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The American Academy of  
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*Thirteenth Annual Meeting, held at the Leland  
Hotel, Chicago, on Wednesday and Thursday,  
November 13 and 14, 1889.*

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DR. LEARTUS CONNOR, OF DETROIT,  
IN THE CHAIR.

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The officers for the year 1888-9 were the following:

President—Dr. Leartus Connor, Detroit, Mich.  
Vice-Presidents—Drs. Peter D. Keyser, Philadelphia, Pa.; L. Duncan Bulkley, New York, N. Y.; Theophilus Parvin, Philadelphia, Pa.; George J. Fisher, Sing Sing, N. Y. Secretary and Treasurer—Dr. Richard J. Dunlison, Philadelphia, Pa. Assistant Secretary—Dr. Chas. McIntire, Jr., Easton, Pa. Council—Drs. Traill Green, Easton, Pa.; Lewis H. Steiner, Baltimore, Md.; Henry O. Marcy, Boston, Mass.; Benjamin Lee, Philadelphia, Pa.; Albert L. Gihon, U. S. Navy; R. S. Sutton, Pittsburgh, Pa.; Lewis P. Bush, Wilmington, Del.; Frederic H. Gerrish, Portland, Me.; Leartus Connor, Detroit, Mich.; Peter D. Keyser, Philadelphia, Pa.; L. Duncan Bulkley, New York, N. Y.; Theophilus Parvin, Philadelphia, Pa.; George J. Fisher, Sing Sing, N. Y.; Richard J. Dunlison, Philadelphia, Pa.; Charles McIntire, Jr., Easton, Pa.; Hosmer A. Johnson, Chicago, Ill.; Gershom H. Hill, Independence, Ia.; Justin E. Emerson, Detroit, Mich.

### FIRST DAY.

After the reading of the minutes of the last annual meeting, and a verbal report of the Council, the Academy proceeded to elect a large number





of Fellows, each applicant for admission having been endorsed by a Fellow of the Academy.

THE PRESIDENT appointed the following Committee on Nominations: Drs. Traill Green, G. H. Hill, and Alonzo Garcelon.

The following Reports were read from standing committees: Report of Committee on the Requirements for Preliminary Education in the various Medical Colleges of the United States and Canada. By Dr. J. E. Emerson, Chairman.

Report on Laws Regulating the Practice of Medicine. By Dr. Richard J. Dungleison, Secretary of the Academy.

This comprehensive report was chiefly the outcome of an extensive correspondence with gentlemen in the various States and Territories of the United States and in Canada who were directly interested in the subject, officially or otherwise, and whose names had been suggested to him by the distinguished Secretary of the Illinois State Board of Health. It gave, therefore, a very accurate and interesting view of the working of such laws in the regions indicated. It alluded to the action of the Committee on Uniform Medical Legislation in the United States; of the American Medical Association at its late meeting at Newport; to the recent legislation in New York State, by which a certain standard of preliminary education was required of all medical students; and to the detailed operations of the law in about twenty of the States of this country.

In Kentucky, the law was generally observed, as it is in North Carolina. In Florida the law has the great defect of requiring every applicant to produce a diploma from a recognized medical college, and all those previously in practice one from a medical college *recognized by the American Medical Association*; but the latter has no relation

to medical colleges, its membership being made up from medical societies only. The Virginia law is effectively carried out by the State Board of Medical Examiners, but the work of the Board has not caused the colleges to turn out any better graduates. The law is operative in Indiana; Maine is without any law, the one passed last year having been vetoed by the Governor; and the effect of the law is salutary in Missouri. The practical effect of the law has not been satisfactory to the State Board until recently the latter was strengthened by a decision of the Supreme Court.

In South Carolina the law has been slightly amended to increase its efficiency. In Wisconsin there is really no law which restricts the right to practice, although only graduates in medicine or those connected with organized medical societies can testify in court or collect fees by law. The law is efficient in Minnesota, and it is found that the applicants improve in general ability, intelligence and knowledge of medicine with each session of the Board. The law in that State is considered a great protection to the community, and has been strengthened by decisions of the courts. Texas is making strong efforts to secure a good law. The Tennessee law is not perfect, but is a decided improvement on the nothing which existed before it was passed. There is a good law in Maryland, based on the Illinois Act, but it is not practically enforced. The West Virginia law is working well, and that of Alabama is regarded by the profession in that State as "almost ideally perfect." In Arkansas there are numerous County Boards, but these, being appointed by County Judges, are often totally incapacitated for the duty.

In regard to the registration law in force in Pennsylvania, a correspondent expresses the view that it is the worst one of all, as the system of

protection is applied for the benefit of the medical colleges, these being made the executors of the law, the Faculty of one medical college being made the absolute judge, without appeal, of the qualifications of the graduates of a competing medical college. He thinks unrestricted freedom is better for the public and the profession than an unfair law unjustly administered.

Reports were made from the following special committees :

Committee on Papers for Annual Meeting, Dr. N. S. Davis, Jr., Chairman.

Committee on Eligible Fellows, Dr. S. J. Jones, Chairman.

Committee on Publication of Transactions, Dr. A. L. Gihon, Chairman.

Committee on Preparation of a Catalogue of the Fellows, Dr. R. J. Dunglison, Secretary of the Academy.

Committee on Amendments to the Constitution, Dr. B. Lee, Chairman.

The following papers were then read :

*The Institutes of Medicine; the Necessity of their being Taught in our Schools*, by Dr. Cheston Morris, Philadelphia.

*Gymnastic Medicine*, by Dr. E. Hitchcock, Jr., Ithaca, N. Y. This paper was an interesting sketch of the influence of gymnastic treatment of disease, in place of that of mere drugs, and the writer's experience as Professor in Cornell University was cited in advocacy of the sound practical views entertained by him on the subject.

The Academy then adjourned until 3 o'clock P.M., when, Dr. Traill Green, being called to the Chair, the PRESIDENT, DR. CONNOR, delivered his Address on



THE AMERICAN ACADEMY OF MEDICINE, ITS SIGNS  
OF PROMISE AND OBSTACLES, ITS FIELD OF  
LABOR, AND SOME SUGGESTIONS LOOKING  
TO AN INCREASE OF ITS EFFICIENCY.

The paper is one that commends itself to every friend of liberal education and deserves what it will doubtless obtain—the general attention of the medical profession. Dr. Connor alluded to the fact that this was the first meeting of the Academy in the West. The idea that the Academy was founded upon a new idea born of an aristocratic modern notion was combated, the facts being that Hippocrates urged that the preliminary training of medical men be made as broad and deep as possible, while by precept and example the same idea has been maintained by all the famous medical men from Hippocrates to Alonzo Clark. The effects of such changes as are desired by the Academy are shown by what was accomplished by the Harvard Medical School when in 1870 it raised its standard of preliminary requirements; previous to this time the medical students were inferior to those of the other departments—now they are indistinguishable. It is objected by some that broad education does not pay. To this it is replied that the pure tradesman has no place in the temple of medicine; that the highest honors and emoluments during all time have come to the physicians who have sought to uplift the profession. The Academy is pleased to observe that the effort made by the College of Physicians and Surgeons in New York and by other colleges to advance the requirements of preliminary education have yielded most satisfactory results; that a recent enactment by the State of New York shows that the principles advocated by the Academy have been adopted by a great commonwealth;

that the enemies of the Illinois State Board of Health have failed to accomplish its ruin; that most encouraging results have been obtained by the efforts of the Minnesota State Board of Examiners, as evidenced by a recent enactment of the Minnesota Legislature; that similar progress has been made in Montana, Virginia and North Carolina; that earnest efforts in the direction of educational advancement are being made by the American Medical Association and by pharmaceutical societies.

Among the obstacles opposed to the adoption of the Academy's designs there is one indicated by the fact that the proportion of literary college students to the entire population has notably decreased. The medical colleges themselves oppose efforts to advance medical education. The professors of medical colleges are often inefficiently educated and hence do not encourage liberality of education in their pupils. The lukewarmness of many members of the Academy is opposed to the effective prosecution of its work. The greatest of all the obstacles to be encountered lies in the extensive general ignorance in the profession itself.

This part of the paper bristled with important and even startling facts illustrated by the citation of many important statistical figures. Among these may be noted the fact that among 9,306 medical students only 811 were possessed of literary degrees, of which number one-third emanated from institutions not recognized by this Academy.

Contrasted with veterinary colleges the comparison remains greatly in favor of the latter. The number of A.B's. in the medical profession is diminishing. On the other hand, the proportion of A.B's. in the various schools of medical practice presents a pleasanter picture, there being 94 per



cent. among regulars and 6 per cent. among the various classes of irregular practitioners.

After a survey of the field of useful activity presented to the Academy, with various recommendations of plans for adoption, the paper closed with the necrological reports for the year. The recommendations were referred to the Council, with the thanks of the Academy for his able address.

The following papers were then read and referred to the Council:

*The Need and Position and Object of the American Academy of Medicine*, by Dr. Traill Green, of Easton, Pa., was read by title.

DR. S. J. JONES of Chicago, then read a paper entitled

WHAT IS THE PROPER FUNCTION OF AMERICAN MEDICAL COLLEGES OF THE PRESENT TIME?

He gave a very entertaining sketch of the history of medicine, and particularly medical education, in this country from the earliest times. In Europe, he said, the requirements and attainments of medical men vary from time to time in the various countries. In this country our political characteristics are such as to acquire certain peculiar features in our medical institutions. For thirteen years the Academy has labored to increase the standard of preliminary education. It also aims to assist the student in the progress of his educational studies. The apprentice system in medicine, as well as its "office student" outgrowth, has been abandoned. The student does best to begin his medical education at the college doors, without seeking to prepare for his course by office reading with a so-called preceptor. Since the Academy first began its labors many changes have been inaugurated by the

medical schools in order to suit themselves and the requirements and spirit of the times. The more advanced portion of the medical course is the one which has manifested the most improvement. The writer believes that the function of medical schools should be restricted to teaching, leaving the matter of examining and licensing to the various States, because of the variations in the requirements of medical practice in the different sections of the country. The mixed Board of Health, as seen in Illinois, has accomplished much good work.

There is nothing new in the idea of separating teaching from licensing in this country, for such a separation was seen even in the last century; while in New York, in 1839, the State Medical Society resolved that such separation was advisable. The question is asked, "Is such a separation practicable?" There were formerly objections to such a procedure, but these objections are no longer valid. The National Government does not assume the right to do this, but the power is conceded to the several States.

In the early record of American medical history it is interesting to observe that Drs. Rush and Drake were both bound out at a very early age as medical apprentices. This apprentice system ended at about 1810. The history of American medical colleges was traced from the foundation of the first in 1750 down to the present day.

The trouble with our modern colleges is that their facilities are too few and their numbers too great. It would be unfair to restrain a college from teaching because its facilities were not of the best, and yet at the same time a college diploma is an uncertain quantity and often very deceptive. As matters now are, in most States the authorities are obliged to treat all diplomas

as though they knew them to be of a high order of value.

DR. HENRY M. LYMAN, of Chicago, then addressed the meeting on the subject of

#### INSTRUCTION BY RECITATION.

He said that during the past eighteen years he had experimented in the methods of instructing medical students in the several departments of chemistry, physiology, nervous and mental diseases, and the practice of medicine. As the result of his experience, he believed it desirable to have recitation assignments of lessons made. Regarding the difficulties in the way of the practical application of this method of instruction, he found that the range of usefulness of this method is not so wide as in literary colleges. The topics best adapted to this form of instruction are the elementary branches, anatomy, physiology, chemistry and materia medica. Recitations should be combined with all necessary didactic exhibitions. In the advanced branches the conditions are different; here the student can still get the theories from the books, but it is his desire to learn the views of his various teachers. Recitation, however, may still be used to some extent even in the advanced branches. Tutors and tutorships should be established so that classes may be made small.

There are several difficulties in the way of the recitative method; first, there is the lack of suitable text-books. Some are too long, some too short, some not well balanced. There is a splendid field for writers in supplying this deficiency in medical literature. The second difficulty is to get well-qualified men to teach by this method. It is not easy to obtain tutors who are willing to work on the necessarily small salaries which have



to be paid. It is not uncommon for students to request lectures instead of recitations, but at the end of a fair trial of the recitative method the students are generally well satisfied. One of the disadvantages in lecturing to large classes is that it is a very difficult matter to fix the attention of the students, who are apt to be distracted by the least break in the continuity of a lecture.

DR. J. C. MORRIS, of Philadelphia, said that the plan advocated by Dr. Lyman had been in operation in Philadelphia ever since he could remember—for the quiz classes are recitative classes. By this method he, as a quiz master, had taught chemistry, materia medica, physiology, and the practice of medicine. The better students all attended these classes, the method of teaching being something like that employed by the *privat docenten* of Germany and the tutors of Edinburg. He said that the apprentice system in medicine gave way to the preceptor system, in which the teacher is expected to give instruction by the method of recitation. Teaching of this kind is highly necessary as a means of eliminating from the student's mind errors obtained from a failure to properly comprehend lectures, and as a means also of increasing his information. In his experience as quiz master the examinations were more rigid than the general examinations, and very few students who were recommended by the quiz masters failed in their examinations. He would go farther than Dr. Lyman, and apply the method to all the branches of medical instruction.

DR. S. J. JONES said that the only difference concerned the method employed. The question is whether this form of instruction shall be imparted by the college itself or whether the matter be collateral and voluntary on the part of the student. As regards the year of preliminary in-

struction under a preceptor, it may be said to be of little avail to the student, who will generally accomplish quite as much by beginning his education at the college doors. The practical driller in college is as valuable as the Professor himself.

DR. P. J. FARNWORTH, of Clinton, Iowa, said that American students were adapted to this method of instruction. As lectures are arranged there is no time left for the students to read. The recitation method is in accord with the genius of our general plan of education.

DR. G. H. HILL, of Independence, Iowa, said that recitations would not be so necessary if students were A. B's. There are few students who know how to take notes.

DR. H. A. JOHNSON, of Chicago, said that the teacher comes too little into personal contact with the pupil. The recitation method is very helpful. In his teaching he has always made this his endeavor. Class quizzing is only useful when the attention of all is held. It is easier for the medical teacher to cram for a lecturer and talk for an hour than to hold recitations, for in this he has the floor and the students cannot talk back.

DR. LESTER CURTIS, of Chicago, described the most interesting lecture he ever heard. It was a kind of clinical quiz in which the patient's history was read, after which the pupil was given time for examining the case and prepare for his quiz, the teacher's function being mainly to keep him on the track. The interest manifested on the part of the class was almost dramatic in its intensity. Didactics have largely been abandoned on the continent.

DR. E. WING, of Chicago, found the theory of Colleges wrong, the fact being that students are *not* equipped with mental discipline. The quiz master and demonstrator knows best the student's

condition and needs. Didactics are largely failures. In New York the lecture-rooms are deserted for the quiz-room.

DR. J. N. HYDE, of Chicago, found that the average medical student is taught according to better methods in this country than abroad. He found fault with the literary colleges for making a good literary education a luxury for the wealthy, whereby the medical student is largely debarred from a good foundation for his medical studies. This was not the case some years ago.

DR. A. GARCELON, of Lewiston, Maine, dwell on the importance of preliminary examinations. As for the recitation method of instruction this was in vogue where he began his medical studies fifty-three years ago.

DR. J. H. RAUCH, of Springfield, Ill., read a paper on

THE WORK OF THE ILLINOIS ARMY MEDICAL EXAMINING BOARD.

He said the Board was granted large discretionary powers and received the cordial coöperation of Gov. Yates. The Board's examinations were stringent ones, but they often found that men without diplomas were better qualified than men provided with them. The paper excited many interesting reminiscences.

DR. GREEN, of Easton, Pa., recited similar experiences to those of Dr. Rauch in his own Army experience. In examining homœopathists he generally found it useful to quiz on *materia medica*.

DR. S. J. JONES related some amusing experiences connected with his duties as examiner for the Navy.

DR. H. A. JOHNSON said that during his experience as an Army Examiner it often happened



that his own pupils appeared for examination, when he sometimes found to his surprise that they had forgotten the points upon which he had placed most emphasis as a teacher. He explained this on the hypothesis that these were points of information that the practitioner had found little use for, and accordingly he was led to modify the character of his instruction. The late Dr. Fiint had told him the longer he lived the fewer things he taught, but these things he made hooks upon which to hang important facts. The Army field was the best school of medicine ever afforded to the physicians of this country. It was a constant clinic.

#### SECOND DAY.

The Academy reconvened on Thursday morning at 10 o'clock.

DR. RAUCH, on invitation of the President, made some remarks on *The Advance of the Standard of the Medical Degree, as shown by the Statistics of the Illinois State Board of Health*.

The election of Fellows was then resumed, and nearly 100 in all, who had been approved by the Council, were elected.

The Secretary reported the action of the Council upon the report presented by the Committee on Amendments to the Constitution. Several of these amendments were reported negatively by the Council, in accordance with such report, and the following amendments, approved by the Council, were adopted by the Academy :

Paragraph 1, Section II, Article III, to read as follows: "The degree of Bachelor of Arts or of Master of Arts, after a systematic course of study, preparatory and collegiate; but when a candidate has not received either of these degrees in course, other evidence of a preparatory liberal ed-

ucation which shall be considered as equivalent to the same by the Council (hereinafter to be provided for), may be accepted in lieu of a degree by the Academy."

Paragraph 3, Section II, Article III, to read as follows: "When a candidate is an alumnus of a foreign institution or institutions not granting the degree of Bachelor of Arts or Master of Arts, or of Doctor of Medicine, a certificate or certificates, or a license, which shall be considered as equivalent by the Council, may be accepted in lieu thereof by the Academy."

Article X, to read as follows: "A Latin certificate of fellowship, bearing the seal of the Academy and the signatures of the officers, shall be issued to any Fellow, on payment of its cost."

In consequence of the adverse report of Council, the other amendments were laid upon the table.

At the recommendation of Council, the following gentlemen were elected Honorary Members: Dr. David Jordan, President of the Illinois State University, Bloomington, and Sir James A. Grant, M.D., of Ottawa, Canada.

Several other gentlemen were elected Fellows of the Academy, having become eligible by reason of the adoption of the first-mentioned Amendment.

On motion, the recommendation of Council that the Academy should hold its next annual meeting November 12 and 13, 1890, in Philadelphia, was adopted.

The Committee on Publication of Transactions was continued, with approval of Council, under the same instructions as those given them at last annual meeting.

The President's Address was referred to the same committee.

On recommendation of Council, the other Spe-

cial Committees were continued, the appointment of gentlemen composing them to be made by the incoming President.

The Treasurer's report was presented, and referred to a Committee of Audit, Drs. Hill, Heath and Garcelon, who subsequently reported the account as correct.

The Committee on Nominations reported that they recommended the following officers for the ensuing year: President, Dr. Samuel J. Jones, of Chicago, Ill.; Vice-Presidents, Drs. Justin E. Emerson, Detroit, Mich., Edward Hitchcock, Jr., Cornell University, Ithica, N. Y., J. Chester Morris, Philadelphia, Pa., Alonzo Garcelon, Lewiston, Me.; Secretary and Treasurer, Dr. Richard J. Dunglison, Philadelphia, Pa.; Assistant Secretary, Dr. Chas. McIntire, Jr., Easton, Pa.

After the election of additional Fellows, the reading of papers was resumed.

Dr. Gershom H. Hill, of Independence, Iowa, read a paper on *The Moral Treatment of the Insane*, which was referred to the Council.

Dr. F. C. Heath, U. S. Marine-Hospital Service, read a paper on *Medical Harmony*, and Dr. N. S. Davis, Jr., one on *The Physiological Action of the Typhoid Fever Poison*, both of which were referred to the Council.

Other papers, the authors of which were not in attendance, were read by title, and referred to the Council: *The Need and Position and Object of the American Academy of Medicine*, by Dr. Traill Green, Easton, Pa.; *Aim and Scope of the American Academy of Medicine*, by Dr. Edward Jackson; *The Mission of the Academy*, by Dr. R. Lowry Sibbet, Carlisle, Pa.; *Brief Sketch of the late William Elmer*, late a Vice-President of the Academy, with appended resolution, by Dr. Lewis P. Bush, Wilmington, Del.



The following preamble and resolution, offered by Dr. Traill Green, were adopted :

The report of the good work accomplished by the Illinois State Board of Health having gone beyond this State throughout the United States, and received with approval, the American Academy of Medicine, in session in Chicago, congratulate the citizens of Illinois and the profession on the good which the Board has wrought by their action in securing an advance of preparation of those who minister to the people in their sickness.

*Therefore resolved*, That we approve the labors of the Board, whose action has been read by so many of our members in distant parts of our land; that the Fellows of this Academy testify to the influence of the Illinois State Board in advancing a better preliminary education for intending medical students, and a more extended course in the medical schools; and that they present to the Board their thanks for the help which the profession has received from their action, and wish for them continued success in their work and the support of their fellow citizens.

Dr. Jordan, President of the Illinois State University, then, by invitation, addressed the Academy on the changes that had taken place in the under-graduate courses.

The newly-elected President, Dr. S. J. Jones, was then inducted in the chair by Drs. Traill Green and H. A. Johnson, appointed by the President.

Thanks were tendered to the retiring President, Dr. Connor, for the able and faithful discharge of his duties; also to the proprietor of the Leland Hotel for courtesies extended.

The time of appointment of committees by the new President was, on motion, extended to be at the convenience of the latter.

The President appointed Drs. H. A. Johnson and G. H. Hill additional members of the Council for the ensuing year, and Drs. Emerson, Heath and McIntire the Committee on Eligible Fellows.

The Academy then adjourned.



