00 per month. This would actually make 25 cents per month to be raised on each tenant for free medical and surgical service. This, I think, would not be too much for any poor man to pay in order to get medical advice and treatment *gratis*, and thus have a sanitary adviser, who will preserve his health at the minimum cost.

It now remains for me to enumerate the benefits that would result from my proposed medical reform, and I will for convenience repeat some already stated in my former article. These benefits will not be confined to

the profession or to the people, but would work for the good of all.

“People would not need to expend so much for medical services as they do at present.” I have already pointed out that if the rate of taxation were increased $\frac{1}{2}$ of one per cent., the additional sum thus raised would be more than sufficient to cover all expenses, and the poor man occupying three or four rooms in a tenement would only be asked to pay about 25 cents a month more on his rent, for which he would receive free medical, surgical and obstetrical services, and that this would mean to him an immense saving there can be no doubt.

Quackery and the use of fake remedies would be entirely done away with. The poor patient visits the quack because he need only pay for the medicine while the advice is thrown in free of charge, while it would cost much more to consult a reputable physician and pay for the medicine besides. Then when it is too late the unfortunate sufferer goes in alarm to the regular practitioner,

and a life is thus often sacrificed at the cost of a few dollars. Under my system the poor would receive the protection against quacks which they so urgently need.

It would also put an end to the use of patent medicines. A chronic sufferer whose disease might be cured or kept in check by regular treatment, though at some expense, resorts from necessity to some "Sarsaparilla," or "Liver Pills," or "Great Blood Purifier," of some ignorant quack, while the disease is continually running its course, until the "Great Health Restorer" sends him to his eternal rest. By taking these medicines he incurs no expense, but only endangers his condition. Now there can be no question that, if at such a time good medical treatment could be procured free of charge, he would eagerly seek the same in preference to taking patent medicines. The abolition of the "Fee System" is all that is necessary to save his life.

The physician would have no cause to hope for better times; rivalry and

competition among the physicians would be a thing of the past, and instead of wasting time to work up a practice, the physician being amply provided for, would have every reason to attend more faithfully to the treatment of his patients.

The sanitary condition of dwellings and streets would be greatly improved. At present a doctor being called to a patient, usually is not concerned with the condition of the premises, it is not his business, for there are others whose duty it is to inspect the sanitary conditions of the house, although this may be the primary cause of the disease. The contagious diseases, not having the soil for their development would, in all probability, become less severe in character, and we would never let them spread as they do at present. Sometimes a physician, being requested to attend a contagious disease, "may run the risk" of not reporting it to the Health Department, because, if he does so, he will surely lose his patient—his bread and butter. There is no doubt

that as it is he is not encouraged to determine out the cause of the disease, nor to report its true character. He is not expected to see whether there is sewer gas in the house or contaminated water, or bad plumbing. Were he to report the condition of such premises his patient would be put to trouble and expense in fulfilling the requirements of the law. The result of neglecting to report is that an epidemic often breaks out, and many lives are lost. And surely the Health Department cannot see whether the physician is performing his duty—duty which would mean the losing of trade. Moreover, if a patient dies from such a disease the cause of his death is never known to the public, and the Board of Health fails to give proper sanitary protection. The physician may write in his certificate of death anything he chooses; instead of diphtheria—pneumonia, of scarlet fever—heartfailure; of small-pox—peritonitis. Who and what are to prevent him? He will not report the real nature of the disease, as the

patient might have been in a place of business, which would consequently be closed up by the "Health Department" and the physician hardly cares to sacrifice any possible future practice among his patient's friends.

Will the physician be more conscientious in the performance of his professional duties than he is at present, or not? A physician at present may be called to a serious case of a complicated character, so that he is not able to make a fair diagnosis of the disease, and, consequently, lay out the exact treatment. He prescribes medicine and directs the patient to do this or that, although his orders may even prove injurious to the patient. Why does the doctor do so? First, because he gets his fee and he wants to live; second, the people are too poor to call in a consulting physician; and thirdly, he is afraid to propose a consultation, for the family might engage another doctor, "who does not need any consultations." But if two or three physicians could be had in the same district for a

particular case, ignorance could never gain the advantage over intelligence.

Now what an advantage would this reform be to Medical Science itself? Let us compare the study of Medicine at present with the method as it is proposed here. The majority of the present Medical Colleges must advertise to get students, and the institution failing to get a sufficient number, lacks the income necessary to keep the College running, and consequently must suffer in point of facilities offered to the student in instruction and practice. The effect of this is to induce the College to take in many students and to turn out as many without regard to qualifications, for the purpose of making room for the next who are *materially* more useful to the College. The State Medical Examination is of little value, for experience shows us that any foreign physician arriving here, and having in his possession a diploma of some European University, no matter whether he is or is not a graduate of a Preliminary School of Science, or

whether he knows the English Language, will be endorsed by the State Board of Examiners; and then any graduate of any "Pathy" will be passed before the Board as long as he has a diploma of a College, recognized within the State.

What is the use of having six Medical Colleges in a City, everyone claiming to be the best school and possessing the best methods and largest facilities and boasting to the public of its larger number of students and larger graduating classes? This is simply in accordance with the great spirit of competition which pervades all business interests, and for that very reason, it is wholly wrong. Far more competent physicians could be graduated by maintaining one University in a State, furnished with every possible facility for instruction, following the best methods of study, and having ample means for purposes of laboratory practice and scientific research.

Now a student after being in a College for three years, receives a degree and begins to practise; although he

may be incapable of making a proper diagnosis of a disease. His professors and others may say, "Never mind, he will become a good doctor in time"; but alas! becoming a "good doctor" at this rate would involve the sacrifice of many lives. But if the student in the first place must pass an examination at the end of each year, in order to be promoted into a higher course, and continue his study, he will become proficient at each step before he is allowed to advance to the next; and then having gone through a thorough course, of four years, and having passed his final examination, before the State Medical Council, he will be compelled to practise medicine under the direct supervision of the general practitioner, until he becomes competent and soon unquestionably develop into a "good doctor" without doing injury to innocent sufferers. Now as soon as a physician is graduated, he must devote his energies to earning a living, regardless of his incompetency to practise. As soon as he is done with the College, he is

done with the Medical Science. This is certainly the case, except with a few well-to-do graduates, who have the opportunity through influence to become hospital physicians, or assistants to some lecturer; but the majority of men do not study medicine for the sake of the science, but for the purpose of making a living.

In my proposed plan, however, the incentive to be advanced from a lower to a higher rank, would be one of the great events that would cause a physician to be studious, to attend medical and surgical meetings, etc., in order that he might gain fame and distinction. To become an attending physician, he would have to persevere in his studies and strive for promotion; to become a specialist he would have to become thorough in some specialty, not so as to win the approval of the people, who are incapable of estimating a physician's knowledge, skill and ability, but to be declared competent by the greatest physicians, who know what it is to

be thorough in some special department of medicine. Thus the possibility of advancement, aside from the increased remuneration incidental thereto, would make men ambitious to study and to devote their lives to medical and scientific investigation and research. The physician will then be aware that inattentiveness in his practice, neglect in his studies and in medical research, failure to attend medical meetings etc., will be the causes of his remaining stationary and making no progress in his professional career.

But I have not failed to show wherein the people would be benefited. The idea of being recommended to this or that doctor, by a friend, to be cured of an Ovarian Tumor or Urinary Calculus or Tabes Dorsalis, because it happened to him a lucky case of lancing a Simple Abscess, whereby the patient got well will be out of question

They will not need to hunt after good doctors; there will be none but good doctors and they will be pointed

out to the people "by the doctors themselves."

In conclusion, I would say, that a formation of a consolidated medical body, a regulation of the physician's income and time, and a reformation in the system of medical study, along with a systematic and instructive culture of an ideal medical practitioner, by which order of things we would cause the physician to perform his duties, not for the sake of self existence, but through love of the science and mankind, the evil events of the profession would be entirely eliminated and the principles of morality and justice would glow in the heart of the physicians, and the people, once having placed their confidence in this principled and conscientious medical and sanitary adviser, would find that the doctor is not a burden to them, but that he is to them a real comfort in their pains and sufferings, and a consolation in their health.

Colleagues, strive for this noble idea, that we shall be triumphant!

180 Henry St., New York City.

