

W  
33  
AA1  
A5L  
1921A

WITHDRAWN

from

LIBRARY

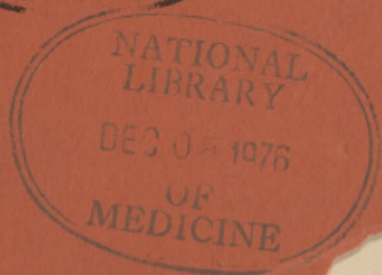
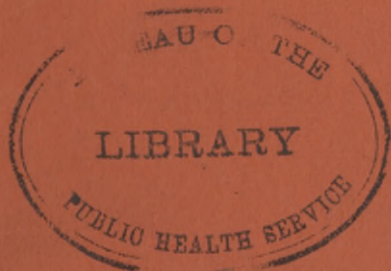
NATIONAL INSTITUTE OF HEALTH

# LAWS

(ABSTRACT)

## AND BOARD RULINGS

REGULATING THE PRACTICE  
OF MEDICINE IN THE UNITED  
STATES AND ELSEWHERE



REVISED TO AUGUST 1, 1921  
THIRTY-FIRST EDITION

NATIONAL LIBRARY OF MEDICINE



NLM 00058402 2

# LAWS

(ABSTRACT)

## AND BOARD RULINGS

REGULATING THE PRACTICE  
OF MEDICINE IN THE UNITED  
STATES AND BRIEF STATE-  
MENTS REGARDING MEDICAL  
REGISTRATION ABROAD



REVISED TO AUG. 1, 1921  
THIRTY-FIRST EDITION

PRICE SIXTY CENTS

COPYRIGHT 1921, BY THE AMERICAN MEDICAL ASSOCIATION

AMERICAN MEDICAL ASSOCIATION  
535 N. DEARBORN STREET  
CHICAGO

*Dec. 5, 1921*



MEMORANDA

MEMORANDA

# CONTENTS

Names and addresses of executive officers of state examining boards.9-10

## UNITED STATES

	PAGE		PAGE
Alabama	13	Montana	95
Alaska	15	Nebraska	97
Arizona	17	Nevada	99
Arkansas	21	New Hampshire	100
California	25	New Jersey	102
Canal Zone	33	New Mexico	106
Colorado	33	New York	108
Connecticut	38	North Carolina	112
Delaware	42	North Dakota	114
District of Columbia	44	Ohio	118
Florida	46	Oklahoma	121
Georgia	48	Oregon	122
Hawaii	50	Pennsylvania	124
Idaho	51	Philippine Islands	127
Illinois	53	Porto Rico	128
Indiana	58	Rhode Island	129
Iowa	62	South Carolina	131
Kansas	66	South Dakota	133
Kentucky	68	Tennessee	135
Louisiana	72	Texas	137
Maine	77	Utah	140
Maryland	79	Vermont	142
Massachusetts	83	Virginia	145
Michigan	84	Washington	149
Minnesota	89	West Virginia	151
Mississippi	91	Wisconsin	153
Missouri	93	Wyoming	156

## FOREIGN COUNTRIES

Africa, East and West Coasts	195	Greece	181
Alberta	159	Grenada	196
Argentine Republic	170	Guatemala	168
Australia	192	Haiti	168
Austria	173	Honduras	168
Bahama Islands	195	Hongkong	196
Belgium	173	Hungary	181
Bermuda Islands	195	Italy	182
Bolivia	170	Jamaica	196
Brazil	170	Japan	184
British Colonies, Minor	192	Leeward Islands	196
British Columbia	159	Luxemburg	184
British Guiana	195	Madagascar	191
British Honduras	195	Malta	196
British New Guiana	195	Manitoba	160
Bulgaria	174	Mauritius and St. Helena	196
Canada	158	Mexico	166
Cape Colony	190	Monaco	184
Central America	166	Natal	199
Ceylon	195	Netherlands	185
Chile	171	New Brunswick	161
Colombia	171	Newfoundland	164
Costa Rica	167	New South Wales	192
Cuba	167	New Zealand	194
Cyprus	195	Nicaragua	169
Denmark	175	Norway	185
Ecuador	171	Nova Scotia	159
Egypt	176	Ontario	163
Falkland Islands	196	Orange River Colony	191
Fiji Islands	196	Panama	169
France	176	Peru	172
Germany	177	Portugal	186
Gibraltar	196	Prince Edward Island	164
Great Britain	179	Quebec	164

## CONTENTS—Continued

	PAGE		PAGE
Queensland .....	192	St. Helena .....	196
Rhodesia .....	191	Straits Settlements (Malaya) .....	197
Roumania .....	186	Sweden .....	188
Russia .....	187	Switzerland .....	189
San Salvador .....	169	Tasmania .....	193
Santo Domingo .....	168	Transvaal .....	191
Saskatchewan .....	165	Turkey .....	190
Serbia .....	187	Uruguay .....	172
Seychelles Island .....	196	Venezuela .....	172
Siam .....	187	Victoria .....	193
South Africa .....	190	Western Australia .....	194
South America .....	170	West Indies .....	163
South Australia .....	193	Windward Islands .....	197
Spain .....	187	Yucatan .....	167

### MISCELLANEOUS

Foreign Medical Colleges.....	197	Russia .....	202
Argentine Republic .....	197	Santo Domingo .....	203
Australia .....	197	San Salvador .....	203
Austria .....	197	Scotland .....	203
Belgium .....	197	Siam .....	203
Bolivia .....	197	South Africa .....	203
Brazil .....	197	Spain .....	203
Canada .....	197	Sweden .....	203
Chile .....	198	Switzerland .....	203
China .....	198	Syria .....	203
Colombia .....	198	Turkey .....	203
Costa Rica .....	198	Uruguay .....	203
Cuba .....	198	Venezuela .....	203
Denmark .....	198	Wales .....	203
Ecuador .....	198	Classification of Medical Col- leges .....	215
Egypt .....	198	Council on Medical Education and Hospital Standards... ..	206
England .....	199	Essentials of State Laws... ..	232
France .....	199	Higher Preliminary Require- ments by State Boards. 226,	227
Germany .....	200	Hospital Intern Year .....	225
Greece .....	200	Hospitals Approved for In- terns, Schedule of Re- quirements .....	230
Guatemala .....	200	Medical College Entrance Re- quirements .....	218
Haiti .....	200	Medical Colleges of the World .....	204
Honduras .....	200	Medical Practice in National Parks and on Government Reservations .....	231
Hungary .....	200	Preliminary and Medical Edu- cation at Home and Abroad .....	205
Iceland .....	200	Premedical College Course... ..	208
India .....	200	Reciprocity, with table.....	228
Ireland .....	201	Recognition of Examinations of National Board of Med- ical Examiners .....	229
Italy .....	201	Recognition of Government Examination .....	229
Japan .....	201	Scholarships in Medical Schools .....	224
Java .....	202	Standard High School Course. .	207
Korea .....	202		
Madagascar .....	202		
Malaya .....	202		
Mexico .....	202		
Netherlands .....	202		
New Zealand .....	202		
Nicaragua .....	202		
Norway .....	202		
Paraguay .....	202		
Persia .....	202		
Peru .....	202		
Poland .....	202		
Portugal .....	202		
Roumania .....	202		



## INTRODUCTION

---

It will be noted that this book does not give verbatim the medical practice act, but gives from the practice acts and from board rulings the conditions or legal restrictions of medical practice in the several states and territories of the United States. The matter is presented in a classified arrangement under definite heads, so as to enable the reader more easily to find what he is seeking. This arrangement also permits of a more ready comparison of the requirements of two or more states. The table on page 237 gives the essential features of the various state laws and the conditions surrounding medical licensure.

The many changes made in the medical practice acts since the last edition of this book was issued has made it desirable to have a new edition printed including these additions and giving correct statements of the requirements in force as far as can be learned up to the present time. In all cases the matter has been submitted to the secretaries of the several licensing boards and this book embodies their corrections.

Information collected by the Council on Medical Education and Hospitals from reliable sources is also given regarding foreign medical schools and medical registration and practice in foreign countries. These data have been submitted to the United States embassies abroad and in most instances have been verified by them.

The rapidly increasing demand for this book shows how it is appreciated. It is hoped that each subsequent edition will be more useful than those which preceded it.



## NAMES AND ADDRESSES OF THE EXECUTIVE OFFICERS OF STATE EXAMINING BOARDS

STATE	NAME AND ADDRESS OF EXECUTIVE OFFICER
Alabama	Dr. Samuel W. Welch, Montgomery.
Alaska	Dr. Harry C. De Vighne, Juneau.
Arizona	Dr. Ancil Martin, 207 Goodrich Bldg., Phoenix
Arkansas	(R) Dr. J. W. Walker, Fayetteville. (H) Dr. George M. Love, Rogers. (E) Dr. Claude E. Laws, 803½ Garrison Ave., Fort Smith.
California	Dr. Charles B. Pinkham, Room 906 Forum Bldg., Sacramento.
Colorado	Dr. David A. Strickler, 612 Empire Bldg., Denver.
Connecticut	(R) Dr. Robert L. Rowley, 79 Elm St., Hartford. (H) Dr. E. C. M. Hall, 82 Grand Avenue, New Haven. (E) Dr. James E. Hair, 730 State St., Bridgeport
Delaware	(Council) Dr. H. W. Briggs, 1026 Jackson St., Wilmington. (R) Dr. P. S. Downs, Dover. (H) Dr. H. W. Howell, 824 Washington St., Wilmington.
District of Columbia	Dr. Edgar P. Copeland, 1315 Rhode Island Ave., Washington.
Florida	Dr. William M. Rowlett, Citizens Bank Bldg., Tampa.
Georgia	Dr. C. T. Nolan, Marietta.
Hawaii	Dr. G. C. Milner, 401 Beretania St., Honolulu.
Idaho	Hon. Robert O. Jones, Boise.
Illinois	Mr. W. H. H. Miller, Capitol Bldg., Springfield.
Indiana	Dr. W. T. Gott, 84 State House, Indianapolis.
Iowa	Dr. G. H. Sumner, State House, Des Moines.
Kansas	Dr. Albert S. Ross, Sabetha.
Kentucky	Dr. A. T. McCormack, State Board of Health Bldg., Louisville.
Louisiana	(R) Dr. Roy B. Harrison, 1551 Canal St., New Orleans. (H) Dr. F. H. Hardenstein, 830 Canal St., New Orleans.
Maine	Dr. Frank W. Searle, 775 Congress St., Portland.
Maryland	(R) Dr. J. McP. Scott, 141 W. Washington St., Hagerstown. (H) Dr. Wilbur F. Skillman, 1227 Lafayette Ave., Baltimore.
Massachusetts	Dr. Walter P. Bowers, 144 State House, Boston.
Michigan	Dr. Beverly D. Harison, 504 Washington Arcade, Detroit.
Minnesota	Dr. Thomas S. McDavitt, Lowry Bldg., St. Paul.
Mississippi	Dr. W. S. Leathers, University.
Missouri	Dr. Cortez F. Enloe, State House, Jefferson City.
Montana	Dr. S. A. Coonev, Power Bldg., Helena.
Nebraska	Mr. H. H. Antles, Capitol Bldg., Lincoln.
Nevada	Dr. Simeon L. Lee, Carson City.
New Hampshire	Dr. Charles Duncan, Concord.
New Jersey	Dr. Alex. Macalister, State House, Trenton.
New Mexico	Dr. R. E. McBride, Las Cruces.

New York .....	Mr Herbert J. Hamilton, Education Department, Albany.
North Carolina .....	Dr. Kemp P. B. Bonner, Morehead City.
North Dakota .....	Dr. George M. Williamson, 860 Belmont Ave., Grand Forks.
Ohio .....	Dr. H. M. Platter, Hartman Hotel Bldg., Columbus.
Oklahoma .....	Dr. James M. Byrum, Shawnee.
Oregon .....	Dr. Urling C. Coe, Stevens Bldg., Portland.
Pennsylvania .....	Mr. Thos. E. Finegan, State Capitol, Harrisburg.
Philippine Islands .....	Dr. Fortunato Pineda, 612 Rizal Ave., Manila.
Porto Rico .....	Dr. Quevedo Baez, Box 806 San Juan.
Rhode Island .....	Dr. Byron U. Richards, State House, Providence.
South Carolina .....	Dr. A. Earle Boozer, 1806 Hampton St., Columbia.
South Dakota .....	Dr. H. R. Kenaston, Bonesteel.
Tennessee .....	Dr. Alfred B. DeLoach, 1001 Exchange Bldg., Memphis.
Texas .....	Dr. T. J. Crowe, Dallas County Bank Bldg., Dallas.
Utah .....	J. T. Hammond, Director of Registration, State Capitol Bldg., Salt Lake.
Vermont .....	Dr. W. Scott Nay, Underhill.
Virginia .....	Dr. J. W. Preston, 511 McBain Bldg., Roanoke.
Washington .....	Mr. William Melville, Secretary of the Department of Licenses, Olympia.
West Virginia .....	Dr. W. T. Henshaw, Martinsburg.
Wisconsin .....	Dr. John M. Dodd, 220 E. 2nd St., Ashland.
Wyoming .....	Dr. J. D. Shingle, Cheyenne.



MEMORANDA

# LAWS AND REGULATIONS GOVERNING THE PRACTICE OF MEDICINE IN THE UNITED STATES

---

## ALABAMA

**Board.**—The Board of Censors of the Medical Association of the State of Alabama, a body consisting of ten physicians, constitutes the State Board of Medical Examiners.

**Board of Members.**—Samuel W. Welch, M.D. (1924), *Chairman*, Montgomery; Benjamin L. Wyman, M.D. (1922), Birmingham; Henry S. Ward, M.D. (1926), Birmingham; William R. Jackson, M.D. (1926), Mobile; Walter S. Britt, M.D. (1925), Eufaula; Vivien P. Gaines, M.D. (1925), Mobile; J. N. Baker, M.D. (1923), Montgomery; W. D. Partlow, M.D. (1922), Tuscaloosa; R. S. Hill, M.D. (1924), Montgomery; Samuel G. Gay, M.D. (1923), Selma.

**Examinations.**—Examinations are held beginning on the second Tuesday of January and July of each year, at the Capitol, Montgomery.

**Fees.**—For examination, \$10.00; for registration of certificate in the probate office, \$0.50; for reciprocal registration, \$50.00. Unsuccessful applicants are entitled to reexamination within one year without an additional fee.

**Application for License.**—The applicant must fill out an application blank giving his name, age, residence, college and date of graduation, and furnish a certificate of good moral character and two cabinet size, unmounted photographs of himself. A diploma from a reputable medical college must also be presented by each applicant and he must pass a written examination, in the English language, in anatomy, physiology, chemistry, the etiology, pathology and symptomatology of diseases, obstetrics and obstetric operations, gynecology, surgery, physical diagnosis, diseases of the eye, ear, nose and throat, hygiene and medical jurisprudence. Four days are required to complete the examination. In case of failure the applicant may take another examination within one year without additional fee. To avoid ground on which schools of medicine differ, materia medica and the

administration of medicines are omitted. A final average of at least 75 per cent. must be obtained.

When an applicant states, in writing, that he has neither studied, nor proposes to practice, major surgery, he will be exempted from examination in that branch. His certificate of qualification, if obtained, will not entitle him to practice major surgery. *Temporary licenses* are not granted. Certificates of license must be recorded in the office of the probate judge of the county wherein the holder resides and rerecorded in case of removal to another county. Failure to have certificate so recorded will render it null and void and prevent recovery of medical fees at law. The board is empowered to refuse or revoke a license for cause. *Penalties*—Any person who treats, or offers to treat, diseases of human beings, by any system of treatment whatsoever, without having obtained a certificate of qualification, shall be guilty of a misdemeanor and subject to a fine of from \$50 to \$500, or imprisonment for from one to three months, or to both fine and imprisonment.

**College Standard.**—The State Medical Association determines the question of college standing and in so doing is guided by the latest report of the Council on Medical Education and Hospitals of the American Medical Association. Colleges in Classes B and C are not granted recognition. Since 1919 two years of work in an approved college of liberal arts including courses in physics, chemistry, biology and a modern language have been required as the minimum standard of preliminary education.

**Exemptions.**—The board is empowered to issue certificates of qualification without examination to medical officers in the public services of the United States on presentation of satisfactory credentials. On the face of these certificates it must appear that they were issued *pro forma*, and without examination. Physicians holding licenses in counties on the border of Alabama who record their licenses in the county or counties into which their practice extends and legally qualified consultants are not required to take the board's examination. The act does not apply to the administration of home remedies in a family by any members thereof, nor to emergency service by any persons, providing the person does not pursue the occupation of a physician.

**Reciprocity.**—The board will admit to practice, without examination, physicians licensed in other states having requirements equal to those in Alabama. Applicants who graduated in 1907, or prior thereto, must submit full particu-



lars in regard to their premedical and medical education; the board may accept or reject the applications of such candidates, as special circumstances and conditions may dictate. Applicants who graduated in the years 1908 to 1913 inclusive must present satisfactory evidence of the completion of a four-year high school course and at least two years in a recognized college, or an equivalent education, and also a diploma from a medical school rated in Class A by the Council on Medical Education of the American Medical Association. Graduates of 1914 and thereafter must present an M.D. degree, or its equivalent, from an accredited school conferring such degrees, and must also have served a year's internship in a recognized hospital, following graduation from medical school.

The applicant must submit proof that he is a legally licensed physician in the state from which he applies; that he has practiced medicine for at least two years prior to his application, and that he is a member in good standing of his state medical association. No applicant who has failed at an examination of the Alabama board is eligible for a license through reciprocity.

In accordance with an amendment to the medical practice act in 1919 the Alabama Board will register without further examination licentrates of the National Board of Medical Examiners.

Reciprocal relations have been established with Arkansas, District of Columbia, Georgia, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Missouri, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington and Wisconsin.

**Definition of Act.**—Any person who treats or offers to treat diseases of human beings by any system whatsoever is considered to be practicing medicine.

Original act, 1877; amended, 1891 and 1903; repealed by new law, 1907; amended, 1919.

## ALASKA

**Board.**—The Territorial Medical Examining Board consists of eight members, two from each judicial division, appointed by the governor.

**Board Members.**—William Ramsey, M.D., Nome; Curtis W. Welch, M.D., Council; J. H. Romig, M.D., Seward; Frank R. De LaVergue, M.D., Fairbanks; Aline B. Bradley, M.D., Fairbanks; L. O. Sloan, M.D., Juneau; Harry C. DeVighne, M.D., *Secretary*, Juneau.

**Examinations.**—Examinations are held beginning on the first Tuesday of March and September of each year at Juneau, or at such other place as the board may designate. In case of failure, the applicant may take, at the end of six months and within two years, a second examination without an additional fee.

**Fees.**—Examination fee, \$25; reciprocity fee, \$100.

**Application for License.**—Applicant must show evidence of being 21 years of age, of good moral character, and must have graduated from a legally chartered medical college. He must submit to a written but practical examination (in the English language) in anatomy, physiology, chemistry, materia medica, therapeutics, pathology, hygiene, surgery, obstetrics, and such other subjects as the board deems advisable. Credit of 1 per cent. in each subject for each year of practice after the first two years is allowed. The licentiate must file his certificate, or a certified copy thereof, with the clerk of the court in and for the judicial division wherein such licentiate intends to practice. *Temporary Permits* may be issued, valid until the next meeting of the board. The board is empowered to refuse or revoke a license for unprofessional and dishonorable conduct.

**College Standard.**—*Medical Education.*—Applicant must have graduated from a legally chartered medical school whose requirements for graduation shall have been, at the time of granting said certificate, not less than the requirements of the Association of American Medical Colleges in the same year.

*Hospital Internship.*—The applicant must also present evidence of the completion of a year's internship in a recognized hospital, unless he has been a licensed physician engaged in active practice for a term of four years.

**Exemptions.**—The act does not apply to commissioned officers of the United States services while in the performance of their official duties, nor to physicians or surgeons from the United States called into consultation, nor to the practice of the religious tenets of any church.

**Reciprocity.**—The board in its discretion is empowered to license without examination applicants holding licenses from any state of the United States which has reciprocal relations with Alaska, where the applicant fully complies with the requirements of the territory. No such relations have as yet been established.

**Definition.**—Any person shall be deemed as practicing within the meaning of this act who shall have and maintain an office or place of business for the purpose of treating the sick or injured for pay, or shall publicly display his or her name and the word "physician" or "surgeon," "M.D.," "Dr.," or "Doctor," in public view, or shall assume or advertise any title which shall show or shall tend to show that the person assuming or advertising the same is willing or qualified to treat the sick or injured, or who for a fee shall prescribe, direct or recommend for the use of any person, any drug or medicine for the treatment, cure or relief of any disease, infirmity, bodily injury or defect, or for a fee perform any operation for the cure, relief or reduction of any disease, bodily injury, deformity or defect.

**Note.**—Until the practice act of 1913 was secured the laws regulating medical practice in Alaska were contained in the Criminal Code, approved March 3, 1899, and the Civil Code, approved June 6, 1900, and amendments approved Feb. 6, 1909. (Sections 10 to 18 of an Act of Congress entitled: "An Act Relating to Affairs in the Territories," approved Feb. 6, 1909, 35 Statutes at Large, 600.)

Act approved April 28, 1917; repeals act effective April 29, 1913.

## ARIZONA

**Board.**—The Board of Medical Examiners of the State of Arizona consists of five members—two regulars, one homeopath, one eclectic and one osteopath—appointed by the governor for a term of two years. The members must be graduates of the respective schools and licensed practitioners of Arizona.

**Board Members.**—Charles S. Vivian, M.D., *President*, Phoenix; Albert L. Gustetter, M.D., Nogales; P. R. Collins, D.O., Douglas; John Wix Thomas, M.D., Phoenix; Ancil Martin, M.D. (1920), *Secretary*, 207 Goodrich Building, Phoenix.

**Examinations.**—Examinations are held in Phoenix beginning on the first Tuesday of January, April, July and October of each year.

**Fees.**—Examination and temporary permit fee, each, \$25. In case applicant's credentials are not sufficient, or in case the examination is not taken, \$15 will be returned on application. Reciprocity fee, \$100. In case the applicant's credentials are insufficient, \$75 of the reciprocal fee are returnable to the applicant.

**Application for License.**—All applicants must take the examination given by the State Board of Medical Examiners. Three forms of certificates are provided: for (a) physicians (b) osteopaths and (c) practitioners of "other systems" of healing.

1. To secure a certificate to practice medicine and surgery application must be made on a blank furnished by the board at least two weeks prior to the examination. It must show applicant to be of good moral character, and must set forth the facts regarding his preliminary and medical education. It must be accompanied by a diploma from a medical college which at the time diploma was granted held standards equal to those of the Association of American Medical Colleges and applicant must show satisfactory evidence that he is the person named in the diploma.

2. To secure a license to practice osteopathy the same routine is required except that he must file a diploma from a legally chartered college of osteopathy requiring prior to 1908 twenty months of instruction, and after 1908 three years of nine months each, including the studies examined on under this act.

3. To secure a license to practice "other systems" of healing, except chiropractic, the same routine is followed except that the applicant must present a diploma from a legally chartered college of the system he claims to follow.

A recently taken, unmounted photograph of the applicant must accompany the application, on the back of which the persons recommending him shall endorse their names, following the signature of the applicant across the face thereof.

**Examinations** will be held in the English language and conducted wholly in writing. The law prescribes the same examination for physicians, osteopaths and those employing any other mode of treating the sick. Examinations will consist of ten questions in each of the following branches, with a time limit as here given: (a) anatomy, 2 hours; (b) histology, 1½ hours; (c) gynecology, 1½ hours; (d) obstetrics, 2 hours; (e) physiology, 1½ hours; (f) hygiene, 1½ hours; (g) pathology, 1½ hours; (h) bacteriology, 1½ hours; (i) chemistry and toxicology, 1 hour; (j) general diagnosis, 2 hours. All applicants must obtain not less than a general average of 75 per cent. and not less than 60 per cent. in any one subject. Applicants who can show at least five years of reputable practice will be granted a credit of 5 per cent. on the general average, and 5 per cent. additional for each subsequent ten years of such practice. He must receive not less than 50 per cent. on any subject, however. Candidates once rejected may appear at the next regular

meeting of the Board, with special permission of the Board only. He must pay full fee for the next examination. Hand-writing of candidates must be legible. No paper will be examined which bears the name of the candidate or any designating mark except the number given him.

The Board may at its discretion, whenever the service of an applicant is needed in an emergency in any community, grant to a graduate of any recognized medical college, a temporary permit to practice medicine and surgery in said community; a temporary permit will be valid only until the next regular meeting of the board.

The certificate must be recorded by the clerk of the county in which the holder is practicing. Failure to have the certificate so recorded makes the holder liable to a fine of \$25 to \$100 and imprisonment. The board has the right to refuse or revoke a certificate for unprofessional conduct or other cause.

**College Standard.**—Three standards are provided. 1. *For Physicians.*—The standards of the Association of American Medical Colleges are required—which means at least a four-year high school education, the work of which is prescribed, and graduation after four years of work in a reputable medical college the standards and equipments of which are outlined by the association. For graduates of 1918 and thereafter one year of premedical college work, and for graduates of 1922 and thereafter *two years* of premedical college work will be required in addition to the four year high school education. This college work must include courses with laboratory work in physics, chemistry and histology and a reading knowledge of French or German. 2. *For Osteopaths.*—Graduates from a "legally chartered" college of osteopathy with a maximum requirement of three years of nine months each. 3. *For Practitioners of "Other Systems."*—Merely a diploma from a "legally chartered" college of the system of treatment claimed is all that is required. For the last two certificates the law makes no provision for preliminary education or for standards or equipment of the "college." But the rule of the Board is that no license will be granted any one whose preliminary education is less than that required to receive a high school diploma in this state.

**Exemptions.**—The act does not inhibit emergency services, or the domestic administration of family remedies. It does not apply to commissioned medical officers of the United States services in the discharge of their official duties; nor to

dentists while practicing dentistry, nor to practitioners from other states called into consultation by legally qualified practitioners of Arizona; nor shall the act be construed so as to discriminate against any particular school of medicine or surgery or osteopathy or any other system or mode of treating the sick nor to the use of prayer; provided further that all sanitary laws regarding contagious diseases shall apply equally to the practice of any mode or system of treatment.

**Reciprocity.**—The board is authorized to grant certificates without further examination to candidates presenting licenses issued after examination by the board of any state or territory of the United States or by the National Board of Medical Examiners, when the requirements for the certificates were at least as high as then in force at that time in Arizona. The application for reciprocal registration must be accompanied by an affidavit from the medical officer of the district in which the applicant last practiced, certifying that he has been in the active practice of medicine and surgery for at least three years just preceding the issuing of a reciprocal licence in Arizona. Physicians presenting honorable discharge from the Medical Corps of the United States Army and Navy are exempted from the three year practice clause. In the discretion of the board, licences issued by foreign countries may be accepted in lieu of a written examination. The law does not provide for the issuing of reciprocity certificates on the basis of certificates issued in other states to "osteopaths" or to "other practitioners."

**Definition.**—Any person shall be regarded as practicing medicine within the meaning of this act who shall, within this state, (a) by advertisement, or by any notice, sign or other indication, or by any statement, printed, written or oral, in public or in private, made, done or procured by himself or herself, or any other, at his or her request, for him or her, claim, announce, make known or pretend his or her ability or willingness to diagnosticate, or prognosticate, any human diseases, ills, deformities, defects, wounds or injuries; (b) or who shall so advertise or make known or claim his or her ability or willingness to prescribe or administer any drug, medicine, treatment, method or practice, or to perform any operation, or manipulation, or to apply any apparatus, or application, for cure, amelioration, correction, reduction or modification of any human disease, ill, deformity, defect, wound, or injury, for hire, fee, compensation or reward, promised, offered, expected, received or accepted, directly or indirectly; (c) or who shall within this state diagnosticate or prognosticate any human disease, ill, deformity,

defect, wound or injury, for hire, fee, reward or compensation, promised, offered, expected, received or accepted, directly or indirectly; (d) or who shall within the state prescribe or administer any drug, medicine, treatment, method or practice, or perform any operation or manipulation, or apply any apparatus or appliance for the cure, alleviation, amelioration, correction, reduction or modification of any human disease, ill, deformity, defect, wound or injury, for hire, fee, compensation or reward, promised, offered, expected, received or accepted, directly or indirectly; (e) or who shall act as the agent of any person, firm or corporation, in the practice of medicine as hereinbefore set forth; (f) except it be in the advertisement or practice of dentistry, midwifery, or pharmacy, or in the usual business of opticians, or of vendors of dental or surgical instruments, apparatus, and appliances. Practicing medicine within the meaning of this act is construed to include the practice of osteopathy.

Original practice act approved March 18, 1897; Board of Examiners created by law of 1901; second practice act approved March 19, 1903; present act approved March 22, 1913; amended in 1921.

### ARKANSAS

**Boards.**—The law provides for three separate Boards of Medical Examiners—a regular, a homeopathic, and an eclectic. Each board consists of seven members, one from each congressional district and no one of whom must be connected with a medical college. The appointments are made by the governor from a list of names presented by the respective medical societies. The length of service is four years. No one is eligible for reappointment after having served two terms. The boards are authorized to adopt all rules, regulations and by-laws necessary to properly perform their duties.

**Board Members.**—The members of the regular board are as follows: W. F. Smith, M.D., *President* (1923), Little Rock; W. H. Toland, M.D. (1923), Nashville; J. T. Palmer, M.D. (1925), Pine Bluff; J. A. Bogart, M.D. (1923), Forrest City; J. C. Swindle, M.D. (1925), Walnut Ridge; H. A. Ross, M.D. (1925), Arkadelphia; J. W. Walker, M.D., *Secretary* (1925), Fayetteville.

The members of the homeopathic board are as follows: C. F. Ellis, M.D., *President*, Eureka Springs; C. S. Bungardt, M.D., Fort Smith; C. E. Whitney, M.D., Little Rock; Milton R. Regan, M.D., Mena; Fred Muzzy, M.D., Carlisle; George M. Love, M.D., *Secretary*, Rogers.

The members of the eclectic board are as follows: George F. Jackson, M.D., *President*, Little Rock; Calvin H. Parks, M.D., Truman; R. O. Norris, M.D., Tuckerman; Cecil E. Spann, M.D., Altheimar; Samuel G. Boyce, M.D., Little Rock; Allen C. Prichard, M.D., Hot Springs; Claude E. Laws, M.D., *Secretary*, 803½ Garrison Ave., Fort Smith.

**Examinations.**—Each board holds two regular examinations per year, on the second Tuesday in May and November, at such places as a majority may agree on, consulting the convenience of the boards and the applicants.

**Fees.**—For examination and registration, \$15.00; preliminary fee, \$10.00; reciprocal fee, \$50.00. For reciprocal endorsement, \$10.00.

**Application for License.**—Application must be made to the secretary of board representing the school of medicine from which he graduated, accompanied by the fee. The applicant must also present satisfactory evidence of graduation from a reputable medical college. If the credentials are satisfactory, the applicant is entitled to an examination (in English or other language), which shall be written, and shall be of a practical character, including anatomy, physiology, chemistry, materia medica, therapeutics, theory and practice of medicine, pathology, bacteriology, surgery, obstetrics, gynecology and hygiene. For an applicant who has been engaged in the reputable practice of medicine for five years or more an allowance of 1 per cent. for each year of such practice will be made. A certificate will be issued if, in the opinion of the board, the applicant possesses the necessary qualifications. This certificate must be recorded in the office of the county clerk of the county in which the applicant intends to practice.

Students who present evidence of satisfactory preliminary education and have completed the first two years of medical studies in a college in good standing may take the regular examination in anatomy, medical chemistry, physiology and bacteriology. Students who have completed third year work may also take the examination in pathology.

Any member of the board representing the school of medicine from which the applicant graduated may grant a *temporary permit* to practice on the payment of the required fee and after a satisfactory examination; but such permit shall not continue in force longer than until the next regular meeting of the board and shall not be granted for a longer period than two months in advance of the next regular and stated meeting of the board. **Revocation.**—The boards have



the right to refuse or to revoke licenses for cause, including: (a) chronic or persistent inebriety; (b) the practice of criminal abortion; (c) offenses involving moral turpitude (d) advertising special ability to treat or cure chronic or incurable diseases; and (e) for any fraud in obtaining diploma or license.

**College Standard.**—All medical colleges are required to conform to the following schedule: *Preliminary Education.*—(1) Each student admitted must hold a certificate of good moral character signed by at least two physicians in good standing in the state from which the applicant comes. (2) He must also hold an entrance certificate issued by the board on: (a) A bachelor's degree from an accredited university or college; (b) a diploma or certificate of graduation from an accredited four-year high school, normal school or academy whose course of instruction equals that required for entrance by the University of Arkansas; (c) evidence of having passed a matriculation examination of a recognized literary or scientific college; (d) a certificate of successful examination equivalent to the matriculation examination by the faculty of any reputable university or college, and (e) a certificate of having passed successful examination before the state superintendent of public instruction or his authorized agent.

For full admission, 14 units must be required by the medical school; 7 of these must be in specified subjects as follows: English (minimum, 2 years, maximum, 4 years), 2; mathematics (minimum, 2 years, maximum, 3 years), 2; one foreign language (minimum, 2 years, maximum, 4 years), 2; United States history and civics, 1. The remaining 7 units may be taken from any of the following elective subjects: English language and literature (in addition to required work), 1-2; foreign languages additional, Greek, Latin, French, German, Italian or Spanish (not less than one year in any one), 1-4; advanced algebra, solid geometry and trigonometry ( $\frac{1}{2}$  year each), 1; natural science, chemistry, 1 year, physics, 1 year, and biology, botany, physiology and zoology ( $\frac{1}{2}$  to 1 year each),  $\frac{1}{2}$ -2; earth science, physical geography, geology and agriculture ( $\frac{1}{2}$  to 1 year each),  $\frac{1}{2}$ -1; astronomy,  $\frac{1}{2}$ ; drawing,  $\frac{1}{2}$ -1; history, ancient, medieval and modern and English (1 year each), 1-3; economics,  $\frac{1}{2}$ ; manual training, 1; bookkeeping,  $\frac{1}{2}$ -1. The figures following each subject show the minimum and maximum credit which may be obtained for each. One year each of physics, chemistry and biology of college grade, of not less than 8 semester hours, will be required in addition to the above of all appli-

cants matriculating after Jan. 1, 1915. Those matriculating subsequent to Jan. 1, 1918, will be required to have completed two years of college work, including the sciences mentioned. *Medical Education.*—The medical school must give a course of not less than four sessions of thirty-two teaching weeks each, and at least 10 months shall intervene between the beginning of any course and the beginning of the preceding course. Attendance of at least 80 per cent. of each course must be required; frequent examinations must be conducted; each student must dissect a lateral half of the cadaver and must have attended at least two years of instruction in well-equipped laboratories and two years on clinical and hospital instruction. No medical school will be regarded as in good standing that issues a catalogue or an announcement containing misrepresentations regarding its teaching facilities, its course of instruction or the number of students matriculated or in attendance.

*Exemptions.*—Those who administer domestic remedies without receiving any compensation therefor, and midwives, are exempt.

*Reciprocity.*—Applicants who have failed to pass the examination of the Arkansas Board are not eligible for reciprocal registration for a period of one year thereafter. Reciprocal relations on the basis of an examination only have been established with Alabama, California, District of Columbia, Georgia, Illinois, Kansas, Louisiana, Maine, Minnesota, Missouri, Nebraska, Nevada, New Mexico, North Dakota, Pennsylvania, Tennessee, Texas, Vermont, Virginia and Wisconsin, and on the basis either of an examination or on a diploma from a reputable medical college without examination if the diploma and the license were issue prior to Feb. 17, 1903, with Indiana, Kentucky, Maryland, Michigan, Mississippi, Ohio, Oklahoma, Texas and Wisconsin. A certificate issued in another state on the basis of reciprocity is not acceptable for reciprocal registration in Arkansas. The reciprocal agreements with some of these states provide that the applicant must have been reputedly engaged in the practice of medicine in the state from which he seeks reciprocity for at least one year subsequent to receiving the license on which registration in this state is sought.

*Definition of Act.*—Any person is regarded as practicing medicine in any of its departments who appends to his name the letters M.D. or M.B., or who repeatedly prescribes or directs for the use of any person or persons any drug, or medicine, or other agency, for the treatment, cure, or relief of any bodily injury, deformity or disease.

Original act approved March 9, 1881; amended March 26, 1895; second act approved Feb. 17, 1903; amended May 6, 1909.

### CALIFORNIA

**Board.**—The Board of Medical Examiners of the State of California consists of ten members originally appointed Oct. 10, 1913, by the governor as follows: Three for one year, two for two years, two for three years and three for four years. Hereafter as terms expire all appointments will be for a term of four years. All members must have been citizens of the state for at least five years prior to their appointment and must hold license issued "under any of the medical practice acts" of the state.

**Board Members.**—Percy T. Phillips, M.D. (1921), *President*, Santa Cruz; Harry E. Alderson, M.D. (1924), San Francisco; H. V. Brown, M.D. (1923), Glendale; Lemuel P. Adams, M.D. (1923), Oakland; Robert A. Campbell, M.D. (1920), Los Angeles; Alfred J. Scott, Sr., M.D. (1923), Los Angeles; Cyrus J. Gaddis, D.O. (1923), Oakland; William R. Moloney, M.D. (1924), Los Angeles; D. L. Tasker, D.O. (1921), Los Angeles; Harry A. Encell, chief counsel, San Francisco; Charles B. Pinkham, M.D. (1921), *Secretary*, 906 Forum Bldg., Sacramento.

The entrance examiner for the medical schools of southern California is Prof. Thomas G. Burt, Occidental College, Los Angeles; for those of northern California, Prof. J. S. Drew, 2901 California Street, San Francisco.

**Examinations.**—The annual meeting of the board is held in Sacramento beginning the third Monday in October. Two other meetings will be held annually, one each at Los Angeles and San Francisco, on dates determined by the board at its annual meeting, and other meetings may be called at the discretion of the board.

Dates adopted for 1921 as follows: February 14-17, Los Angeles; June 27-30, San Francisco; Oct. 17-20, Sacramento.

**Fees.**—Written examination fee for physician and surgeon, drugless, chiropody and midwifery certificates, \$25, of which \$15 is refunded if certificate be not issued; registration fee for active, retired or honorably discharged medical officer of the United States Army, Navy or Public Health Service, \$50; reciprocal registration fee, \$100 of which \$90 is refunded if certificate be not issued. Reciprocity applicant who has been denied a "reciprocity certificate" and who elects to take the written examination is entitled to a refund of \$65 of the

original \$100 fee. Annual registration fee, \$2, payable January 1 of each year. Failure to pay within sixty days forfeits license. Reinstatement fee, \$10.

**Application for License.**—Four forms of license are provided for: (a) physician and surgeon; (b) drugless practitioner; (c) chiropody; (d) midwifery. Each applicant must file with the secretary at least two weeks prior to the regular meeting, an application on a form prescribed by the board, together with the fee, accompanied by testimonials of good moral character. A 3x4-inch photograph of the applicant taken within sixty days of the date of application must be attached thereto. An extra 3x4-inch autographed photograph is also required. A diploma from a medical or other college approved by the board, must accompany the application, together with an affidavit that the applicant is the person named in the diploma, that he is the lawful holder thereof and that it was procured after a regular course of instruction and an examination without fraud or misrepresentation. Incomplete or mutilated applications will not be acted on. In lieu of diploma, a photographic copy no larger than 8¼ by 13 inches may accompany the application.

Each applicant for a written examination for a *physician and surgeon* certificate must show satisfactory proof that prior to commencing the last half of the second year in the study of medicine, he has completed a course which included at least one year of work of college grade, in the subjects of physics, chemistry and biology; that he has attended four courses of study of at least 32 weeks each. The applicant must have completed in the aggregate 128 weeks of actual work in the four courses, including at least 4,000 hours of class-room work. (See college standard.) Applicant must pass a written examination in (1) anatomy and histology; (2) physiology; (3) bacteriology and pathology; (4) chemistry and toxicology; (5) obstetrics and gynecology; (6) materia medica, therapeutics and pharmacology, including prescription writing; (7) general medicine, including clinical microscopy; (8) surgery, and (9) hygiene and sanitation. He must secure a general average of at least 75 per cent. and not less than 60 per cent. in any two subjects. One per cent. credit on the general average is allowed for each year of actual practice since graduation, provided such practice was under a license issued by some authorized licensing body, and provided the applicant does not fall below 60 per cent. in more than two subjects. If in the first examination the applicant secures 75 per cent. in *seven* branches but fails to get the required general average, he may be reexamined in those subjects only in which he failed, without additional fee.

Each applicant for a *drugless practitioner's* certificate must show he has attended two courses of study of 32 weeks each in a school approved by the board. During the two courses the applicant must have completed at least 64 weeks of actual work, including 2,000 hours of classroom work. Applicant must pass an examination in (1) anatomy and histology; (2) physiology; (3) general diagnosis; (4) pathology and elementary bacteriology; (5) obstetrics and gynecology; (6) toxicology and elementary chemistry, and (7) hygiene and sanitation. He must secure a general average of 75 per cent. and must not fall below 60 per cent. in any two subjects. If in the first examination he secures 75 per cent. in *five* branches but fails to get the required general average, he may be re-examined in the subjects only in which he failed, without additional fee. A person who holds a "drugless practitioner certificate," issued on satisfactory proof of the course of instruction and minimum required by the practice act, and who presents evidence of having successfully completed the additional courses required for the "physician and surgeon certificate" as hereinbefore provided shall be permitted to take his examination in subjects required for a "physician and surgeon certificate" without being reexamined in "drugless practitioner" subjects. Each applicant for a *chiroprody certificate* must present evidence of attendance on a course of at least thirty-nine weeks, consisting of not less than 664 hours. He must pass an examination in (1) anatomy and histology; (2) physiology, chemistry and hygiene; (3) pathology and bacteriology; (4) dermatology and syphilis; (5) orthopedics and surgery; (6) chiroprody and therapeutics.

Each applicant for a *midwife's certificate* must have completed a year's work in an approved hospital, covering courses in anatomy, physiology, obstetrics, hygiene and sanitation, totaling 415 hours. The examination in the above subjects is not required in the case of an applicant holding a diploma from a recognized hospital who presents evidence of an additional three months' course in those subjects.

Licenses must be recorded in the office of the county clerk in the county in which the applicant intends to practice. *Special permits* or *temporary licenses* are not issued.

*Revocation.*—Any license may be refused or revoked, for unprofessional conduct. A "drugless practitioner certificate" may be revoked if the holder exceeds the privileges granted by the certificate or falsely holds himself out as entitled to practice systems or modes of treatment for which he is not

licensed. The midwifery certificate may be revoked on conviction for the violation of any health statute, order or ordinance, or for the refusal or neglect to comply with the health rules and regulations of any state, county, city or township.

**College Standard.—Preliminary Education.**—Applicants for a "physician's and surgeon's" or a "drugless practitioner's" certificate are required to present evidence of graduation from a California four-year high school or its equivalent, such as a certificate from the college entrance examination board of any state or territory, or, if over 30 years of age, the applicant must give evidence satisfactory to the board of a training power equal to the required high-school education. In addition to the above requirement the applicant for a written examination for a physician's and surgeon's certificate must have completed prior to the commencement of the second half of the second year in the study of medicine, a year of work of college grade in each of the subjects physics, chemistry and biology. This same requirement applies also to all *reciprocity* applications based on licenses issued by other state boards *subsequent* to Jan. 1, 1919. Chiropodists applying on and after July 1, 1920, are required to present evidence of three years of high school work or its equivalent; and on and after July 1, 1922, four years. Midwives applying for registration must have completed four years of high school work.

**Medical Education.**—The college, medical or otherwise must be one *approved* by the board. Medical colleges must have at least four sessions of 32 weeks each, aggregating in the four courses 4,000 hours. Colleges of drugless methods must have at least two courses of 32 weeks each, aggregating at least 2,000 hours. The subjects of the curriculum with the amount of work required in each are shown in the following schedules:

*Schedules of Courses and Hours*

FOR A "PHYSICIAN AND SURGEON CERTIFICATE"

Group 1. 775 hours.

Anatomy .....	550 hours
Embryology .....	75 hours
Histology .....	150 hours

Group 2. 620 hours.

Elementary chemistry and toxicology.....	140 hours
Advanced chemistry .....	180 hours
Physiology .....	300 hours

## Group 3. 450 hours.

Elementary bacteriology.....	60 hours
Advanced bacteriology.....	80 hours
Hygiene .....	60 hours
Pathology .....	250 hours

## Group 4. 240 hours.

Materia medica .....	80 hours
Pharmacology .....	105 hours
Therapeutics .....	55 hours

## Group 5. 940 hours.

Dermatology and syphilis .....	45 hours
General medicine and general diagnosis.....	600 hours
Genito-urinary diseases .....	45 hours
Nervous and mental diseases.....	110 hours
Pediatrics .....	140 hours

## Group 6. 680 hours.

Laryngology, otology, rhinology . . . . .	60 hours
Ophthalmology .....	60 hours
Surgery and surgical diagnosis.....	500 hours
Orthopedic surgery.....	30 hours
Physical therapy, including electrotherapy, x-ray, radiotherapy, hydrotherapy.....	30 hours

## Group 7. 265 hours .

Gynecology .....	100 hours
Obstetrics .....	165 hours

## Miscellaneous. 30 hours.

Ethics, jurisprudence, etc.....	30 hours
<b>Total .....</b>	<b>4,000 hours</b>

## FOR A "DRUGLESS PRACTITIONER CERTIFICATE"

## Group 1. 600 hours.

Anatomy .....	485 hours
Histology .....	115 hours

## Group 2. 270 hours.

Elementary chemistry and toxicology.....	70 hours
Physiology .....	200 hours

## Group 3. 235 hours.

Elementary bacteriology.....	40 hours
Hygiene .....	45 hours
Pathology .....	150 hours

## Group 4. 370 hours.

Diagnosis .....	370 hours
-----------------	-----------

## Group 5. 260 hours.

Manipulative and mechanical therapy.....	260 hours
--	-----------

Group 6. 265 hours.

Gynecology .....	100 hours
Obstetrics .....	165 hours
Total .....	2,000 hours

FOR A "CHIROPODY CERTIFICATE"

The course must have covered at least thirty-nine weeks, consisting of not less than 664 hours.

FOR A "MIDWIFERY CERTIFICATE"

Group 1. 150 hours.

Anatomy .....	75 hours
Physiology .....	75 hours

Group 2. 265 hours.

Hygiene and sanitation.....	100 hours
Obstetrics .....	165 hours

**Exemptions.**—Nothing in this act shall be construed to prohibit service in the case of emergency, or the domestic administration of family remedies; nor shall this act apply to any commissioned medical officer of the United States army, navy or public health service, in the discharge of his official duties; nor to any licensed dentist when engaged exclusively in the practice of dentistry. Nor shall this act apply to any practitioner from another state or territory, when in actual consultation with a licensed practitioner in the state or territory in which he resides; provided, that such practitioner shall not open an office or appoint a place to meet patients or receive calls within the limits of the state. Nor shall this act be so construed as to discriminate against any particular school of medicine or surgery, or any other treatment, nor to regulate, prohibit or to apply to, any kind of treatment by prayer, nor to interfere in any way with the practice of religion.

"Nothing in this act shall be construed to prohibit the practice by any person holding an unrevoked certificate heretofore issued under or validated by any medical practice act of this state, but all such certificates may be revoked for unprofessional conduct in the same manner and on the same grounds as if they had been issued under this act."

**Reciprocity.**—Holders of certificates to practice medicine issued since Aug. 1, 1901, by a medical examining board or by any other board or officer authorized by law to issue a certificate entitling the holder thereof to practice medicine and surgery either in the District of Columbia or any state or territory of the United States will be granted a certificate



to practice medicine in the State of California on the payment of a \$100.00 fee; provided that the requirements of the medical college from which he graduated and the board which issued such certificate shall not have been in any degree or particular less than those required for issuance of a certificate in the State of California at that time, and providing also that the applicant's license was granted after a written examination. Applicant must furnish from the board which issued such certificate satisfactory evidence that the requirements of the college or board met the above-mentioned requirements of this state which, for certificates issued after Jan. 1, 1919, must show that, prior to commencing the second half of the second year in the study of medicine, the applicant has completed a one year course of college grade in the subjects of physics, chemistry and biology. Application for a physician and surgeon certificate based on a certificate issued by a board in the United States between Aug. 1, 1901, and March 4, 1907, determined to be of lower standard than that of California on the same date, may elect whether he will take a practical, clinical, oral or the regular written examination. Licentiates prior to Aug. 1, 1901, who have practiced medicine and surgery in any other state shall fill out a blank furnished by the board and, if acceptable, shall be required to take a practical, clinical, oral examination within six months after date of application. Provision is made for the issuance of a reciprocity certificate of the same class as presented by the applicant provided a similar certificate was recognized by the present or any preceding practice acts of California and providing the standards of the state issuing such certificate were equal to those of California at the same time.

No certificate issued by any state board after oral examination will be accepted on a reciprocity basis unless dated prior to Mar. 4, 1907, and will than be accepted only for admission to an oral, practical, clinical examination before the California board. Applicants must have resided in the state through which reciprocity is sought, for at least one year subsequent to his licensure or registration in that state.

Retired, discharged, detached or active officers of the United States Army, Navy or Public Health Service will be licensed without examination provided the examination required for the issuance of their commission was equal to the written examination required by the California board for a physician and surgeon's license on the same date. This does not apply to contract surgeons or medical reserves.

Reciprocity is granted to licentiates of California by Arkansas, Colorado, Georgia, Illinois, Indiana, Iowa, Kansas,

Kentucky, Louisiana, Maryland, Michigan, Mississippi, Missouri, Nevada, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Texas, Vermont, Washington, Wisconsin and Wyoming.

**Definition.**—Any person who shall practice or attempt to practice, or who advertises or holds himself out as practicing, any system or mode of treating the sick or afflicted in this state, or who shall diagnose, treat, operate for, or prescribe for, any disease, injury, deformity, or other mental or physical condition of any person, without having at the time of so doing a valid unrevoked certificate as provided in this act, or who shall in any sign or advertisement use the word "doctor," the letters or the prefix "Dr.," the letters "M.D.," or any other term or letters indicating or implying that he is a doctor, physician, surgeon or practitioner, under the terms of this or any other act, or that he is entitled to practice hereunder, or under any other law, without having at the time of so doing a valid unrevoked certificate as provided in this act, shall be guilty of a misdemeanor and on conviction thereof shall be punished as designated in this act. The use by the holder of a "drugless practitioner certificate" of drugs, or what are known as medicinal preparations, or the performing of surgical operations by the holder of such certificate, or the use by the holder of an osteopathic, drugless, chiropody or midwifery certificate of any word, words, or term or terms used either as a prefix or affix or suffix indicating that such holder is entitled to practice a system or mode of treating the sick or afflicted for which he was not licensed, is grounds for the revocation of his license. The certificate to practice midwifery may be revoked on conviction for the violation of any health statute, order or ordinance or for the neglect or refusal to comply with the health rules and regulations of any state, county, city and county, city or township.

Original act approved April 3, 1876; amendment approved April 3, 1878; second act approved Feb. 27, 1901; in effect Aug. 1, 1901; third act approved March 14, 1907; effective May 1, 1907; amended March 19, 1909, and May 1, 1911; portion of latter amendment effective immediately and part, July 1, 1911; present act approved June 2, 1913, in effect Aug. 40, 1913; amended and new section added April 24, 1915, in effect Aug. 8, 1915; second amendment, April 27, 1917; in effect July 27, 1917; amended May 27, 1919, in effect July 27, 1919; amended April, 1921, in effect July, 1921.

## CANAL ZONE

Every physician, dentist, pharmacist and midwife must obtain a license from the Board of Health of the Canal Zone before he or she is legally entitled to practice. Applicants must present diplomas from colleges which, in the judgment of the board, are in good standing and pass an examination. The fee for the examination and license is \$5. Practicing without a license makes the offender subject to a fine of \$25 and imprisonment for thirty days. The law does not apply to medical officers of the United States services nor to those in the service of the Panama Canal. The definition of the practice of medicine is as follows: "Any person shall be regarded as practicing medicine within the meaning of this order who shall prescribe for, operate on or in any wise attempt to heal, cure or alleviate, or who shall in any wise treat any disease or any physical or mental ailment of another; provided that nothing in this order shall be construed to prohibit (a) the practice of the religious tenets of any church in the ministration of the sick or suffering by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for compensation, provided that such sanitary laws, orders, rules and regulations as now are or hereafter may be in force in said Canal Zone are complied with; or (b) gratuitous services in case of emergency; or (c) the administering of ordinary household remedies."

Circular No. 3 of Oct. 8, 1904, and Executive Order of Dec. 26, 1911.

## COLORADO

**Board.**—The State Board of Medical Examiners is composed of nine members appointed by the governor for a term of six years.

**Board Members.**—A. C. Magruder, M.D. (1923) *President*, Colorado Springs; Charles B. Dyde, M.D. (1925), Greeley; Frank E. Rogers, M.D. (1925), Denver; E. B. Swerdfeger, M.D. (1923), Denver; Frank R. Spencer, M.D. (1926), Boulder; Charles F. Andrew, M.D. (1925), Longmont; D. L. Clark, D.O. (1927), Denver; C. H. Haines, *Deputy Secretary-Treasurer*, Denver; David A. Strickler, M.D. (1927), *Secretary*, 612 Empire Building, Denver.

**Examinations.**—The board holds examinations in Denver on the first Tuesday of January, April, July and October of each year, and at such other times and places as may be found necessary.

**Fees.**—Registration fee, by either examination or on credentials, \$25.00; fee for chiropractors, chiropodists and midwives, each, \$25.00. Two-fifths of the fee is returned to the applicant in case the board refuses to grant a license. For verifying credentials, practice records, etc., for candidates going from Colorado to other states, \$15.00.

**Application for License.**—Application must be made to the secretary on forms and blanks prescribed by the board, accompanied by evidence of good moral character and two unmounted photographs of the applicant. Examinations for licenses, which are given only in the English language, are held by the board according to the method deemed by it to be the most practicable and expeditious to test the applicant's qualifications. The subjects of written, oral or clinical examination are as follows: Anatomy, physiology, chemistry, symptomatology, toxicology, pathology, surgery and obstetrics (exclusive of materia medica and therapeutics). The passing grade is 75. The credentials of applicants relating to their general reputation, their preliminary education and the courses of study they have pursued; the degrees they have received; the number of years they have been engaged in the lawful practice of medicine; their experience in general hospitals, medical departments of the Army, Navy and the United States Public Health Service; licenses granted to them by other states and countries, and their experience as teachers of medicine, are given due consideration by the board in conducting its examinations. On investigation of an applicant's credentials the board may, when convinced that the applicant is qualified to practice medicine, grant him a license without further examination. Licenses must be recorded in the office of the recorder of deeds of the county in which the applicant intends to practice. Students who have completed the work of the first two years in a recognized medical college will be permitted to take examinations in the subjects completed, credit for same to be accepted toward the final examination for license after the students have graduated. **Revocation.**—The board may refuse to grant, or may revoke a license for cause.

**College Standard.**—Applicants who have received a license by examination to practice medicine in one of the United States, in which the standard of licensure is equal to that of Colorado, and have been continuously and actively engaged in the lawful practice of medicine since receiving said license, may be licensed without technical examination, when the

board is satisfied as to their record for reputable practice, and when they present duly authenticated evidence of either of the following classes of credentials:

*Class A.*—Applicants who graduated prior to July 1, 1893, must have been matriculated in and graduated from a medical college in good standing with the board at that time, and which required a preliminary examination for admission, and at least two winter courses of instruction in anatomy, chemistry, physiology, pathology, surgery, practice of medicine, obstetrics and materia medica and therapeutics.

*Class B.*—Applicants who graduated between July 1, 1893, and July 1, 1895, must have matriculated in and graduated from a college which gave a minimum of twenty-six weeks of instruction in each twelve months of three separate years in anatomy, chemistry, physiology, pathology, materia medica and therapeutics, obstetrics, gynecology, surgery, medical jurisprudence, theory and practice of medicine and hygiene, and which required for matriculation graduation from some approved university or literary, scientific, normal or high school, or its equivalent.

*Class C.*—Applicants graduating between July 1, 1895, and Jan. 1, 1900, must have matriculated in and graduated from a medical college which required for matriculation the evidence mentioned in the preceding paragraph, and which gave four full courses, in four separate years, in anatomy, chemistry, physiology, pathology, materia medica and therapeutics, surgery, theory and practice of medicine, bacteriology and obstetrics.

*Class D.*—Applicants graduating after Jan. 1, 1900, must have matriculated in and graduated from a medical college which enforced the following requirements: *Preliminary Education.*—Evidence of preliminary education, as a minimum requirement, any of the following: (a) A diploma or certificate of graduation from an accredited four-year high school; (b) a certificate signed by a principal of a regularly organized, approved high school, the faculty of a recognized literary or scientific college or university, state superintendent of public instruction, superintendent of public schools, or some duly appointed state board or person to conduct such an examination, of having successfully passed an examination in all the several branches embraced in the curriculum of a four-year high school course. The matriculation examination shall not have been conducted by any member of the faculty of the medical college. All applicants graduating after Jan. 1, 1912, must have matriculated in

and graduated from a medical college which, in addition to the above requirements of preliminary education, demanded at least one year's work in an accredited college of liberal arts, including the study of physics, chemistry, biology and one modern language. Applicants graduating after Jan. 1, 1914, must furnish satisfactory evidence that when they matriculated in the medical college from which they graduated they had previously been matriculated in and had completed two years' study without condition in an accredited college of liberal arts. *Advanced Standing.*—(1) Applicants holding the degree of A.B. or B.S., or an equivalent degree or certificate obtained in an elective course from a regularly established and approved college of arts or science, which requires an attendance of four years as an essential to graduation, may be given credit for work actually done in the branches in the medical curriculum of the first year, and may be advanced to the second year of a four years' medical course, on condition that they comply with the matriculation requirements of this schedule and that they subsequently complete the work of the first year and prove that the work already taken shall not be below the standard required by this board. (2) Graduates of medical colleges complying with the provisions of this schedule may be admitted to any class without examination. Students of such colleges, who possess certificates of attendance and of successful examinations, can enter without examination the term immediately following that previously attended. *Medical Education.*—(1) The course of instruction must consist of a minimum term of four years in four separate years of nine months each, in at least the following subjects: Anatomy, chemistry, physiology, pathology, bacteriology, materia medica and therapeutics, theory and practice of medicine, obstetrics, gynecology, surgery, ophthalmology, otology, laryngology, dermatology, neurology, hygiene and medical jurisprudence. (2) The number of hours of instruction given in the four terms must not be less than thirty-six hundred (3,600). (3) Such colleges must possess adequate laboratory and teaching equipment, and ample hospital facilities for clinical instruction, such as obtain in the majority of medical colleges of the United States, and a proper corps of competent teachers to constitute a faculty whose salaries are not dependent on the graduation of students. (4) Clinical and hospital instruction throughout at least two annual terms. (5) A full dissection of at least the lateral half of a human cadaver. (6) Regular attendance during the entire lecture course, allowance being made only for absence occasioned by the sickness of the student, or his immediate family, such absence not to exceed 20 per centum

of the course. *Graduation.*—(1) A record for sobriety, honesty and integrity during the college course. (2) The attendance on the four full terms of lectures as prescribed (certain persons to whom advanced standing is allowed excepted). (3) Students, graduates as well as undergraduates, allowed advanced standing must attend all lectures and stand all examinations embraced in the last year of the curriculum. All such applicants must have received a license, by examination, to practice medicine in one of the United States, in which the standard of licensure is equal to that of Colorado, and must have been continuously and actively engaged in the lawful practice of medicine since receiving said license, and must have been so engaged at least one year.

*Class E.*—This class includes all applicants who have been admitted, and are duly authorized to practice medicine in any of the medical departments of the Army, Navy and Public Health Service of the United States, and are in good standing and good repute in such Federal service.

*Exemptions.*—The act does not prohibit gratuitous services in case of emergency, nor the practice of the religious tenets or religious rites or ceremonies as a form of religious worship, nor the practice of Christian science with or without compensation; nor does it apply to commissioned surgeons of the United States Army or Navy or Public Health Service while so engaged, nor to regularly licensed physicians called from other states or territories to attend specific cases in this state, nor to the practice of midwifery by a duly licensed midwife; nor to the practice of chiropody by a duly licensed chiropodist; nor to the practice of optometry under the conditions and limitations defined in Chapter 118 of the Session Laws of 1913.

*Reciprocity.*—No applicant who has failed at an examination conducted by the Colorado Board is eligible for reciprocal registration. Colorado will license without examination physicians registered in other states prior to 1900, whether by examination or otherwise, and physicians licensed since 1900 by examination, regardless of whether those states reciprocate with Colorado or not; provided such applicants present satisfactory evidence of good moral character, and reputable practice since registration, and their preliminary and professional education comply with the schedule of minimum educational requirements of Colorado. The Colorado license is now accepted by the state boards of California, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, Ohio, Pennsylvania,

Tennessee, Utah and Wisconsin. Oklahoma has not made any specific arrangements with Colorado, but will accept candidates from the state if their credentials are properly endorsed. Applicants as a rule are required to have been in active practice for a year in the state through which they seek reciprocity. The board will accept without further examination applicants holding certificates from the National Board of Medical Examiners.

**Definition of Act.**—"The term, 'practice of medicine,' as used in this act, is hereby defined to mean holding one's self to the public as being engaged within this state in the business of diagnosing and treating diseases of human beings; whether by the use of drugs, surgery, manipulation, electricity, or any other physical or mechanical means whatsoever; or the suggestion, recommendation or prescribing of any form of treatment for the intended palliation, relief or cure of any physical or mental ailment of any person, with the intention of receiving therefor, either directly or indirectly, any fee, gift or compensation whatsoever; or the maintenance of an office for the examination or treatment of persons afflicted with disease, injury or defect of body or mind; or using the title 'M.D.,' doctor, surgeon, or any word or abbreviation to indicate or induce others to believe that one is engaged in the treatment or diagnosis of the diseases, injuries or defects of human beings; using any such title other than optician or optometrist to indicate that one is engaged in the business of refracting or fitting glasses to the human eye; or performing any kind of a surgical operation upon a human being; or the practice of midwifery; or attending a woman in childbirth without the aid of a licensed physician and surgeon or a licensed midwife.

"If any person who does not possess and shall not have filed a license to practice medicine within this state as hereinabove mentioned as constituting the practice of medicine, he shall be deemed to be practicing medicine without complying with the provisions of this act and in violation hereof."

Act approved April 12, 1915; confirmed by referendum vote November 7, 1916, and proclaimed a law Dec. 7, 1916. Repeals act approved April 20, 1905.

### CONNECTICUT

**Boards.**—The state has three Medical Examining Boards, each consisting of five members, appointed for a term of five years by the State Board of Health from nominations submitted by the regular, the homeopathic and the eclectic medical societies of the state. Secretary of the State Board of Health, Dr. J. T. Black, Hartford.



The members of the regular board are: Chas. A. Tuttle, M.D. (1925), *President*, New Haven; John C. Rowley, M.D. (1926), Hartford; Fritz C. Hyde, M.D. (1924), Greenwich; Seldom B. Ovelook, M.D. (1922), Pomfret; Robert L. Rowley, M.D. (1923), *Secretary*, Hartford.

The members of the homeopathic board are as follows: Wm. Pitt Baldwin, M.D. (1926), New Haven; H. A. Roberts, M.D. (1923), Derby; F. E. Wilcox, M.D. (1922), Willimantic; E. H. Linnell, M.D. (1925), Norwich; E. C. M. Hall, M.D. (1924), *Secretary*, New Haven.

The members of the eclectic board are as follows. Ernest A. Markham, M.D. (1926), *President*, Durham; Leroy A. Smith, M.D., Higganum; E. H. Marsh, M.D. (1924), Mansfield Center; John W. Fyfe, M.D. (1924), Saugatuck; James E. Hair, M.D. (1922), *Secretary*, Bridgeport.

**Examinations.**—The boards hold examinations on the second Tuesday of March, July and November at such places as they designate.

**Fees.**—Examination, \$15.00; registration, \$2.00; reciprocity, \$15.00.

**Application for License.**—Applicant must present to the board certificates of good moral character signed by two reputable citizens of Connecticut and also evidence of satisfactory preliminary education and a diploma from a recognized legally incorporated medical college (see College Standard). Examinations are held in the English language only, in anatomy, physiology, medical chemistry, obstetrics, gynecology, hygiene, surgery, practice, including pathology, diagnosis, and therapeutics, including materia medica. An applicant must be a graduate of a medical college representing the same school of medicine as the board by which he is examined. In case of failure he may be reexamined at any subsequent examination of the same board. Licenses must be recorded with the town clerk of the town in which the applicant intends to practice. *Temporary licenses* are not granted.

**College Standard.**—*Preliminary Education.*—No medical college will be in good standing with the Connecticut Regular Medical Examining Board that does not hereafter require of each applicant as a condition of admission to the college the following: First.—A certificate of good moral character, signed by two reputable citizens of the state of which he was last a resident. Second.—Documentary evidence of preliminary education, the minimum being a diploma or certificate of graduation from a commissioned high school, scientific or literary college or university, the curriculum of

which embraces at least the following: (1) English grammar; (2) rhetoric and composition; (3) history of the United States as presented in Montgomery's "History of the United States" or equivalent text; (4) general history as presented in Myers' "General History" or equivalent text, or Greek and Roman history or English history, in lieu thereof; (5) algebra, including fundamental rules, fractions, simple equations, involution and evolution and quadratic equations as given in Milne's "High School Algebra" or equivalent text; (6) plane geometry as given in Wentworth's "New Plane and Solid Geometry" or equivalent text; (7) physics as presented in Gage's "Elements of Physics" or equivalent text; (8) general biology or botany and zoology as presented in Sedgwick and Wilson's "General Biology" or equivalent text; (9) chemistry as presented in Shepard's "Elements of Chemistry" or equivalent text; (10) Latin, including Latin grammar, prose composition and the translation of four books of "Cæsar's Gallic War" or the equivalent.

No person who graduates after Jan. 1, 1919, shall be eligible to examination under this act until he shall, in addition to the foregoing requirement, present to the board satisfactory evidence that before beginning the study of medicine he has completed a course of at least nine months' duration, which included physics, chemistry and general biology.

*Medical Education.*—Hereafter only such medical colleges shall be considered in good standing by the Connecticut Medical Examining Board as have (1) complied with the requirements of this board heretofore in force; (2) that possess a full and complete faculty for teaching medicine, surgery and obstetrics in all their branches; (3) that afford their students adequate clinical and hospital facilities; (4) that embrace in their curriculum anatomy, physiology, chemistry, materia medica, therapeutics, medicine, surgery, obstetrics, gynecology, histology, pathology, dermatology, bacteriology, ophthalmology, otology, laryngology, rhinology, physical diagnosis, hygiene and medical jurisprudence; (5) that require attendance on at least 80 per cent. of each course of instruction; (6) that give four graded courses of instruction, the aggregate of which amounts to at least 104 weeks of at least thirty-six hours each, and at least forty-two months must have elapsed between the beginning of the student's first course of medical lectures and the date of his graduation; (7) that require an average grade in each course of instruction of at least 75 per cent. in examinations as a condition of graduation; (8) that fulfil all their published promises, requirements and claims respecting advantages to their students and courses of instruction, (9) that are rated in Class

A or Class B by the Council on Medical Education and Hospitals of the American Medical Association.

In determining the reputability of a medical college, while reserving the right to investigate and make a personal inspection of the same, this board will be governed by the reports of the Council on Medical Education and Hospitals of the American Medical Association and the Carnegie Foundation for the Advancement of Teaching. The Homeopathic Board is governed by the reports of the American Institute of Homeopathy.

**Exemptions.**—The law does not apply to dentists; nor to any person in the employ of the United States government while acting in the scope of his employment; nor to any one furnishing medical or surgical assistance in case of emergency; nor to persons in consultation with licensed physicians of the state; nor to practitioners residing outside of the state who are employed to come into the state to treat the sick, provided they do not open an office in the state; nor to any actual resident of the state recommending by advertisement or otherwise the use of proprietary remedies sold under trademarks, issued by the United States government, in so far and to such extent only as the use of such remedies are concerned; nor to chiropodists or clairvoyants who do not use drugs, medicines or poison; nor the persons practicing massage, Swedish movement cure, sun cure, mind cure, magnetic healing or Christian Science; nor to persons who do not use or prescribe drugs, poisons, medicines, chemicals, or nostrums.

**Reciprocity.**—At present this privilege is not exercised by the regular board. The license granted by any other state may be accepted on proper endorsement by the licensing board of that state providing the applicant graduated from a legally incorporated and reputable medical college and began the practice of medicine out of this state prior to May 25, 1893, and has been in active practice for at least six months immediately preceding the date of application. In case the applicant's qualifications are acceptable, the Homeopathic Board will register him on the basis of a certificate granted after an examination in another state if it is equivalent to that of the Homeopathic Board.

**Definition of Act.**—The definition given in the law is: No person shall, for compensation, gain or reward, received or expected, treat, operate, or prescribe for any injury, deformity, ailment, or disease, actual or imaginary, of another person,

nor practice surgery or midwifery, until he has obtained a certificate of registration.

Based on digest of laws of 1907; and amendment of May 7, 1915.

#### DELAWARE

**Boards.**—Delaware has two Boards of Medical Examiners, one representing the regular and the other the homeopathic state society. Each board consists of five members, serving two years, appointed by the governor from lists submitted by the societies. The Medical Council of Delaware consists of the chief justice of the state and the presidents of the two Boards of Medical Examiners. The boards act in the capacity of executive officers of the council.

The members of the regular board are as follows: Henry W. Briggs, M.D. (1922), *President*, 1026 Jackson St., Wilmington; G. Frank Jones, M.D. (1923), Georgetown; William Wertebaker, M.D. (1923), Wilmington; Harold Springer, M.D. (1923), Wilmington; P. S. Downs, M.D. (1922), *Secretary*, Dover.

The members of the homeopathic board are as follows: E. S. Anderson, M.D. (1922), *President*, Dover; A. E. Frantz, M.D. (1922), Wilmington; Edgar Q. Bullock, M.D. (1923), Wilmington; J. Paul Lukens, M.D. (1923), Wilmington; H. W. Howell, M.D. (1923), *Secretary*, 824 Washington St. Wilmington.

**Examinations.**—Examinations are held by the Board of Examiners twice a year, one beginning the third Tuesday in June and the other the second Tuesday in December. The Medical Council also holds two stated meetings in each year.

**Fees.**—Examination fee, \$10.00; reciprocal registration fee, \$50.00. Commercial license annual fee, \$10.00, payable to the county clerk of the county in which the physician is practicing.

**Application for License.**—The applicant must pay the required fee and file satisfactory proof that he is 21 years of age and of good moral character. He must present a diploma from some reputable literary or scientific college or a certificate from Delaware College that he is qualified to enter the freshman class of the Latin-Scientific course of that college, or its equivalent as may be determined by the Medical Council. He must have graduated from a legally incorporated medical college which in the opinion of the Medical Council was in good standing at the time his diploma was issued. He must then pass an examination, in the English language, in anatomy, physiology, hygiene, chemistry,

surgery, obstetrics, pathology, diagnosis, therapeutics, practice of medicine and materia medica. Examinations are conducted in writing, and 75 per cent. is considered a passing grade. In case of failure, the candidate, after the expiration of six months and within two years, has the privilege of a second examination by the same board to which application was first made without the payment of an additional fee. If the application is withdrawn, after six months or within two years the fee will be returned. A certificate is issued by the Medical Council to all those passing the examination, and this certificate must be filed with the clerk of the peace of the county in which the applicant intends to practice. Temporary licenses are not granted.

**College Standard.**—*Preliminary Education.*—The minimum requirement of preliminary education, since May 12, 1907, is a certificate of admission to the Latin-scientific course of Delaware College. *Medical Education.*—Applicants must have received their degree in medicine after four years of study of medicine, including four regular courses of lectures of not less than seven months each in different years, in some legally incorporated medical college approved by the Medical Council.

**Exemptions.**—This law shall not apply to the giving of family remedies in cases of emergency, or to dentists or dental surgeons in the practice of dentistry or to surgeons of the United States Army, Navy or Public Health Service in the discharge of their official duties, nor shall it prevent the mechanical application of glasses nor to prevent druggists practicing pharmacy according to existing laws, or to prevent the treatment of corns or bunions, manicuring or massage.

**Reciprocity.**—Candidates who have failed at an examination conducted by the Delaware Board are not eligible for reciprocal registration. Reciprocal relations, on the basis of an examination, have been established with District of Columbia, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Mississippi, New Jersey, New York, Pennsylvania, Vermont and Virginia; and on the basis of an examination or of a diploma without an examination, with Colorado, Michigan and Ohio. A certificate issued in another state on the basis of reciprocity is not acceptable for reciprocal registration in Delaware. The applicant must have been in active practice for at least one year in order for his license to be acceptable for registration through reciprocity. Applicants who have passed the examination of the National Board of Medical Examiners will be licensed without further examination.

**Definition of Act.**—For the purpose of this act the words practice of medicine or surgery shall mean to open an office for such purpose, or to announce to the public, or to any individual, in any way, a desire or willingness or readiness to treat the sick or afflicted in any county in the State of Delaware, or to investigate or diagnosticate, or to offer to investigate or diagnosticate any physical or mental ailment, or disease, of any person, or to give surgical assistance to, or to suggest, recommend, prescribe or direct for the use of any person, any drug, medicine, appliance or other agency, whether material or not material, for the cure, relief or palliation of any ailment or disease of the mind or the body, or for the cure or relief of any wound, fracture or bodily injury or deformity, after having received or with the intent of receiving therefor, either directly or indirectly, any money, gift, or any other form of compensation. It shall also be regarded as practicing medicine within the meaning of this act if any one shall use in connection with his or her name the words or letters Dr., Doctor, Professor, M.D., M.B., or Healer, or any other title, word, letter or designation which may imply or designate him or her as a practitioner of medicine or surgery in any of its branches.

Act approved April 18, 1895; supplementary act providing for revocation of license and for reciprocity approved March 16, 1899; amended March 25, 1907, and April 16, 1917.

#### DISTRICT OF COLUMBIA

**Boards.**—The District Commissioners appoint three Medical Examining Boards—a regular, a homeopathic and an eclectic—consisting of five members each, the homeopathic and eclectic medical examining boards being selected from lists presented by the representative homeopathic and eclectic societies in the district. The presidents of these three boards and two persons not physicians, one of whom must be learned in the law, constitute the Board of Medical Supervisors, which has general control of admission to examinations, of the examinations themselves and of the issuance and revocation of licenses. The examining boards submit the questions to the supervisors, who select those for use in the examination.

**Board Members.**—Gregg Custis Birdsall, M.D., *President*, Washington; L. D. Walter, M.D., Washington; Frederick Fenning, Washington; Walter B. Guy, Washington; Edgar P. Copeland, M.D., *Secretary*, 1315 Rhode Island Ave., Washington.

**Examinations.**—Examinations are held beginning on the second Tuesday in January, April, July and October.

**Fees.**—Examination fee, \$10.00; registration fee, 50 cents.

**Application for License.**—On presentation of a proper diploma and of satisfactory evidence as to age, moral character and duration of medical study, and on payment of the examination fee, the candidate is entitled to an examination, in English only, in anatomy and histology, physiology and hygiene, chemistry, toxicology, medical jurisprudence, pathology and bacteriology, materia medica and therapeutics, surgery and diseases of the eye and ear, obstetrics and gynecology, practice of medicine, and such other branches as may be from time to time determined by the Board of Medical Supervisors. The examination is both written and oral. A general average of 75 per cent. entitles the candidate to a license, if in no section the percentage is less than 60. If the average is less than 60 per cent. in only one section and in that is 45 per cent. or more, the candidate is entitled to an immediate reexamination in that section. If, however, the average is less than 60 per cent. in more than one section or less than 45 per cent. in any one section, no license will be issued, no matter what the general average is. The law does not make any provision for *temporary licenses*. Licenses must be recorded with the clerk of the District Supreme Court, and must then be exhibited at the health office, where the holders of said licenses must register their names and addresses. **Revocation.**—The Board of Medical Supervisors may refuse to grant or may revoke a license for cause.

**College Standard.**—The diploma must represent a four-years' course of study in colleges authorized by law to confer the degree of doctor of medicine.

**Exemptions.**—The law provides for the exemption of United States Army, Navy and Public Health Service medical officers, legally qualified, outside consultants, massage or the so-called Swedish movement cure, and emergency and domestic practice.

**Reciprocity.**—Applicants who have previously failed at an examination conducted by the Board of Supervisors are not eligible for a license through reciprocity. Reciprocal relations, on the basis of an examination only, have been established with Alabama, Delaware, Georgia, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Mississippi, New Jersey, Pennsylvania, Texas, Vermont, Virginia and Wyoming; and on the basis either of an examination or on diploma

from a reputable medical college, without examination if the diploma and license were issued prior to June 3, 1896, with Indiana, Maryland, Nebraska and Ohio. A certificate issued in another state through reciprocity is not considered an acceptable qualification for reciprocal registration. The applicant must have been in active practice for at least two years in the jurisdiction wherein he has resided in order to be eligible for a license through reciprocity in the District of Columbia.

Act approved June 3, 1896.

### FLORIDA

**Board.**—The State Board of Medical Examiners consists of ten physicians who have been in active practice in Florida for at least five years. The members are appointed by the governor and consist of five regular, three eclectic and two homeopathic physicians. The terms of two members expire each year and the term of service of their successors is four years.

**Board Members.**—J. M. Jackson, M.D., Miami; W. J. Buck, M.D., Brewster; A. N. Baltzell, M.D., Marianna; J. E. Crump, M.D., Winter Haven; Ralph Greene, M.D., Jacksonville; J. B. Griffin, M.D., St. Augustine; John M. Mann, M.D., Lake Butler; E. G. Peek, M.D., Ocala; J. A. Hague, M.D., Alton; W. M. Rowlett, M.D., *Secretary*, Tampa.

**Examinations.**—Examinations are held twice each year, one in June, the date and place to be fixed by the board; the second beginning the second Tuesday of October at the State Capitol, Tallahassee.

**Fees.**—Examination fee, \$25.

**Application for License.**—Application for examination must be made on blanks furnished by the board at least two weeks prior to the date of the examination. The application must be accompanied by a recent, unmounted photograph of the applicant and by two letters of recommendation from legally qualified, reputable physicians. He must then take a written examination in anatomy, physiology and hygiene, surgery, gynecology, obstetrics, chemistry and medical jurisprudence, therapeutics, pathology, diagnosis and the practice of medicine. An average of 75 per cent. is required and the grade in any branch must not fall below 40 per cent. Applicants failing at three successive examinations will not be again admitted until a minimum course of study prescribed by the board has been completed. The license must be recorded in the office of the circuit court of the judicial circuit in which



the applicant resides within thirty days after it is issued. Temporary licenses are not issued. The board has the authority to refuse or to revoke a license on grounds specified in the practice act.

**College Standard.**—The applicant must be a graduate of a medical college in good standing and reputability as determined by the board.

**Exemptions.**—This act shall not be construed to affect commissioned medical officers serving in the U. S. Army, Navy or Public Health Service while so commissioned, or any one actually serving without salary or professional fees on the resident medical staff of any legally incorporated hospital; or any legally registered dentist exclusively engaged in the practice of dentistry; or any person or manufacturer who without the use of drugs or medicines mechanically fits or sells lenses, artificial eyes, limbs or other apparatus or appliances, or is engaged in the mechanical examination of eyes, for the purpose of constructing or adjusting spectacles, eye glasses or lenses; or any lawfully qualified physician in other states or countries meeting legally registered physicians in the state in consultation; or any physician duly registered in one county called to attend isolated cases in another county, but not residing or habitually practicing therein; or the furnishing of medical assistance in cases of emergency; or the domestic administration of family remedies; or the practice of chiropody; or osteopathy by osteopaths who have been duly licensed by the state board of osteopathic examiners; or chiropractic by chiropractors, who have been duly licensed by the state board of chiropractic examiners; or nurses or midwives; or the practice of religious tenets of any church.

**Reciprocity.**—The board is authorized in its discretion to grant licenses without examination to licentiates from other states in which equal or higher qualifications are required than those of Florida. No reciprocal relations have been established with other states.

**Definition.**—A person practices medicine within the meaning of this act, except, as hereinafter stated, he hold himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition.

First practice act, May 31, 1899; amended, May 15, 1904. New act, June 3, 1921.

## GEORGIA

**Board Members.**—The State Board of Medical Examiners consists of ten members—five regulars, three eclectic and two homeopathic—appointed by the governor, and so classified that the term of office of two shall expire in one year, three in two years, two in three years, and three in four years from date of appointment; appointment of two members for a term of four years to be made annually thereafter. The members must be graduates of reputable medical schools and licensed practitioners of Georgia for a term of five years, but none shall be connected in any way with a medical college.

**Board Members.**—J. W. Palmer, M.D. (1922), *President*, Ailey; A. Fleming, M.D. (1925), Waycross; H. F. McDuffie, M.D. (1923), Atlanta; Henry W. Terrell, M.D. (1923), La Grange; A. G. Little, M.D. (1925), Valdosta; N. Peterson, M.D. (1924), Tifton; C. M. Paine, M.D. (1922), Atlanta; O. B. Walker, M.D. (1924), Bowman; A. F. White, M.D. (1923), Flovilla; C. T. Nolan, M.D. (1925), *Secretary*, Marietta. The Preliminary Examiner is Jos. S. Stewart, (1924), Athens.

**Examinations.**—Examinations are held at two regular meetings each year, one in May or June. The other meeting shall be held the second Tuesday in October at the state capitol. Call meetings at the discretion of the President.

**Fees.**—Examination fee, \$20.00, which shall accompany application; temporary license, \$20.00, which includes fee for examination for permanent license; reciprocal license fee, \$50.00; recording fee, as for deed; application for certificate as evidence of preliminary education, \$2.00, and for each separate subject on which the applicant may be required to be examined, \$2.00. No part of any fee returnable.

**Application for License.**—The applicant must furnish the board with evidence of good moral character and proof of graduation from a legally incorporated medical college or institution in good standing with the board. The applicant is required to take a written examination, in which he is designated by number, on the following subjects: Anatomy, physiology, chemistry, hygiene, materia medica and therapeutics, surgery, obstetrics, gynecology, practice of medicine, pathology and diagnosis. Provision is made for refusal or revocation of license for cause. The board also has the power to revoke a certificate granted to any applicant who makes any misstatement of any material fact in his application for examination. Certificates must be registered within thirty days, with the clerk of the Superior Court of the county in which applicant resides. *Temporary licenses*, which shall

have the force and effect of permanent licenses till the next regular meeting of the board, when same become void, may be issued at the discretion of the secretary-treasurer of the board with the approval of the president. Said licenses need not be recorded.

**College Standard.**—*Preliminary Education.*—Fifteen units of high school work in a standard accredited high school, or its equivalent, evidence of same to be a certificate furnished by the professor of secondary education in the State University on the basis of an examination conducted by him or by some person designated by him. Matriculants in 1919 and thereafter must have completed also two years of work in an approved college of liberal arts consisting of at least 60 semester hours of standard college work which must include at least 12 semester hours of chemistry, 8 of physics, and 8 of biology, including, respectively, 4, 2 and 4 semester hours of laboratory work. *Medical Education.*—Instruction shall have consisted of four graded courses, amounting to at least 120 weeks, exclusive of holidays, of at least 40 hours each week; and at least forty-two months must have elapsed between the beginning of the student's course and graduation; each session to have been composed of twenty-nine weeks of actual instruction, with at least 40 per cent. of laboratory instruction in the first and second years and a minimum of 35 per cent. of clinical work in third and fourth years. An attendance of at least 80 per cent. of each course of instruction and a grade of 75 per cent. in all examinations must have been required by the college for graduation.

**Exemptions.**—The act does not prohibit gratuitous service in cases of emergency, nor the practice of the religious tenets of any church, neither does it apply to osteopaths not prescribing medicine or administering drugs, permanently located opticians not using or prescribing drugs or medicines, nor requiring a fee for examination, nor to commissioned surgeons of the United States Army or Public Health Service while in the discharge of their official duties, nor to regularly licensed physicians called in consultation from other states or territories, nor to the practice of dentistry, nor to midwives or nurses.

**Reciprocity.**—The Board of Examiners may grant a license without examination to licentiates of boards from other states requiring equal or higher qualifications, on the same basis as such states reciprocate with the State of Georgia. An applicant who has previously failed in an examination conducted by the Georgia Board is not eligible for a license through reciprocity in Georgia. A certificate issued in another state on the basis of reciprocity is acceptable for reciprocal registration

provided the requirements of the state issuing such license are equal to those demanded in Georgia. Georgia now has reciprocal relations with Alabama, Arkansas, California, Colorado, District of Columbia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, North Carolina, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia and Wisconsin.

**Definition of Act.**—Holding one's self out to the public as being engaged within this state in the diagnosis or treatment of disease, defects or injuries of human beings; the suggestion, recommendation or prescribing of any form of treatment for the intended palliation, relief or cure of any physical, mental or functional ailment or defect of any person, with the intention of receiving therefor, either directly or indirectly, any fee, gift or compensation whatsoever; the maintenance of an office for the reception, examination and treatment of any person suffering from disease, defect or injury of body or mind; or the attaching of the title of M.D., Oph.D., D.Op., Surgeon or Doctor, or any other word or abbreviation to one's name indicative that such person is engaged in the treatment or diagnosis of disease, defects or injuries of human beings, shall constitute the practice of medicine within the meaning of this act. **Penalties.**—Violations of this act are punishable according to Section 1065 of the Penal Code of Georgia, Volume II, relating to misdemeanors. Any person assuming a false name, falsely impersonating another practitioner, presenting the diploma, or giving false or forged evidence in connection with his application shall be held guilty of felony for which the penalty is a fine of not less than \$500 nor more than \$1,000 or a term of from two to five years in the penitentiary of the state subject to the provision of Section 1062 of the Penal Code of Georgia.

Original medical practice act in effect in 1825; amended 1881; repealed by the new act Dec. 12, 1894, creating three boards of medical examiners. Amended in 1904 and by the Code of 1910. All previous acts repealed by a new law approved Aug. 18, 1913. Present act approved Aug. 20, 1918, repealing all conflicting laws or parts of laws.

#### HAWAII

**Board.**—The governor appoints the Board of Medical Examiners, consisting of three members, who hold office for three years. This board reports results of examinations to the Board of Health.

**Board Members.**—The members of the Board of Health are as follows: Dr. F. E. Trotter, *President*; George Denison, S. S. Paxon, Dr. E. D. Kilbourn, Rudolph Duncan, Harry Irwin, M. R. Weir, *Secretary*, Honolulu.

The members of the Board of Examination are as follows: A. N. Sinclair, M.D., *Chairman*; J. T. Wayson, M.D.; G. C. Milner, M.D., *Secretary*, 401 Beretania St., Honolulu.

**Examinations.**—Examinations are held beginning on Monday of the second week in January, April, July and October.

**Fees.**—Examination fee, \$25. Annual occupation tax, \$2—equivalent to annual registration.

**Application for License.**—The applicant must present an unmounted photograph of himself at the time of application. The examination, which is conducted in English, may include both oral and written tests. The subjects include anatomy, physiology, pathology, materia medica and therapeutics, medicine, surgery, gynecology and obstetrics; other co-related subjects may also be included. No person is recommended by the Board of Health for license to practice medicine or surgery except on the written report of the Board of Medical Examiners, setting forth that the applicant has been duly examined and found to be possessed of the necessary qualifications. All examinations are conducted in English. No *temporary licenses* issued.

**College Standard.**—A diploma from a reputable college of medicine, as determined by the board, whose curriculum embraces not less than four years of study must be presented.

**Exemptions.**—The act does not forbid any person from the practice of any method or the application of any remedial measure under the direction or with the approval of a licensed physician.

**Reciprocity.**—None.

**Definition of Act.**—For the purpose of this act the practice of medicine shall be held to include the use of drugs and medicines, water, electricity, hypnotism or any means or method of any agent, either tangible or intangible, for the treatment of disease in the human subject. (Any person who shall attempt the cure of another by any practice of sorcery, witchcraft, anaana, hoopiopio, hoounauna, hoomanamana or other superstition or deceitful method, is liable to conviction.)

## IDAHO

**Board.**—The Department of Law Enforcement, created by the Idaho legislature in 1919, succeeded to the rights, powers, and duties of all boards of registration and licensure in the state. The commissioner is Robert O. Jones; the director, Paul Davis, Boise.

The examiners are Frank W. Mitchell, M.D., *President*, Blackfoot; Fred A. Pillenger, M.D., Boise; James L. Stewart, M.D., Boise; Floyd G. Wendell, M.D., Sandpoint; Leonard E. Hanson, M.D., *Secretary*, Wallace.

**Examinations.**—Regular examinations are held on the first Tuesday of April and October at Boise City, or such other place as the board may designate.

**Fees.**—Examination fee, \$25.00. In case of failure the applicant is entitled to a reexamination after the expiration of six months and within one year without the payment of an additional fee. Reciprocal fee, \$50.00.

**Application for License.**—Each applicant must submit a diploma, properly attested to, issued by a reputable college of medicine in good standing, together with certificates of good moral character and a recent unmounted photograph of himself, which entitles him to an examination (in the English language) in anatomy, physiology, pathology, diagnosis, hygiene, chemistry, histology, toxicology and such other branches of the theory and practice of medicine and surgery as are taught in schools of the system of medicine to which the applicant belongs and which he intends to practice. If the applicant correctly answers at least 75 per cent. of all the questions submitted, he will be given a license to practice, which must be recorded with the county clerk of the county in which he intends to practice. The law prohibits *temporary licenses*.

**College Standard.**—The Department and its Medical Advisory Committee recognize only Class A and Class B schools, as rated by the American Medical Association.

**Exemptions.**—The act does not apply to dentists and registered pharmacists or midwives, nor to commissioned medical officers of the United States Army, Navy and Public Health Service in the discharge of their official duties, nor to railway surgeons or legally qualified outside consultants, nor does it prohibit services rendered in cases of emergency where no fee is charged.

**Reciprocity.**—Reciprocal relations have been established with California, Colorado, Montana (graduates of Class A medical schools only), Nevada, New Mexico, Oregon, Utah, Washington and Wyoming. The applicant must have been licensed by examination; must have been in active practice for at least one year and must hold a record of moral and ethical conduct, in order to be eligible for a license through reciprocity.

Idaho will admit without further examination licentiates of the National Board of Medical Examiners.

**Definition of Act.**—Any person is regarded as practicing medicine or surgery who advertises in any manner, or holds himself or herself out to the public as a physician and surgeon, or either, or who investigates or diagnosticates or offers to investigate or diagnosticate any physical or mental ailment of any person with a view to relieving the same, as is commonly done by physicians or surgeons, or suggests, recommends, prescribes or directs for the use of any person, sick, injured or deformed, any drug, medicine, means of appliance, for the intended relief, palliation, or cure of the same, with the intent of receiving therefor, either directly or indirectly, any fee, gift or compensation whatsoever.

Act approved March 3, 1899. Amended March 15, 1909, March 9, 1911, and March 18, 1919.

### ILLINOIS

**Board.**—The Department of Registration and Education consists of a director, an assistant director and a superintendent of registration—not physicians—who are appointed by the governor. The Committee of Examiners of Medical Practitioners and Midwives consists of five reputable, licensed physicians, appointed from time to time by the director to conduct the examinations under his supervision. The director of the department is Mr. W. H. H. Miller, Springfield, Ill., and the superintendent of registration, Mr. F. C. Dodds, Springfield.

**Professional Committee Members.**—John A. Robison, M.D. *Chairman*, Chicago; Carl E. Black, M.D., Jacksonville, Ill.; G. M. Cushing, M.D., Chicago; W. L. Noble, M.D., Chicago; L. C. Taylor, M.D., *Secretary*, Springfield.

**Examinations.**—Examinations are held at least four times each year, on dates and at places fixed by the department.

**Fees.**—Examination fee in medicine and in other systems of treating human ailments, \$10.00; in midwifery, \$5.00; certificate fee, \$5.00; midwifery certificate, \$3.00; limited certificate to practice medicine and surgery in a hospital approved by the department, \$5.00. The fee for reciprocal registration will be the same as that charged by the state from which such applicant comes, but in no case shall be less than \$25.00.

**Application for License.**—Application must be made in writing at least three weeks before the examination on the blank form prescribed. This must be accompanied by the examination fee and with proof that the applicant is 21 years of age, is of good moral character, is a graduate of a medical college or institution recognized by the department at the time of graduation, and that he possesses preliminary quali-

fications the equivalent of a four-year high school education and a two-year premedical college course as evidenced by a qualifying certificate issued by the department. He will be required to present to the superintendent of registration of the department, at the examination, an unmounted photograph of himself, taken recently, which is filed with the application. On the reverse of this photograph the applicant must have written his name in the presence of the physicians or other persons by whom he has been recommended to the Department of Registration and Education to be licensed to practice in Illinois. Such physicians or other persons shall certify, under the signature of the applicant, that the person whose name is written above is personally known to them to be the person shown in the photograph, and that the signature was written in their presence. A form for said certificate will be found with blank form for application. No applicant will be examined who has not complied with this rule in every respect. Photographs must not be sent to Springfield.

The candidate for a drugless practitioner's certificate must be a graduate of a reputable professional institution in good standing, teaching the system of treating human ailments for which the applicant desires to be licensed, and which requires for graduation a four-year course, the time elapsing between the beginning of the first year and the ending of the fourth year to be not less than forty months.

No person will be admitted to an examination unless he presents a card of admission which is issued to all candidates whose applications are perfected at least five days before the examination.

Examinations are given in the English language only and may be made wholly or in part in writing. The subjects of the examination are: anatomy, physiology, chemistry, pathology and bacteriology, hygiene, materia medica and therapeutics, physical diagnosis, surgery, obstetrics, gynecology, ophthalmology, otology, laryngology, rhinology, practice, including medical jurisprudence,

*Practical Examinations.*—The examination will include practical examinations in pathology and bacteriology; surgery and gynecology; medicine, including pediatrics and neurology, and diseases of the eye, ear, nose and throat. These practical tests will be held at the Cook County Hospital, Chicago, immediately following the written examination. An average of at least 75 per cent. is required for a passing grade, with a minimum of not less than 60 per cent. in any subject or group. The examination of those who desire to practice any



other system or science of treating human ailments without the use of drugs and without operative surgery, is of the same character as that required of physicians, excepting therefrom materia medica, therapeutics, surgery, obstetrics and theory and practice. In the last two subjects the examination is in accordance with the school of practice the applicant intends to follow. The board does not grant *temporary licenses*. Prior to July 1, 1922, any applicant who has completed the course of instruction in a medical college in good standing which requires for graduation a year's internship may be admitted to the examination and, if successful, may be issued a *limited license* to practice medicine and surgery in a hospital approved by the department, for a period not exceeding eighteen months, and may then, on presentation of his diploma, receive a permanent license.

Certificates to practice must be recorded in the office of the clerk of the county in which the holder resides or practices. Until such certificate is recorded the holder thereof cannot exercise any of the rights or privileges conferred therein.

The department will accept as an equivalent of part of the examination required, satisfactory evidence of two or more years of reputable practice, and will allow a credit of 1 per cent. on the required average of 75 per cent. for each year of such practice on the part of a candidate for certificate up to a maximum allowance of 30 per cent. The applicant, however, in order to be eligible to credit for years of practice, must make not less than 60 per cent. in any subject.

The department may revoke a license for cause.

**College Standard.—Preliminary Education.**—The department is empowered to establish a standard of preliminary education deemed requisite to admission to medical colleges and to drugless institutions in "good standing," and to require satisfactory proof of the enforcement of this standard by medical colleges. All candidates graduating subsequent to July 1, 1918, must have completed five full courses of lectures in five separate years. The first year may have been taken either in an approved college of liberal arts or in the medical school, but must have included courses in physics, chemistry and biology, and a modern language. All students matriculating after Oct. 1, 1918, must enter on a six year course of medicine the first two of which may have been taken in a college of liberal arts.

The Illinois Medical Practice Act provides that the applicant for admission to an approved medical college shall have satisfactorily completed in an approved high school or equivalent school a course of study requiring an attendance through

four school years, or a certificate of having passed a satisfactory examination before the state superintendent of public instruction, or like state officer, in the studies embraced in the curriculum of such approved high school, shall be considered satisfactory evidence of preliminary education. The Illinois State Superintendent of Public Instruction is empowered to exact a fee of five dollars from each applicant for such examination. In all cases a matriculant must present a qualifying certificate, issued by the Department of Registration and Education showing the fulfilment of all preliminary requirements for admission.

The department is also empowered to determine the standing of literary or scientific colleges, high schools, seminaries, normal schools, preparatory schools, graded schools, and the like, and may, in its discretion, accept as the equivalent of one or more of the sessions or terms, prescribed in its requirements governing medical colleges in good standing, attendance in a literary or scientific college in good standing as evidenced by a degree from said institution, providing that the standards of said literary or scientific college are fully equal to those of the University of Illinois.

*Medical Education.*—The department will not consider in good standing any college which does not require of all students an attendance on five full courses of lectures of at least eight months in five separate years. The minimum time between the commencement of the work of the freshman year and the ending of the work of the senior year, on which all students are required to be in attendance, shall be not less than fifty months.

The time occupied in each regular term begun on or after Jan. 1, 1915, shall be not less than eight months, or thirty-four teaching weeks. Each term shall consist of not less than ten hundred and twenty hours of work, and no student to be allowed to absent himself from more than 20 per cent. of the course. The branches of medicine to be included in the course shall be at least as follows: chemistry, physics, biology, anatomy, physiology, materia medica and therapeutics, theory and practice of medicine, including ophthalmology, otology, dermatology and neurology, pathology and bacteriology, surgery, including orthopedic surgery; obstetrics, gynecology, hygiene, medical jurisprudence, dissection of at least the lateral half of a human cadaver, and clinical and hospital instruction throughout two annual terms. Colleges must publish in their annual announcements a list of matriculants and graduates of the session or year immediately preceding.

*Hospital Internship.*—All applicants graduating subsequent to July 1, 1922, must also have completed a year's internship in a hospital approved by the department.

*Exemptions.*—Nothing in this act applies to the administration of domestic or family remedies in cases of emergency, to surgeons of the United States Army, Navy or Public Health Service, in the discharge of their official duties, to legally licensed dentists or pharmacists or to the treatment of the sick or suffering by mental or spiritual means without the use of any drug or material remedy.

*Reciprocity.*—A candidate for licensure through reciprocity, whether holding a license by examination or by diploma, must appear in person before the professional committee on medicine and take a practical test in pathology and bacteriology; in ophthalmology, otology and laryngology; surgery and gynecology; and practice, including pediatrics and neurology.

The Department of Registration and Education has established reciprocal relations, on the basis of licenses issued after examination, with Alabama, Arkansas, California, Colorado, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, North Dakota, Ohio, Pennsylvania, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin and Wyoming; and on the basis of diploma from a recognized medical college without an examination, in case the diploma and license were issued prior to July 1, 1899, with Alabama, Indiana, Michigan, Ohio and Washington. Applicant must have been in active practice for at least one year before his license can be accepted for registration through reciprocity. Candidates who have failed in an examination for medical licensure in Illinois are not eligible to make application for a certificate on the basis of reciprocity.

The department may also license without examination a graduate of a medical college in good standing who has passed the examination for admission to the regular (not reserve) Medical Corps of the United States Army, Navy or Public Health Service.

The application of a physician for a state certificate based on a state license issued, after examination, by a state board with which the Illinois Department of Registration and Education sustains reciprocal relations, must be accompanied by (a) a certificate of the secretary of the state board issuing the original license, (b) a certificate of the dean, secretary or registrar of the medical college granting the degree of doctor of medicine (M.D.) and (c) a recommendation of

the president and secretary of county, district or state medical society, these certificates to be made according to forms prescribed by the Department of Registration and Education. A candidate for licensure through reciprocity, whether holding a license by examination or by diploma, must appear in person before the professional committee on medicine and must take a practical test in pathology and bacteriology; in ophthalmology, otology, laryngology; surgery and gynecology; and practice, including pediatrics and neurology.

**Definition of Act.**—Any person shall be regarded as practicing medicine or treating human ailments within the meaning of this act who shall treat or profess to treat, operate on or prescribe for any physical ailment or any physical injury to or deformity of another.

Original act approved May 29, 1877; amended June 17, 1887; repealed by act approved April 24, 1899, amended by acts approved June 4, 1907; Jan. 25, 1908; May 29, 1911, and June 23, 1915; act approved April 24, 1899, repealed by act approved March 7, 1917, in force July 1, 1917.

## INDIANA

**Board.**—The State Board of Medical Registration and Examination is appointed by the governor, holds office for four years, and consists of six members—two regulars, one homeopath, one eclectic, one physiomedicist and one osteopath.

**Board Members.**—W. A. Spurgeon, M.D. (1922), *President*, Muncie; W. R. Davidson, M.D. (1925), Evansville; Eldridge M. Shanklin, M.D. (1923), Hammond; Paul R. Tindall, M.D. (1922), Greensburg; W. T. Gott, M.D. (1924), *Secretary*, State House, Indianapolis.

**Examinations.**—Two examinations are held each year, in January and July.

**Fees.**—Examination fee, \$25.00; county recording fee, \$1.50; reciprocal license fee, \$50.00.

**Application for License.**—Every applicant must make application to the board at least five days before the time of the examination which is required of all candidates. Application must be fully and correctly filled out, the same to be attested before a notary or other official authorized to administer oaths. Application must be accompanied by credentials of preliminary education; by a diploma from a reputable medical college; by affidavits from two freeholders certifying that applicant is of good moral character and the identical person named in the diploma; by an unmounted photo-

graff of the applicant, on the reverse side of which must be applicant's signature, signed in the presence of two freeholders, who will certify under the signature that the person whose name appears above is personally known to them to be the person shown in the photograph and that the signature was written in their presence and that he is the person they recommend in the "freeholders' affidavit," and the examination fee of \$25.00. Applicant must be a *bona fide* resident of the state before a permanent license will be issued. Applicant must pass an examination, in the English language, in the required subjects of the medical curriculum (see College Standard) with an average of at least 75 per cent. in order to obtain a certificate. Falling below 75 per cent. in physiology, obstetrics, practice and diagnosis, or 60 per cent. in any other subject will be counted as failure. Examination in *materia medica* is not required of osteopaths or other practitioners of the healing art not employing drugs as a therapeutic agent. The certificate issued by the board must be recorded in the office of the county clerk in the county wherein holder intends to reside and a license obtained thereon before legal right to practice medicine is granted. Changing of residence from one county to another requires that a new license be secured in the latter, which will be issued on presentation of the license from the former county. Only permanent certificates should be filed with the county clerk. No *temporary permits* are issued pending examination.

Provision has been made whereby students can take examinations at the close of their sophomore year in anatomy, physiology, chemistry, bacteriology and pathology, credit for which will be acceptable toward the examination for license after they have secured their diplomas.

Subsequent to April 20, 1905, osteopaths entering the state are not eligible to examination unless both they and the college from which they come comply with the same educational standards as required of others. (See College Standard.)

**College Standard.**—Medical colleges, to be in good standing with the board after January, 1909, shall require, as a prerequisite to matriculation: *Preliminary Education.*—(1) A certificate of good moral character, signed by two reputable physicians of the state in which applicant last resided. (2) As evidence of required preliminary education, a diploma from a recognized university, or college of arts or science, or equivalent degree requiring a four years' course of study as an essential to graduation; or a diploma or certificate of graduation from a recognized commissioned high school, issued after four years of study of at least eight months in

each separate year. Or, in lieu of diploma: (3) A certificate of qualification from a state medical examining board, after a successful examination before said board, with an average grade of not less than 75 per cent. in the branches regularly taught in a commissioned high school in Indiana.

All medical students matriculating subsequent to Jan. 11, 1910, who contemplate practicing medicine in Indiana, must have had, in addition to a four-year high-school education, one year of work in a recognized college of liberal arts, and those matriculating subsequent to Jan. 1, 1911, must have the equivalent of one half the credits necessary to obtain the B.S. degree in a recognized college or university. This requirement applies to all candidates matriculating subsequent to the above named dates.

*Medical Education.*—The curriculum must embrace anatomy, including histology and embryology, physiology, chemistry, materia medica, therapeutics, medicine, surgery, obstetrics, gynecology, pathology, bacteriology, ophthalmology, otology, laryngology, rhinology, dermatology, physical diagnosis, pediatrics, hygiene and medical jurisprudence. Instruction shall consist of four graded courses, in separate calendar years, the aggregate of which must amount to at least 120 weeks of at least 30 hours each, and at least 42 months must have elapsed between the date of beginning study and date of graduation. Students must attend 80 per cent. of each course of instruction, and receive a grade of 75 per cent. in all examinations.

Graduates of a regularly established and recognized university or college of arts or science, or students presenting satisfactory evidence from such institutions requiring four years as an essential to graduation and having completed three years of such course may be admitted to the *sophomore* year of a four-year medical course; provided, certificate from such scientific or literary institution shall show that the medical degree from such medical college will entitle the holder to the bachelor's degree from the institution granting such certificate; and, provided, such students have complied with the entrance requirements of this board as herein set forth, and have completed *all* the work of the *medical freshman* year before advancement to the sophomore year in said medical college.

Graduates of a recognized university or college of arts or science, requiring a four-year course of study as an essential to graduation, may be admitted to the *junior* year of a medical college recognized by this board; provided, such university or college of arts or science embraces in its curriculum and

possesses adequate equipment for teaching all of the subjects taught in the freshman and sophomore years of the medical college in which matriculation is sought; and, provided, that applicants for such advanced standing shall present satisfactory evidence of having completed *all* work of the *freshman* and *sophomore* years of such medical course.

Colleges are required to publish full and comprehensive descriptions of their several laboratories, together with a detailed statement of equipment and to furnish a copy of same on request of the board.

**Exemptions.**—The exemptions made by the law are gratuitous services in cases of emergency, the administration of family remedies, commissioned officers of the United States Army, Navy or Public Health Service in the discharge of their official duties, legally qualified consultants, practitioners residing on the border of a neighboring state whose practice extends into this state, *medical students* practicing under the *immediate* and *direct* supervision of a licensed physician for a limited period. The act shall not be construed to apply to nonitinerant opticians engaged in the practice of optometry, nor to professional or other nurses.

**Reciprocity.**—Applicants must have been in the active practice of medicine for at least one year before they are eligible for registration under the reciprocity clause. This rule will be waived when applicant has been in the Medical Corps of the United States Army or United States Navy for one year preceding application. Indiana has established reciprocal relations on the basis of an examination, only, with Louisiana, New Hampshire, New Jersey, New York, North Dakota, Pennsylvania, Virginia and Wyoming, and, on the basis either of examination or on a diploma obtained from a reputable medical college without examination if the diploma and license were issued prior to March 11, 1901, with Alabama, Arkansas, California, Colorado, District of Columbia, Georgia, Illinois, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Tennessee, Texas, Utah, Vermont, Washington, West Virginia and Wisconsin. While the above states have entered into reciprocity with Indiana each state reserves the right to reject applicants who do not comply with the rules and regulations governing reciprocity in the states where license is sought. Applicants having failed to pass the Indiana examination are not eligible to licensure through reciprocity except on certain conditions. A certificate issued in another state on the basis of reciprocity is not acceptable for reciprocal registration in Indiana.

**Definition of Act.**—To open an office for such purpose, or to announce to the public in any way a readiness to practice medicine, or to prescribe for, or to give surgical assistance to, or to heal, cure or relieve, or to attempt to heal, cure or relieve those suffering from injury, or deformity, or disease of mind or body, or to advertise, or to announce to the public in any manner the readiness or ability to heal, cure or relieve those who may be suffering from injury, or deformity, or disease of mind or body, shall be to engage in the practice of medicine within the meaning of this act. Also, if any one shall use in connection with his or her name the words or letters "Dr.," "doctor," "professor," "M.D.," or "healer," or any other title, word, letter or designation, intending to imply or designate him or her as a practitioner of medicine or surgery in any of its branches.

Act approved March 8, 1897; amended March 3, 1899, March 11, 1901, and March 4, 1905.

## IOWA

**Board.**—The State Board of Medical Examiners shall consist of the physicians of the State Board of Health and the Secretary of the State Board of Health shall be secretary thereof.

**Board Members.**—Charles S. Grant, M.D. (1924), *President*, Iowa City; Walter L. Bierring, M.D. (1926), Des Moines; H. C. Eshbach, M.D., Albia; Frank T. Launder, M.D., Garvin; G. F. Severs, M.D. (1925), Centerville; G. H. Sumner, M.D. (1923), *Secretary*, State House, Des Moines.

**Examinations.**—Examinations are held in June, at the state university, Iowa City, at the time of commencement, and at Des Moines, at such times as are fixed by the board.

**Fees.**—Examination fee, \$10.00; recording fee, \$0.50; reciprocal licensing fee, \$50.00; for certifying to physician's credentials for reciprocal recognition elsewhere, \$1.00.

**Application for License.**—Applicant must present a certificate of good moral character, signed by at least two physicians of good standing in the State of Iowa. With his application he must send in a recently taken unmounted photograph of himself. He must send his diploma, together with the examination fee, to the secretary at least two weeks prior to the date of examination. The examination must be taken in the English language. Altogether 100 questions are asked, as follows: anatomy, 8; histology, 2; embryology, 2; chemistry, 10; physiology, 10; materia medica and therapeutics (general), 8; toxicology, 2; obstetrics, 10; gynecology,



5; pathology, 8; bacteriology, 2; etiology, 3; practice (general), 7; neurology, 2; physical diagnosis, 2; pediatrics, 2; hygiene, 2; surgery (general), 9; laryngology and rhinology, 2; ophthalmology and otology, 3; medical jurisprudence, 1. A general average of 75 per cent. is required, but no certificate will be issued to an applicant whose grade is below 60 per cent. in either physiology, obstetrics, pathology or practice. The certificate issued by the board must be recorded in the office of the county recorder of the county wherein the holder is to practice. In lieu of a diploma, the board accepts a certificate from the dean of the college attended by the applicant showing that he has satisfactorily passed all the college examinations and will be awarded a diploma at the approaching commencement. In that case the certificate is withheld until the diploma is verified by the secretary. Applicants who have been legal practitioners of medicine will be allowed 1 per cent. for each year of practice not to exceed 15 per cent. Candidates failing at one examination may have a second trial without additional fee.

Students who have completed the first two years of medical studies may be admitted to the state examination in anatomy, chemistry and physiology on the following conditions: (a) Each applicant must file with his application a certificate from the dean of his college showing that he has completed the second year work and passed the college examination thereon. (b) The applicant shall pay the regular fee of \$10.00 which shall not be returnable nor entitle the applicant to additional examination. (c) If the applicant attains a rating of 75 per cent. or above in one or more of the branches mentioned in this rule, he shall be excused from further examination in said branch or branches and the rating awarded thereon shall be credited on his final examinations after graduation.

The board has the power to refuse or revoke a license for cause.

**College Standard.—Preliminary Education.**—A diploma or certificate of graduation from an accredited four-year high school, or such as will admit the holder to the College of Liberal Arts, University of Iowa, without examination; or a certificate of successful examination equivalent to the matriculation examination by any reputable university or college, or by the State Superintendent of Public Instruction. This examination must be conducted by one especially qualified appointed by the Board of Medical Examiners and must not be conducted by any member of the medical faculty. A condition is allowable in Latin, but must be removed before the

student begins his sophomore medical course. All applicants graduating after Jan. 1, 1915, must have completed two years of collegiate work, including courses in physics, chemistry, biology and a foreign language, prior to beginning the study of medicine.

*Advanced Standing.*—After July 1, 1906, no medical college will be regarded as in good standing that does not require as a condition for graduation at least four courses of lectures of not less than seven months each, no two of which shall begin or end in the same calendar year, or that grants any advanced standing because of the possession of a literary or scientific degree; nor will the graduates of such colleges after the date above given be admitted to examination by the Iowa State Board of Medical Examiners.

*Medical Education.*—Branches of medical science to be included in the course of each medical college recognized by the board are as follows: 1. Anatomy, 690 hours, including general anatomy 450, histology, 120, embryology 90 and osteology 30. 2. Chemistry, 340 hours, including chemistry and toxicology 300 and medical jurisprudence, 40. 3. Materia medica and therapeutics, 150 hours. 4. Pharmacology, 60 hours. 5. Obstetrics, 320 hours, including general obstetrics 160 and gynecology 160. 6. Pathology, 470 hours, including general pathology 240, bacteriology 140 and clinical microscopy and postmortems, 90. 7. Physiology, 375 hours, including general physiology 300 and hygiene, dietetics and public health, 75. 8. Medicine, 995 hours, including general practice, 540, nervous and mental diseases 120, electrical therapeutics 60, physical diagnosis 100, pediatrics 100 and skin and venereal diseases, 75. 9. Surgery, 780 hours, including general surgery, 540, orthopedic surgery 60, genito-urinary surgery, 60, laryngology and rhinology 60 and ophthalmology and otology 60. Total, 4,180 hours.

A passing grade of 75 or its equivalent in any other system of marking shall be required in every branch. Such medical schools as are in good standing with the board whose medical curriculum does not conform to the above standard will be given a reasonable time to perfect their course, provided, however, their schedule of requirements after July 1, 1906, shall not be less than 90 per cent. of the total requirements, and not less than 80 per cent. of the requirements in any one branch.

Medical colleges are required to have the laboratory and hospital equipment conforming to a schedule adopted by the board July 14, 1908.

Regular attendance of at least 80 per cent. is to be required on all courses. Frequent examinations or quizzes shall be conducted by each lecturer or professor. There must be a sufficient and competent corps of instructors and necessary facilities for teaching. Colleges must not make misrepresentations in their catalogues. Each student must have dissected one lateral half of a cadaver. Attendance on at least two terms of clinical and hospital instruction and practical work in well-equipped laboratories shall be required. *Hospital Internship.*—A service of one year as an intern in an accredited hospital has been adopted as an essential qualification becoming effective in 1923, and applying to matriculants of 1918-19.

**Exemptions.**—The exemptions are as follows: Medical students who have attended not less than two full courses of lectures in a reputable medical college may prescribe under the supervision of a preceptor; surgeons of the United States Army, Navy and Public Health Service; persons rendering gratuitous service in cases of emergency; physicians who have previously obtained certificates on length of practice without diploma or examination, registered pharmacists filling prescriptions, nor to advertising or selling patent or proprietary medicines or natural mineral water flowing from wells or springs.

**Reciprocity.**—An applicant who has previously failed at an examination conducted by the Iowa Board must have been in practice for one year in the state through which he seeks reciprocity in order to be eligible for reciprocal registration in Iowa. Iowa has established reciprocal relations, on the basis of an examination, with Colorado, Delaware, Illinois, New Jersey, Pennsylvania, Texas, Virginia, Wisconsin and Wyoming, and on the basis either of examination or on a diploma from a reputable medical college without examination where the diploma was issued prior to Jan. 1, 1899, with Alabama, California, Georgia, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Tennessee, Utah, Washington and West Virginia. An applicant must have been in active practice for at least one year in order to be eligible for a license under the reciprocity clause, but those coming from the states which require two or more years of practice must come into Iowa under the same requirement. The certificate issued by the National Board of Medical Examiners is accepted in lieu of a written examination. A certificate issued in another state on the basis of reciprocity

is not acceptable for reciprocal registration in Iowa. *Temporary permits* to practice until the following board meeting are issued to applicants for reciprocity whose credentials are satisfactory.

**Definition of Act.**—Any one is regarded as a physician who publicly professes to be a physician, surgeon or obstetrician, and assumes the duties thereof, or who makes a practice of prescribing and furnishing medicine for the sick, or who publicly professes to cure or heal. Itinerant physicians are regarded as practicing medicine and must pay into the state treasury a license fee of \$250.00 annually, in addition to procuring a physician's certificate.

An act regulating itinerant doctors, physicians and surgeons passed in 1882. Original practice act in effect July 4, 1886, amended March 17, 1904, July 4, 1907, and July 4, 1909.

### KANSAS

**Boards.**—The State Board of Medical Registration and Examination, consisting of seven members, representing the different schools of practice, is appointed by the governor and the members hold office for four years.

**Board Members.**—Charles W. Jones, M.D. (1923), *President*, Olathe; George M. Gray, M.D. (1923), Kansas City; A. J. Anderson, M.D. (1920), Lawrence; Charles F. Menninger, M.D. (1923), Topeka; George R. Dean, M.D. (1924), McPherson; Albert S. Ross, M.D. (1923), *Secretary*, Sabetha.

**Examinations.**—The board holds regular examinations on the second Tuesday in February and October and the third Tuesday in June of each year at Topeka, in the assembly room of the National Hotel, from 9 to 12 o'clock a. m. and from 1 to 5:30 o'clock p. m. and continuing for three days.

**Fees.**—Examination fee, \$15.00; recording fee, \$1.00; reciprocity fee will be the same as is charged Kansas licentiates by the state from which the applicant comes. (See Table on page 231.)

**Application for License.**—Application must be made in writing, accompanied by the fee and satisfactory evidence that the applicant has devoted not less than four periods of at least six months each, no two in the same twelve months, to the study of medicine and surgery. Approval of the application by the board entitles the applicant to an examination which shall embrace all subjects a knowledge of which is generally required by reputable medical colleges for the degree of doctor of medicine. The examination in materia medica and therapeutics and in the theory and practice of medicine

must be conducted by those members of the board who are of the same school of practice as the applicant. *Temporary licenses* may be granted at the discretion of the secretary.

**College Standard.**—The board has the authority to fix standards of preliminary and medical education which must be held by approved medical colleges.

Since Jan. 1, 1914, no medical school will be approved which does not require for entrance at least one year of work in a college of liberal arts in addition to a four-year high school education. Only medical schools rated in class A and class B are recognized.

**Exemptions.**—This act does not apply to commissioned medical officers of the United States Army, Navy or Public Health Service in the discharge of their official duties; nor to legally qualified dentists engaged in the legitimate practice of their profession; nor to consultants; nor does it prohibit the administration of domestic remedies nor the rendering of gratuitous service. Nothing in this act shall be construed as interfering with any religious beliefs in the treatment of disease; provided, that quarantine regulations relating to contagious diseases are not infringed on.

**Reciprocity.**—An applicant who has previously failed at an examination conducted by the Kansas Board is not eligible for a license through reciprocity. The applicant must have resided and been in active practice in the state endorsing him for at least one year immediately preceding the endorsement. This requirement may be waived in cases of exceptional merit. Kansas reciprocates on a basis of examinations since 1901, and on diploma prior to 1901 with the following states: Alabama, Arkansas (Regular and Homeopathic), California, Colorado, Delaware, District of Columbia, Georgia, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin and Wyoming; and on the basis of an examination only with Nevada, Oklahoma, South Carolina and Vermont. A certificate issued on the basis of reciprocity is not acceptable for reciprocal registration in Kansas.

**Definition of Act.**—Any person shall be regarded as practicing medicine and surgery within the meaning of this act who shall prescribe, or who shall recommend for a fee for like use, any drug or medicine, or perform any surgical operation of whatever nature for the cure or relief of any wounds, fracture or bodily injury, infirmity or disease of any other

person, or who shall use the words or letters "Dr.," "Doctor," "M.D.," or any other title in connection with his name which in any way represents him as engaged in the practice of medicine and surgery, or any person attempting to treat the sick or others afflicted with bodily or mental infirmities, or any person who represents or advertises himself by any means or in any manner through any medium whatsoever to indicate that he is authorized to, or does practice medicine or surgery in this state, or that he is authorized to and does treat the sick. All persons who practice osteopathy shall be registered and licensed as doctors of osteopathy but they shall not administer drugs or medicines of any kind nor perform operations in surgery.

The penalty for violation of this act is a fine of not less than \$50.00 nor more than \$200, and imprisonment for not less than thirty days nor more than six months in the county jail. The treating of each patient is considered a separate offense.

Act approved March 1, 1901; supplementary act approved in 1915.

#### KENTUCKY

**Board.**—The State Board of Health consists of nine members, eight of whom are appointed by the governor, and the ninth member, who is the secretary and executive officer, is elected by the board. One member is a homeopath, one an eclectic, one an osteopath, and six are regulars. The members are selected by the governor from lists furnished by the respective state societies.

**Board Members.**—John G. South, M.D., *President*, Frankfort; W. W. Richmond, M.D., Clinton; George T. Fuller, M.D., Mayfield; H. H. Carter, D.O., Shelbyville; F. A. Stine, M.D., Newport; J. E. Wells, M.D., Cynthiana; George S. Coon, M.D., Louisville; A. T. McCormack, M.D., *Secretary*, State Board of Health Bldg., Louisville.

The assistant examiner of the board, who has charge of medical students' examinations, is Prof. Felix Kerrick, City Hospital, Louisville.

**Examinations.**—Examinations are held in June and December of each year in Louisville. No special examinations are given under any circumstances.

**Fees.**—Examination fee, \$25; recording fee, \$0.50; reciprocal fee, \$50.

**Application for License.**—All applicants must be *bona fide* residents of the state and graduates of recognized colleges located within the United States and have a properly indorsed application on file at least ten days prior to date of examina-

tion. The application must be accompanied by an unmounted photograph of the applicant, on the reverse side of which must be his or her full signature duly attested before a notary. An examination in the English language is required of all applicants. A diploma is a prerequisite for admission to the examination. Written examinations are required in the following subjects: Anatomy, including histology and embryology, physiology, pathology, chemistry, practice of medicine and materia medica, surgery, obstetrics, gynecology, bacteriology, hygiene, ophthalmology, otology, medical jurisprudence, mental and nervous diseases, etiology and physical diagnosis. An average grade of 70 is required, with a minimum of 60 in any one branch. Medical students who have completed the subjects of the sophomore year are entitled to take an examination in such subjects at the end of their second year, the result of said examination to be considered a part of the final examination. The law makes no provision for *temporary certificates*. Licensed osteopaths or practitioners of other drugless systems are not permitted to administer drugs nor to perform surgical operations with the knife.

**College Standard.—Preliminary Education.**—No person can be matriculated, entered or carried as a student in any manner whatever in any medical college until he has presented to the executive officer of such college a certificate of admission from a preliminary examiner appointed and under the control of the State Board of Examiners of the state in which the college is located. This certificate may be issued on acceptable credentials or on an examination by the board's official examiner. The credentials which may be accepted are as follows:

(a) A diploma from a reputable college granting a degree of A.B., B.S. or equivalent degree; (b) a teacher's permanent or life certificate; (c) a certificate of admission to a university that is a member of the Association of American Universities; (d) a certificate of admission for entrance to the sophomore year from a reputable college or university.

In the absence of the foregoing qualifications, the official examiner for a certificate of entrance to the medical college shall examine applicants in such branches as are required for graduation from a registered four-year high school of this state, and the completion of the preliminary college year hereinafter referred to; but no certificate shall be issued on examination unless the applicant successfully passes the examination of 15 units, 30 points or 60 counts. If the examination is passed and a fee of five dollars (\$5.00) is paid, the medical student's entrance certificate will be issued.

A general average of 75 per cent. is required, but no conditions will be allowed. No medical college matriculating students without such certificate of preliminary education as above required shall be considered reputable.

(One point in any subject in a high school or academic course demands not less than five periods per week for forty-five minutes each for eighteen weeks.) One point is equal to two counts.

This examination must be conducted by or under the authority of the State Board of Medical Examiners of the state in which the college is located. In no case shall it be conducted by any person connected with the faculty, medical or otherwise, of the institution to which the student is seeking admission.

## SCHEDULE

Studies	Counts	Studies	Counts
<b>English</b> *1, Grammar and Rhetoric and Comp. ....	10 to 16	Biology*2 .....	4 to 6
English Literature ....	4 to 8	Botany .....	4
<b>Algebra</b> .....	5 to 10	Zoology .....	4
<b>Geometry</b> .....	5 to 8	Physiology and Hygiene .....	4
Trigonometry .....	2	Physical Geography ..	4
Greek and Roman History .....	4	Latin .....	10 to 20
Medieval and Modern History .....	4	Greek .....	10 to 20
General History .....	4	German .....	10 to 20
English History .....	4	French .....	10 to 20
U. S. History and Civics .....	4	Spanish .....	10 to 20
Physics .....	5	Civil Government....	2 to 4
Chemistry .....	5	Commercial Geography	2 to 4
		Political Economy ...	2 to 4
		Geology .....	2 to 4
		Astronomy .....	2 to 4

\* (1) The three subjects in heavy type, making together at least twenty counts, must be presented by all applicants. Sufficient counts to make a total of sixty counts may be selected from the remaining subjects in the list. The number of counts which will be accepted in the several subjects is shown by the figures in "Counts" column. A total of sixty counts is required to get a certificate for entrance to a medical college.

\* (2) Since biology is defined as one-half year of botany and one-half year of zoology, it cannot be accepted from an applicant who offers at the same time either, or both, of these subjects.

Upon request the applicant may be examined in any other academic branches, not included in the above list, that are taught in any academic school.

In addition to the above requirements, after Jan. 1, 1918, all applicants will be required to have completed one year of at least thirty-two weeks of actual instruction, including final examinations, in an approved college of liberal arts, this preliminary year to include courses in physics, chemistry, biology and German or French. This applies to all medical students matriculating after Jan. 1, 1914. After Jan. 1, 1922, the requirement will be two years of collegiate work, including the specified sciences and language. This applies to all medical students matriculating after Jan. 1, 1918.



*Medical Education.*—As a condition of being recognized as reputable by the State Board of Health of Kentucky every medical college shall comply with the following requirements:

(1) It shall uniformly exact the requirements for matriculation set forth in "requirements for admission to medical colleges," adopted by this board on this date. (See Preliminary Education.)

(2) It shall literally observe its own published requirements for admission, tuition, time of attendance at the annual sessions and graduation, which must be definitely expressed.

(3) It shall have adequate equipment for an active and competent faculty for teaching the science and art of medicine, embracing the following departments, viz.: Anatomy, physiology, chemistry, pathology, histology, bacteriology, surgery, obstetrics, gynecology, ophthalmology, otology, hygiene, and state medicine, medical jurisprudence, physical diagnosis and therapeutics and practice, in accordance with the system to which the college belongs, and a comprehensive course in medical economics, including medical bookkeeping and the other essentials in the business life of a physician, and his duties to the poor; a course in practical ethics and medical organization.

(4) It shall have clinical and hospital facilities based on a minimum municipal population at its place of location of not less than 75,000: Provided, that this requirement shall not apply to institutions under state control, which, by virtue of such control, actually receive patients gratuitously from all parts of such state.

(5) It shall require actual attendance on 80 per cent. of each of four courses of instruction of not less than thirty continuous weeks excluding holidays, in four separate years, and shall not hold more than one graduating course in any one year.

(6) Colleges may honor the official credentials presented by students from other colleges having the standard requirements provided herein, excepting for the fourth year of their course, but no college shall admit a student to advanced standing without first communicating with the college from which such student desires to withdraw, and receiving from the dean of such college a direct written communication certifying to the applicant's professional and moral qualifications, and to the exact work he has done in said college.

*Exemptions.*—The law provides for the usual exemptions—gratuitous services in case of emergency, midwives, commissioned surgeons of the United States Army, Navy or Public Health Service, and legally qualified consultants from other states.

**Reciprocity.**—The board will not license through reciprocity a candidate who has previously failed at one of its examinations. Reciprocal relations, on the basis of a written examination only have been arranged with California, Colorado, Delaware, District of Columbia, Louisiana, Minnesota, Mississippi, New Hampshire, New Jersey, New Mexico, North Dakota, Pennsylvania, Texas, Virginia and Wisconsin, and on the basis either of an examination or of a diploma from a reputable medical college without examination if the diploma and license were granted prior to Sept. 1, 1907, with Alabama, Arkansas, Georgia, Indiana, Iowa, Kansas, Maine, Maryland, Michigan, Missouri, Nebraska, Nevada, Ohio, Oklahoma, Utah, Vermont, Washington and West Virginia. A certificate issued in another state on the basis of reciprocity is acceptable for reciprocal registration in Kentucky, provided the original certificate held by licentiate would have entitled him to reciprocity with Kentucky. For at least one year the applicant must have been a member of his county and state societies and the national association of the system of medicine with which he affiliates and recommended as worthy of reciprocity at a stated meeting of the medical society in which his membership originated. Licentiates of the National Board of Medical Examiners will be granted certificates without further examination.

**Definition of Act.**—To open an office for the purpose of practicing medicine, or attempting to practice medicine in any of its branches, or to treat or attempt to treat any sick or afflicted person by any system or method whatsoever for reward or compensation, or to announce to the public in any way a readiness to treat the sick or afflicted, shall be deemed to engage in the practice of medicine within the meaning of this act.

Act as amended Feb. 1, 1904; 1918.

## LOUISIANA

**Boards.**—There are two Boards of Medical Examiners, consisting of five members each, appointed by the governor—one board composed of physicians and surgeons recommended by the Louisiana State Medical Society and known as the Louisiana State Board of Medical Examiners, to examine applicants who propose to practice any other than the homeopathic system of medicine; and one board composed of physicians and surgeons recommended by the Hahnemann Medical Association of Louisiana and known as the Louisiana Homeopathic State Board of Medical Examiners, to examine all applicants who propose to practice the homeopathic system of medicine. The term of office is six years.

The members of the regular board are as follows: L. J. Menville, M.D., *President*, New Orleans; T. E. Wright, M.D., Monroe; J. E. Knighton, M.D., Shreveport; E. L. Leckert, M.D., New Orleans; Roy B. Harrison, M.D., *Secretary-Treasurer*, 1551 Canal St., New Orleans.

The members of the homeopathic board are as follows: C. R. Mayer, M.D., *President*, 830 Canal St., New Orleans; R. A. Bayley, M.D., New Orleans; D. A. Lines, M.D., New Orleans; T. E. Williams, M.D., Shreveport; F. H. Hardenstein, M.D., *Secretary-Treasurer*, 830 Canal St., New Orleans.

**Examinations.**—Regular examinations are held at least twice a year in New Orleans, in June and December.

**Fees.**—Examination fee, \$25.00; if taken in a foreign language, \$15.00 additional, for translation; undergraduate examination fee, \$5.00; reciprocal license fee, \$50.00; recording fee, \$1.00; annual renewal fee, \$2.00; midwifery fee, \$10.00; if taken in a foreign language an additional charge will be made for translation; midwifery renewal fee, \$1.00; chiropody examination fee, \$15.00; chiropody renewal fee, \$1.00; reciprocal endorsement fee, \$5.00; temporary permit fee, \$10.00. Temporary permit fees are credited toward the fee for permanent license. The boards are empowered to demand a fee for the issuing of each certificate not to exceed \$2.00.

**Application for Licensure.**—Applicant must present satisfactory proof of his identity together with evidence that he is at least 21 years of age, and of good moral character; that he has had a fair education and is a graduate from a medical college in good standing as determined by the board; must be a citizen of the United States, but a temporary permit may be issued to one who has taken out first naturalization papers and met the other requirements of the act. The application blank must be accompanied by two recent unmounted photographs of the applicant and two letters of recommendation from physicians in applicant's vicinity. On approval of this evidence the applicant must present his diploma in person, pay the examination fee (\$25.00), and pass the required examination in anatomy, chemistry, gynecology, materia medica, obstetrics, physiology, physical diagnosis and hygiene, pathology and bacteriology, surgery, and theory and practice of medicine. The percentage required to pass is 75, with an average of at least 50 per cent. in each subject. An applicant obtaining the required general average but falling below 50 per cent. in one or more subjects is required to be reexamined in such subject or subjects. An applicant who has been legally practicing medicine in another

state for five years will be given 5 per cent. credit and 1 per cent. for each additional year of practice; no applicant, however, to be given more than 15 per cent. of such credit. Applicants requiring said credits in order to obtain their certificates shall not be endorsed for reciprocity by the board. Certificate of registration to practice medicine, midwifery or chiropody must be recorded with the clerk of the district court in the parish where the applicant intends to practice (fee \$1.00) and renewed annually with the Louisiana State Board of Medical Examiners, who are required to publish annually a list of names and residence of legal holders of certificates, which list shall be received in evidence by the courts of Louisiana. Any medical student having the necessary preliminary requirements and who has successfully completed without conditions the first two years in a medical college recognized by the board may take the examination in anatomy, chemistry and physiology; and if successful, his grades will be accepted on his final examination. *Temporary permits*, valid until the next regular examination of the board, may be granted by any member of the board on proper credentials, examination and a fee of \$10.00, which fee is credited toward the fee for the permanent license. Practicing without a license is a misdemeanor and subject to a fine not to exceed \$100.00 or by imprisonment not to exceed ninety days, or by both fine and imprisonment.

**College Standard.**—The standards of both preliminary and medical education are made by the examining boards. *Preliminary Education.*—Applicants must furnish satisfactory evidence of possessing qualifications such as are obtained by a student graduating from a four year high school course, showing fourteen units, with the following distributions:

**REQUIRED:** (a) English, 3 units (grammar, rhetoric, literature, each 1 unit); (b) mathematics,  $2\frac{1}{2}$  units, selected from algebra,  $1\frac{1}{2}$  units; plane geometry, 1 unit; solid geometry,  $\frac{1}{2}$  unit; trigonometry,  $\frac{1}{2}$  unit; (c) history, 2 units, selected from history of England, 1 unit; history of United States, 1 unit; history of America and Civics, 1 unit; general history, 1 unit; Greek and Roman history, 1 unit; (d) language, 2 units, selected from Latin, 2 units (grammar and composition, 1 unit; four books of Caesar or its equivalent, 1 unit); Greek, 1-3 units.

**ELECTIVE:** French, 2 units; Spanish, 1 or 2 units; physics, 1 or 2 units, chemistry, 1 or 2 units; botany,  $\frac{1}{2}$  or 1 unit; zoology,  $\frac{1}{2}$  or 1 unit; physiography, 1 unit; physiology, 1 unit; freehand drawing, 1 unit; mechanical drawing,  $\frac{1}{2}$  unit; manual training,  $\frac{1}{2}$  to 2 units.

A unit represents the work done in a high school in one full session of not less than thirty-six weeks, with five recitations of forty-minutes each per week.

The board will accept as satisfying the above qualifications, (a) a diploma from a reputable university or college granting the degree of A.B., B.S., or an equivalent degree; (b) a certificate of admission by examination to entrance in a standard university, viz., one requiring a high school diploma with the above fourteen units; (c) a diploma from a high school, academy or normal school the curriculum of which may satisfy by certification the fourteen specified units; (d) a medical student's certificate issued by certification or after examination by any state board of medical examiners having a standard for certificate based on a high school diploma with the fourteen required units.

As some states require the certificates from other state boards of medical examiners to be issued or certified by state officials in education not connected with the university with which the medical school or department is identified, the Louisiana State Board of Medical Examiners has established the following rule:

Students beginning the study of medicine in the State of Louisiana will be furnished, on application, with medical students' certificates on: (a) a certificate showing a credit of fourteen units from a recognized high school and on graduation from the same; (b) on examination before the superintendent of education of the State of Louisiana or of the City of New Orleans. Such certificates, to become valid, must be approved by the secretary of the State Board of Medical Examiners of Louisiana.

Students matriculating on and after June 1, 1915, must present, in addition to the above requirements evidence of the successful completion at an approved college or university of one full year of work (thirty semester hours) including biology, physics, chemistry and a modern language. Students matriculating in the session of 1918-1919, and thereafter, must present two years (sixty semester hours) of such college work.

*Medical Education.*—Applicant must hold a diploma from a medical college listed by the Boards among Class A or Class B colleges, i. e., those so rated by the Council on Medical Education of the American Medical Association and the American Institute of Homeopathy.

*Exemptions.*—The Act does not apply to any commissioned surgeon of the United States Army, Navy, or Public Health

Service, practicing in the discharge of his official duties as such or to physicians or surgeons of other states or territories in actual consultation with registered physicians of this state, or to the giving of family remedies in cases of emergency; or to legally licensed dentists, pharmacists, osteopaths, practicing according to existing laws; or to anyone attending in an emergency a woman in childbirth; or to anyone serving full time without salary or professional fees on the resident medical staff of any legally incorporated municipal or state hospital or asylum; nor does it prohibit the practice of Christian Science or religious rules or ceremonies as a form of religious worship, devotion or healing, provided that the persons administering or making use of, or assisting or prescribing such relief rely on faith and prayer alone, and do not prescribe or administer drugs or medicine nor perform surgical or physical operations, nor assume the title of, or hold themselves out to be, physicians or surgeons.

**Reciprocity.**—The regular board will grant a license without examination to any applicant who furnishes an application properly filled out, together with a recent unmounted photograph; who appears personally before the board and presents a diploma from a college rated Class A by the Council on Medical Education of the American Medical Association; who presents a license issued after an examination before a recognized state board of medical examiners and certificate of good moral character; who shows evidence that he has been in active practice of medicine for at least one year in the state through which he seeks reciprocal registration and who pays the required fee, provided such applicant has not previously failed at an examination conducted by the Louisiana State Board and who is a citizen of the United States, but a temporary permit may be issued to one who has taken out first naturalization papers and met the other requirements of the medical practice act. Applicants who graduated after October, 1911, must furnish satisfactory evidence of possessing qualifications of a student finishing and graduating from a four-year high school, with 14 educational units. Candidates who graduated on or after June 1, 1919, must present, in addition to the above requirements, evidence of the successful completion, at an approved college or university, of one full year of work in physics, chemistry, biology, and a modern language. Candidates who graduate on and after June 1, 1922, must present two years of such college work. Reciprocal relations on the basis of an examination only, have been established with Alabama, Arkansas, California, Colorado, Delaware, District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky,

Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, South Carolina, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin and Wyoming. Applicants for reciprocity may be required to pass a supplemental examination in subjects not covered by the reciprocating state.

**Definition of Act.**—The term practice of medicine, surgery, midwifery, as used in this Act, is hereby defined to mean holding one's self out to the public as being engaged within this state in the business of diagnosing, treating, curing or relieving any bodily or mental disease, condition, infirmity, deformity, defect, ailment or injury in any human being other than himself, whether by the use of any drug, instrument or force, whether physical or psychic, or what other nature, or any other agency or means; or who shall examine any such person or material from such person for such purpose; whether such drug, instrument, force or other agency or means is to be applied or used by the patient or by another person, or be for compensation of any kind or be gratuitous; or attending a woman in childbirth without the aid of a licensed physician, surgeon or midwife; or using any other title than optician to indicate that one is engaged in the business of refracting or fitting glasses to the human eye. If any person (officer, agent, employee or member of any corporation, association or partnership), who does not possess or shall not have recorded a license to practice medicine, surgery or midwifery, on human beings within this state, as herein above mentioned as constituting the practice of medicine, he or she shall be deemed to be practicing medicine without complying with the provisions of this Act and in violation thereof.

Original act approved in 1894; amended in 1908 and 1912. Act approved July, 1914, amended by Act of 1918.

## MAINE

**Board.**—The Board of Registration of Medicine consists of six members, appointed by the governor, and hold office for six years.

**Board Members.**—Eugene H. Andrews, M.D. (1921), *Chairman*, Brunswick; Adam P. Leighton, Jr., M.D. (1921), Portland; William S. Thompson, M.D. (1925), Augusta; Luther G. Bunker, M.D. (1925), Waterville; Frank W. Searle, M.D. (1923) *Secretary*, 775 Congress St., Portland.

**Examinations.**—The board holds regular examinations on the second Tuesdays and Wednesdays, of March, July and November.

**Fees.**—Examination fee, \$15.00; registration fee, \$2.00. In case of failure, one re-examination, without additional fee, will be granted at any regular meeting of the board within two years.

**Application for License.**—On presenting satisfactory proof of being 21 years of age, of having a good moral character, and of being a graduate of some reputable medical college having power to confer a degree in medicine and maintaining a standard of preliminary education and of medical instruction approved by the board, the applicant is entitled to an examination, which must be taken in the English language, and which embraces the general subjects of anatomy, physiology, pathology and bacteriology, materia medica and therapeutics, surgery, principles and practice of medicine, obstetrics and gynecology, chemistry, sanitation, disease of the eye, ear, nose and throat and medical jurisprudence. The board does not issue *temporary licenses*.

**College Standard.**—All medical schools and colleges, legally chartered by the states in which they exist, and rated in Class A or Class B by the Council on Medical Education and Hospitals of the American Medical Association, are considered as reputable, and are in good standing with the board. Prior to 1902 diplomas must represent three years of study; after that four years of study. The minimum grade of preliminary education before admission to the study of medicine, which is approved by the board, as a standard four-year high school course. In 1919 the requirement of preliminary education was increased to include a year of work in an approved college of liberal arts or an equivalent education, and graduates after July 1, 1920, must present evidence of having completed two years of college work.

**Exemptions.**—This act does not apply to commissioned officers of the United States Army, Navy or Public Health Service, nor to a physician or surgeon who is called from another state to treat a particular case, and who does not otherwise practice in this state, nor to clairvoyants or to persons practicing hypnotism, magnetic healing, mind cure, massage, Christian Science, osteopathy, or any other method of healing, if no poisonous or dangerous drugs are employed nor surgical operations performed; provided, such persons do not violate any of the provisions of this act in relation to the use of "M.D.," "Dr.," or the title of doctor or physician. The act does not prohibit gratuitous service or the rendering of assistance in emergency cases.



**Reciprocity.**—The board will not license through reciprocity a candidate who has previously failed at one of its examinations. Any person who is eligible for examination before this board, and who has been examined and registered or licensed by the examining board of any other state which maintains a standard of education at least equal to that required in this state, may be registered on complying with the requirements of the board. A certificate issued on the basis of reciprocity is not acceptable for reciprocal registration in Maine. Reciprocal relations, on the basis of an examination only, have been established with Arkansas, Colorado, Delaware, District of Columbia, Illinois, Louisiana, Maryland, Minnesota, New Hampshire, New Jersey, Pennsylvania, Texas, Vermont, Virginia, Wisconsin and Wyoming, and on the basis either of an examination or of a diploma from a reputable medical college without an examination if the diploma and license were granted prior to July 1, 1901, with Georgia, Indiana, Iowa, Kansas, Kentucky, Michigan, Missouri, Nebraska, Nevada, Ohio, South Carolina, Tennessee and Utah.

**Definition of Act.**—The prefixing of the title "Doctor" or the letters "Dr." or the appending of the letters "M.D." by any person to his name, or the use of the title of doctor or physician, shall be prima facie evidence that said person is holding himself out to practice medicine or surgery. No person, however, who has received the Doctor's degree from any reputable college or university other than the degree of "Doctor of Medicine" shall be prevented from prefixing the letters "Dr." to his name, if he is not engaged, and does not engage, in the practice of medicine or surgery, or in the treatment of any disease or human ailment; nor shall any member of the Maine Osteopathic Association be prevented from prefixing the title "Doctor" or the letters "Dr." to his name when accompanied by the word "Osteopath."

Act approved March 27, 1895; effective July 1, 1895; amended March 22, 1901, and by act approved March 13, 1911.

#### MARYLAND

**Boards.**—There are two separate Boards of Medical Examiners—one appointed by and representing the Medical and Chirurgical Faculty—the other representing the State Homeopathic Medical Society. Each board consists of eight members, who will serve for four years. The terms of two members expire each year. Physicians connected in any way with medical colleges are not eligible for membership on the boards.

**Board Members.**—The members of the regular board are as follows: Herbert Harlan, M.D. (1920), *President*, 516 Cathedral St., Baltimore; Harry L. Homer, M.D. (1920), Baltimore; John L. Riley, M.D. (1923), Snowhill; Lewis A. Griffith, M.D. (1923), Upper Marlboro; H. T. Collenberg, M.D. (1921), Baltimore; Henry M. Fitzhugh, M.D. (1922), Westminster; Eldridge E. Wolff, M.D. (1921), Cambridge; J. McP. Scott, M.D. (1922), *Secretary*, 141 W. Washington St., Hagerstown.

The members of the homeopathic board are as follows: W. Dulany Thomas, M.D., *President*, Baltimore; A. P. Stauffer, M.D., Hagerstown; E. H. Wilsey, M.D., Chesapeake City; J. O. Hendrix, M.D., Frederick; A. J. Davis, M.D., Baltimore; J. W. Wisner, M.D., Baltimore; Henry Russell, M.D., Baltimore; Wilbur F. Skillman, M.D., *Secretary*, 1227 W. Lafayette Ave., Baltimore.

The Preliminary Examiner is Isaac L. Otis, Provost's Office, University Bldg., Lombard and Greene Sts., Baltimore.

**Examinations.**—The examinations are held at such time and place as may be determined by the board.

**Fees.**—Examination and license fee, \$15.00; registration of license, \$0.50. Reciprocal fee, \$25.00. A fee of \$15.00 is also required for certifying to the credentials of Maryland physicians seeking licenses elsewhere through reciprocity.

**Application for License.**—Applicant must give satisfactory evidence that he is more than 21 years of age, is of good moral character, and that he has either received a diploma from some legally incorporated medical college in the United States or a diploma or license conferring the full rights to practice all the branches of medicine and surgery in some foreign country; said diploma if from a college in the United States, must have been conferred by a legally incorporated college having entrance standards and a standard of education as defined by the Association of American Medical Colleges or the inter-collegiate committee of the American Institute of Homeopathy. On approval of this evidence, the applicant is examined in anatomy, physiology, medical chemistry, surgery, practice of medicine, materia medica, therapeutics, obstetrics and pathology, the examination being given in the English language only. The board shall refuse a license if the applicant is radically deficient in any essential branch. In case of failure a second examination may be taken without extra fee if taken after six months but within twelve months after the first trial. At the second trial he will not be required to be reex-

amined in such branches in which he has been found to be proficient. When the applicant has satisfactorily passed in all branches a license will be granted. This license must be registered at once with the clerk of the Circuit Court of the county in which the holder intends to reside, and in case of removal to some other county, the license, or a certified copy, must be re-registered. Medical students who have completed the studies of anatomy, physiology, medical chemistry and materia medica, are entitled to an examination in such studies by the examining board at the end of their second year of study, the result of said examination to be considered a part of the final examination. The full fee must be paid at this time, no part of which is to be returned, but placed to the credit of the applicant for the remainder of the examination still to be taken. Diplomas of foreign colleges are accepted by the board if the standards of such foreign colleges were, when such diplomas were issued, equivalent to the standard defined by the Association of American Medical Colleges or the Intercollegiate Committee of the American Institute of Homeopathy, respectively. *Temporary licenses* are not granted. *Penalty.*—Practicing medicine without a license is a misdemeanor subject to a fine of \$10.00 to \$200.00 for each offense. To secure registration or license through fraud is likewise a misdemeanor subject to a fine of \$50.00 to \$500.00 and the forfeiture of all rights and privileges of such registration. To practice under another's name is a misdemeanor subject to imprisonment of from 30 days to one year, or to a fine of \$20.00 to \$500.00, or both fine and imprisonment. *Revocation of License.*—The boards have the right to refuse or revoke licenses for fraud or other dishonorable conduct which includes fraud or deception in passing examinations, habitual drunkenness, criminal abortion and offenses involving moral turpitude.

*College Standard.*—The board exacts the requirements of the American Medical College Association and the Intercollegiate Committee of the American Institute of Homeopathy. The standard of the College Association requires that all students matriculating after Jan. 1, 1914, in addition to a four-year high school education, must have completed at least one year of work in an approved college of liberal arts, or its actual educational equivalent, this preliminary year or years to include college courses in physics, chemistry and biology, and that after Jan. 1, 1918, two years of college work will be required.

In 1912, a resolution was adopted by the board refusing to admit to examination graduates of medical colleges rated in Class C by the Council on Medical Education of the American Medical Association.

**Exemptions.**—The law exempts gratuitous services, hospital physicians in the discharge of their hospital or dispensary duties, legally qualified consultants from other states, commissioned surgeons of the United States Army, Navy or Public Health Service, opticians, chiropodists, midwives, masseurs or other manual manipulators who use no other means of treatment; physicians residing on the border of a neighboring state; provided that nothing in this act shall annul any of the acts of the present dental law of Maryland, nor shall it apply to any registered graduate of dental surgery now practicing in Maryland with sign titles: Dentist, surgeon dentist, dental surgeon, or stomatologist. Faith healers and Christian Scientists are not exempt.

**Reciprocity.**—Applicants who have failed of an examination conducted by the Maryland Regular Board are not eligible for a license through reciprocity. The respective boards are authorized to license without examination applicants who present proper certificates of proficiency and professional standing at the time of application issued by the National Board of Medical Examiners or boards of medical examiners of the District of Columbia and of the other states, if the requirements are found to be as high as those of Maryland. Maryland now has reciprocal relations with Alabama, Arkansas, California, Delaware, District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia and Wisconsin. An applicant must have been in active practice for at least one year in order to be eligible for a license under the reciprocity clause if the state through which he seeks such license has a similar requirement.

**Definition of Act.**—Any person shall be regarded as practicing medicine within the meaning of this act who shall append to his or her name the words or letters "Dr.," "Doctor," "M.D.," or any other title, with the intent thereby to imply that he or she is engaged in the art or science of healing, or in the practice of medicine in any of its branches, or who shall operate on, profess to heal, prescribe for, or otherwise treat any physical or mental ailment or supposed mental ailment of another, or who shall for hire or for any gratuity or compensation, either directly or indirectly to him or her paid, undertake by any appliance, operation or treatment of whatever nature, to cure, heal or treat any bodily or mental ailment or supposed ailment of another; or who for any hire

gratuity or compensation, either directly or indirectly to him or her paid, by or for any patient, shall undertake to treat, heal, cure, drive away or remove any physical or mental ailment or supposed ailment of another, by mental or other process, exercised or invoked on the part of either the healer or the patient, or both.

Act effective June 1, 1892; amended April 11, 1902; amended in 1908, 1914 and 1916.

### MASSACHUSETTS

**Board.**—The Board of Registration in Medicine consists of seven members, not more than three of whom shall at one time be members of any one chartered state medical society. The appointments are made by the governor, with the consent of the council, term of office being seven years.

**Board Members.**—Samuel H. Calderwood, M.D. (1927), *Chairman*, Boston; Augustus L. Chase, M.D. (1928), Randolph; Nathaniel R. Perkins, M.D. (1925), Boston; Michael F. Fallon, M.D. (1922), Worcester; Matthew T. Mayes, M.D. (1924), Springfield; Walter P. Bowers, M.D. (1927), *Secretary*, 144 State House, Boston.

**Examinations.**—The board holds regular examinations on the second Tuesday of March, July and November, and additional meetings in May and September, for the examination of applicants.

**Fees.**—Examination fee, \$25.00.

**Application for License.**—Each applicant for registration must furnish satisfactory proof of being over 21 years of age and of good moral character, and also proof of his graduation from a legally chartered medical school, whereupon he is examined in anatomy, surgery, physiology, pathology, obstetrics, gynecology, diagnosis, practice of medicine, hygiene, histology, bacteriology, pediatrics and toxicology. Beginning with the September, 1921 examination, the board will broaden the scope of its practical work, conducting laboratory and clinical work in the medical schools and hospitals. Beginning in July, 1923, psychiatry will be added to the subjects of the examination. The examination must be taken in the English language. In case of failure, the applicant is entitled to two reexaminations within one year on payment of a fee of \$3.00 for each reexamination. The law makes no provision for the granting of *temporary licenses*.

**College Standard.**—Applicant must be a graduate of a legally chartered medical school having power to confer the degree of doctor of medicine, or its equivalent.

**Exemptions.**—The act does not prohibit emergency service nor the domestic administration of family remedies, nor does it apply to a commissioned medical officer of the United States Army, Navy or Public Health Service in the performance of his official duty, nor to a legally qualified consultant, nor to a physician called as the family physician to attend a person temporarily abiding in this commonwealth. Registered pharmacists prescribing gratuitously, clairvoyants, or persons practicing hypnotism, magnetic healing, mind cure, massage, Christian Science, or cosmopathic methods of healing are not permitted to hold themselves as practitioners of medicine, or to practice or attempt to practice within the meaning of this act.

**Reciprocity.**—None.

**Definition of Act.**—Whoever, without being registered as a physician, holds himself out as a practitioner of medicine, or practices or attempts to practice medicine in any of its branches, is deemed as violating the provisions of this act.

Act effective June 13, 1894; amended May 28, 1915, and in 1918.

## MICHIGAN

**Board.**—The Board of Registration in Medicine consists of ten resident electors of the state, appointed by the governor, by and with the advice and consent of the senate—five regulars, two homeopathics, two eclectic, and one physiomedical. All appointees shall be legally registered physicians of the state, graduates in good standing of reputable colleges, and shall have been actively engaged in the practice of medicine in the state for at least six years immediately preceding the time of such appointment. Appointments to be made for a term of four years. No member of said board shall belong to the faculty of any medical college or university.

**Board Members.**—George L. LeFevre, M.D. (1921), *President*, Muskegon; Arthur L. Robinson, M.D. (1923), Allegan; Jacob D. Brook, M.D. (1923), Grandville; Albertus Nyland, M.D. (1921), Grand Rapids; Duncan A. Cameron, M.D. (1923), Alpena; Arthur M. Hume, M.D. (1919), Owosso; Frank A. Kelly (1923), Detroit; Guy L. Connor, M.D. (1921), Detroit; William S. Shipp, M.D. (1921), Battle Creek; Nelson McLaughlin, M.D. (1921), Detroit; Beverly D. Harison, M.D., *Secretary*, 504 Washington Arcade, Detroit.

**Examinations.**—The board holds two annual meetings, one on the second Tuesday of June, and one on the second Tuesday of October, and such additional meetings at such times and places as it may determine.

**Fees.**—Preliminary examination fee, \$5.00. Examination and registration fee, \$25.00. Primary fee is \$10.00. Reciprocity fee, \$50.00; endorsement of certificate to another state, \$5.00. Drugless practitioner examination fee, \$15.00; chiroprody examination fee, \$15.00.

**Application for License.**—Applicant must be at least 21 years of age and of good moral character, and, at least one week prior to examination, must file with the secretary of the board an approved application covering his personal history and preliminary and medical education, and such other evidence of qualification as the board may require. He must pass an examination (in English), either written, clinical, laboratory or oral, or a combination of said methods, as the board may determine, in the following subjects: Anatomy, histology and embryology; physiology, chemistry and toxicology; bacteriology, pathology, diagnosis, hygiene and public health; medical jurisprudence, diseases of the eye, ear, nose and throat, obstetrics, gynecology and surgery; and such additional subjects made necessary by advances in medical education as the board may designate; the higher requirements of medical education, however, to be modified at the discretion of the board, in the case of persons graduating from a legally organized and recognized medical college prior to the passage of Act 237 of the Public Acts of 1899, but a standard of medical education equal to the minimum standard in the state at the time of graduation to be applied. Said examination may be divided into a primary examination on anatomy, histology and embryology; physiology, chemistry and toxicology; and bacteriology; and a final examination on the remaining subjects. An average of 75 per cent., and of not less than 50 per cent. on each subject, is required for passing grade. The board may modify the minimum percentage requirement in the case of a qualified applicant who has been in reputable and legal practice at least five years. The board may also issue a license to any person desiring to practice without the use of drugs or medicine (barring surgery and midwifery) who possesses preliminary education requirements the same as for one seeking regular license, and who passes a continuous examination on the following subjects: Anatomy, histology and embryology; physiology, chemistry, bacteriology, pathology, diagnosis, hygiene and public health. Neither the title of "doctor" or "professor" or any abbreviation, sign or appellation designating a physician or surgeon is to be used, however, by applicants for this form of license. *Temporary licenses* are not granted. *Refusal and Revocation of License.*—The board may refuse to issue or continue a license for

grossly unprofessional and dishonest conduct, defined in the act, and may also revoke a license on mistake of material fact or by reason of fraudulent misrepresentation of facts.

**College Standard.—Preliminary Education.**—Since September, 1914, the minimum requirement is graduation from a high school, academy or college having a classical course, or an equivalent credential, and, in addition, a certificate of having completed the course and examinations covering first-year work of college grade, course involving one year of physics, chemistry, biology, German or French, or an examination equivalent to the minimum standard of preliminary education adopted by the board. Since Jan. 1, 1918, two years or 60 semester hours of college work have been required, involving 12, 8 and 8 hours respectively of chemistry, physics and biology (including 6, 2 and 4 hours respectively of laboratory work), 6 hours of English composition and literature and 6 hours of a modern language other than English or Slav.

**Medical Education.**—The applicant must hold a diploma from a recognized medical college. The requirements for an approved medical college are practically the same as those of the Council on Medical Education and Hospitals which are set forth on another page. (See Contents.) The board has the authority to fix standards of preliminary and medical education which must be held by approved colleges.

No medical college is approved by the board subsequent to Sept. 17, 1903, nor is a medical diploma recognized unless it fulfils the *minimum standard* of medical education established by the board. This standard is shown by the following table.

DETAIL OF SCHEDULE OF MINIMUM REQUIREMENTS  
OF COURSE IN ACCREDITED MEDICAL COLLEGES

The entire course of four years shall consist of at least 4,000 hours for each student, and shall be grouped into divisions and subdivided into subjects, each division and subject to be allotted the number of hours as shown in the following schedule:

SCHEDULE		Lect.	Lab.
Division 1.—Anatomy, 720 Hours (18 Per Cent.)	Hrs.	Rec. Dem.	Wk.
(a) Gross anatomy (including applied anatomy)....	510	120	390
(b) Histologic and microscopic anatomy.....	135	30	105
(c) Embryology .....	75	30	45
Division 2.—Physiology and Chemistry, 600 Hours (15 Per Cent.)			
(a) Inorganic chemistry .....	180	60	120
(b) Organic chemistry .....	75	30	45
(c) Physiologic chemistry .....	105	30	75
(d) Physiology .....	240	140	100



*Division 3.—Pathology, Bacteriology and Hygiene, 450 Hours  
(11.25 Per Cent.)*

(a) Bacteriology .....	135	30	105
(b) Hygiene and general dietetics.....	45	45	...
(c) Pathology .....	170	60	210

*Division 4.—Pharmacology, Materia Medica and Therapeutics  
240 Hours (6 Per Cent.)*

(a) Pharmacology .....	105	40	65
(b) Materia medica and pharmacology.....	80	...	...
(c) Therapeutics .....	55	...	...

*Division 5.—Medicine and Medical Specialties, 970 Hours  
(24.25 Per Cent.)*

(a) General medicine (including clinical microscopy) .	640	...	...
(b) Pediatrics .....	150	...	...
(c) Nervous and mental disease.....	105	...	...
(d) Jurisprudence, ethics and economics.....	30	...	...
(e) Dermatology and syphilis.....	45	...	...

*Division 6.—Surgery and Surgical Specialties, 720 Hours  
(18 Per Cent.)*

(a) General surgery .....	510	...	...
(b) Orthopedic surgery .....	45	...	...
(c) Genitorurinary diseases .....	45	...	...
(d) Eye .....	60	...	...
(e) Ear, nose and throat.....	60	...	...

*Division 7.—Obstetrics and Gynecology, 300 Hours (7.5 Per Cent.)*

(a) Obstetrics .....	195	...	...
(b) Gynecology (including some abdominal surgery) .	105	...	...

Colleges may reduce the number of hours in any subject not more than 20 per cent., provided the total number of hours in a division is not reduced. Where the teaching conditions in a college are best served, the subject may be, for teaching purposes, transferred from one division to another. When didactic and laboratory hours are specified in any subject, laboratory hours may be substituted for didactic hours.

*Hospital Internship.*—All applicants who matriculate in the season of 1917-1918 and thereafter will be required to have spent a year's internship in a recognized hospital.

*Exemptions.*—The act does not apply to commissioned surgeons of the United States Army, Navy or Public Health Service in actual performance of their official duties, nor to legally licensed physicians and surgeons from out of the state in actual consultation with physicians and surgeons of this state, nor to dentists in the legitimate practice of their profession, nor to temporary assistance in cases of emergency, nor to domestic administration of family remedies, nor to osteopaths practicing under the provisions of Act 162 of the Public Acts of 1903, as amended by Act 305 of the Public Acts of 1913, nor to optometrists registered under Act 71 of the Public Acts of 1909, as amended by Act 147 of the Public Acts of 1913, nor to chiropodists who confine their practice to chiropody, and who do not use the title of "doctor" or "professor" or any abbreviation, prefix or affix in a medical sense, and who are registered under Act 115 of the Public

Acts of 1915, nor to persons who confine their ministrations to the sick or afflicted to prayer, without the use of material remedies.

**Reciprocity.**—Any applicant furnishing satisfactory proof of the possession of a certificate of registration or license issued to said applicant within the states, territories, districts or provinces of the United States, or within any foreign country, where the requirements for the registration of said applicant at the date of his or her license shall be deemed by the board to be equivalent to those of this act is eligible for registration under the reciprocity clause. An applicant who has failed at an examination conducted by the Michigan Board, must, subsequent to such failure, take an additional course and present a certificate issued after an examination in another state in order to be eligible for reciprocal registration in Michigan. A certificate issued in another state through reciprocity is not acceptable for reciprocal registration in Michigan.

Michigan now reciprocates on the basis of an examination only with District of Columbia, Kansas, Louisiana, New Jersey, North Dakota, Pennsylvania, Texas, Virginia and Wyoming; and on the basis either of an examination or of a diploma from a reputable medical college without an examination if the diploma and license were granted prior to Oct. 14, 1903, with Arkansas, California, Colorado, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, Ohio, Oklahoma, Tennessee, Utah, Vermont, Washington, West Virginia and Wisconsin. In accordance with an amendment to the medical practice act in 1919, the board will register without further examination holders of certificates of the National Board of Medical Examiners.

**Definition of Act.**—Unless otherwise provided, the term "practice of medicine" shall mean the actual diagnosing, curing or relieving in any degree, or professing or attempting to diagnose, treat, cure or relieve any human disease, ailment, defect or complaint, whether physical or mental, by attendance or advice, or by prescribing or furnishing any drug, medicine, appliance, manipulation or method, or by any therapeutic agent whatsoever; and any person who appends the letters "M.D." or "M.B." or other letters in a medical sense, or shall prefix the title "doctor" or its abbreviations or any sign or appellation in a medical sense, to his or her name shall be considered as "practicing medicine" within the meaning of the act. Any person who shall advertise in any form or hold himself out to the public as being able to treat, cure or

alleviate human ailments or diseases, and who is not the lawful possessor of a certificate of registration or license issued in compliance with the law shall be guilty of a misdemeanor, and on conviction shall be punished by a fine of not more than \$200 or by imprisonment of not more than six months, or by both.

Act approved June 6, 1883; amended June 27, 1887; second act approved in 1899; amended in 1903, 1905, 1907, May 4, 1913; supplementary acts in 1905, 1911, 1915; amended April 15, 1919. Chiprody act, 1915; amended 1917.

### MINNESOTA

**Board.**—The State Board of Medical Examiners is appointed by the governor, and consists of nine members, three of whom are homeopaths. The term of office is three years. No member shall serve more than two successive terms.

**Board Members.**—Ida A. MacKeen, M.D. (1923), *President*, Minneapolis; Arthur M. Eastman, M.D. (1923), Minneapolis; S. H. Boyer, M.D. (1922), Duluth; L. C. Weeks, M.D. (1922), Detroit; Thos. Lowe, M.D. (1924), Pipestone; George B. Weiser, M.D. (1923), New Ulm; George E. Putney, M.D. (1924), Paynesville; A. F. Schmitt, M.D., Mankato; Thomas S. McDavitt, M.D. (1922), *Secretary*, Lowry Bldg., St. Paul.

**Examinations.**—The board holds meetings for examination at the State University in Minneapolis on the first Tuesday in January, April, June and October, and at such other times and places as it may elect.

**Fees.**—Examination fee, \$10.00; reciprocal registration fee, \$50.00.

**Application for License.**—All applicants must submit to an examination in the following branches: Anatomy, physiology, chemistry, histology, materia medica, therapeutics, preventive medicine, practice of medicine, surgery, obstetrics, diseases of women and children, diseases of the nervous system, diseases of the eye and ear, medical jurisprudence and such other branches as the board may deem advisable.

**Practical Examination.**—A practical examination is required in histology, pathology, bacteriology, urinalysis and clinical diagnosis. All reciprocates from other states must take the practical examination. All applicants must present evidence of having attended four full courses of lectures in a medical college recognized by the board, of at least twenty-six weeks each, no two courses being within the same year. *Temporary permits* are not granted. Licenses to practice must be filed with the clerk of the district court of the county in which the applicant practices.

**College Standard.**—Four years of at least twenty-six weeks each, no two courses in the same year, is the standard set by statute. Graduates of medical colleges granting advanced standing for work done at non-medical institutions are not admitted to examination. The board requires a strictly four-year course, extending over four years, at a recognized medical college which demands as a minimum entrance requirement two years of university work the equivalent of that done in the liberal arts department of the University of Minnesota. This rule applies to all applicants of 1912, and therefore to all students *matriculating* for the session of 1908-9 and thereafter. Matriculants previous to this date are required to have as a preliminary a diploma from a four-year high school or equivalent qualifications.

**Exemptions.**—The act does not apply to commissioned surgeons of the United States Army or Navy, nor to physicians or surgeons in actual consultation from other states and territories; nor to actual medical students practicing medicine under the direct supervision of a preceptor; nor to dentists.

**Reciprocity.**—A candidate who has previously failed at an examination conducted by the Minnesota Board is not eligible for a license in Minnesota through reciprocity. A certificate issued on the basis of reciprocity is not acceptable for reciprocal registration in Minnesota. Reciprocal relations, on the basis of an examination only, have been established with Arkansas, Colorado, Delaware, District of Columbia, Georgia, Illinois, Kentucky, Louisiana, Maine, Maryland, Mississippi, New Jersey, North Carolina, North Dakota, Pennsylvania, South Dakota, Texas, Virginia, West Virginia, Wisconsin and Wyoming, and on the basis either of an examination or of a diploma from a reputable medical college provided the diploma and the license were issued prior to July 1, 1899, with Alabama, Indiana, Iowa, Kansas, Michigan, Missouri, Nebraska, Nevada New Hampshire, Ohio, Tennessee, Utah, Vermont and Washington. A practical examination in histology, pathology, bacteriology, urinalysis and clinical diagnosis is required of each candidate.

**Definition of Act.**—Any person shall be regarded as practicing within the meaning of this act who shall append the letters "M.D." or "M.B." to his or her name, or who shall for a fee prescribe, direct or recommend for the use of any person any drugs or medicine, or other agency for the treatment, care or relief of any wound, fracture or bodily injury, infirmity or disease.

Original act approved in 1883; repealed by act approved Feb. 28, 1887, in effect July 1, 1887; amended April 22, 1895;

supplementary act providing for reciprocity approved April 18, 1905; revision of act in effect March 1, 1906; amended April 23, 1909.

### MISSISSIPPI

**Board.**—The State Board of Health supervises the licensing of physicians. Eight members of the board are appointed by the governor and five by the state medical association. The term of office is four years.

**Board Members.**—J. H. McNeill, M.D., *President*, Olive Branch; T. E. Elkin, M.D., Tupelo; L. L. McDougal, M.D., Booneville; S. E. Eason, M.D., New Albany; T. W. Reagan, M.D., Union; S. W. Glass, M.D., Lyon; H. F. Garrison, M.D., Clinton; B. L. Crawford, M.D., Tylertown; W. H. Watson, M.D., Brandon; R. H. Crawford, M.D., Laurel; R. T. Stapleton, M.D., Tunica; W. S. Leathers, M.D., *Secretary*, University.

**Examinations.**—The board holds examinations at the Capitol, in Jackson, in June and October, the date to be set by the board.

**Fees.**—Examination fee, \$10.00; license fee, \$0.25; temporary license fee, \$10.50; reciprocity fee, \$50.25.

**Application for License.**—Applicants must submit to a written examination in anatomy, chemistry, obstetrics, materia medica, physiology, pathology, surgery and hygiene. Osteopaths are required to pass an examination in anatomy, physiology and hygiene only. A diploma from a reputable medical college is required. The application for license must state the applicant's name, residence, age and nativity, time spent in medical studies, name and address of preceptor, courses of medical lectures attended, name of medical school attended, if a graduate of a medical college, the name thereof, time spent in a hospital and in the practice of medicine, if any, school or system of practice chosen and references as to personal character. The application must be accompanied by a recent unmounted  $\frac{1}{2}$  cabinet-sized photograph of the applicant. On the back of the photograph must be an affidavit prepared before a notary, certifying that the photograph is a true likeness of the applicant. The application, together with a fee (\$10.25) must be in the hands of the board not less than ten days prior to the examination. Licenses must be recorded in the office of the clerk of the Circuit Court of the county in which the applicant resides. *Temporary licenses* may be granted by the executive officer, and are valid until the next meeting of the board for examining applicants. The licensed physicians of other states living

near the state line whose practice extends into this state may obtain a non-resident license for one county only without examination.

**Penalties.**—If any person shall practice as a physician or surgeon, without having first been examined and obtained a license as required by law, he shall, on conviction, be fined not less than \$20.00 nor more than \$200.00, or be imprisoned in the county jail not exceeding thirty days.

**College Standard.**—*Preliminary Education.*—Candidates for license who matriculate after Jan. 1, 1919, must show evidence of having completed before matriculation in a medical college, a course of preliminary education equal to that obtained by graduation from a four-year high school with at least fourteen educational units, and in addition the successful completion at an approved college or university of two full years (60 semester hours) of work, including courses in physics, chemistry, biology and a modern language. *Medical Education.*—The college must be a reputable institution, requiring a four-years' course of at least thirty-two weeks each session. On and after July, 1912, the state board will recognize as reputable medical colleges only those schools classified and recognized as "A" and "B" by the Council on Medical Education of the American Medical Association; on and after Jan. 1, 1919, only those rated in Class A.

**Exemptions.**—The law makes no exemptions, except in the case of females engaged in the practice of midwifery; they are not required to have a license.

**Reciprocity.**—An applicant who has failed at an examination conducted by the Board at any time within the preceding five years is not eligible for a license through reciprocity. Mississippi reciprocates on the basis of a diploma from a Class "A" or "B" medical college, written examination and license, and evidence of good standing with county and state medical societies, with Alabama, California, Colorado, Delaware, District of Columbia, Georgia, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Missouri, Nebraska, Nevada, New Jersey, Oklahoma, Pennsylvania, Texas, Virginia, West Virginia and Wisconsin; and on the basis either of an examination or of a diploma from a reputable medical college without examination, if the diploma and license were issued prior to 1882, with Arkansas, Indiana, Iowa, Michigan, New Hampshire, Ohio and Tennessee. A certificate issued in another state on the basis of reciprocity is not acceptable for reciprocal registration in Mississippi. The applicant must have been a member in good standing of his county and state societies for at least one year.

**Definition of Act.**—The practice of medicine shall mean to suggest, recommend, prescribe, or direct for the use of any person, any drug, medicine, appliance or other agency, whether material, or not material, for the cure, relief, or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound or fracture or other bodily injury or deformity, or the practice of obstetrics or midwifery, after having received, or with the intent of receiving therefor, either directly or indirectly, any bonus, gift, profit or compensation; provided, that nothing in this section shall apply to females engaged solely in the practice of midwifery.

Act approved in 1906; amended in 1912.

### MISSOURI

**Board.**—The governor, by and with the advice and consent of the senate, without discrimination between schools of medicine, appoints seven physicians for a term of four years to constitute the State Board of Health of Missouri, which has general supervision over the registration of practitioners of medicine, surgery and midwifery. At least five of said board shall be physicians in good standing and of recognized professional and scientific knowledge and graduates of reputable schools and they shall have been residents of this state for at least five years next preceding their appointment.

**Board Members.**—Emmett P. North, M.D. (1922), *President*, St. Louis; Franklin E. Murphy, M.D. (1925), Kansas City; E. E. Bruner, M.D. (1925), Carrollton; R. S. Vitt, M.D. (1925), St. Louis; T. A. Son, M.D. (1922), Van Buren; T. H. Wilcoxon, M.D. (1922), Bowling Green; Cortez F. Enloe, M.D. (1925), *Secretary*, State House, Jefferson City.

**Examinations.**—Examinations are held at St. Louis in June and January and Kansas City in September of each year, and at Jefferson City or other places as the board may deem expedient.

**Fees.**—Examination fee, \$15.00; recording fee, \$1.00; reciprocal registration fee, \$25.00, of which \$5.00 is filing fee and not returnable. Chiropody fee, \$15.00.

**Application for License.**—Applicant must furnish evidence of good moral character and of satisfactory preliminary and medical education. He must pass an examination in anatomy, chemistry, physiology, therapeutics, obstetrics, gynecology, surgery, practice of medicine, bacteriology, medical jurisprudence, hygiene and such other branches as the board may direct. The law provides that the examination may be taken through an interpreter satisfactory to the board, the

fee of such interpreter to be paid by the applicant. The passing grade is 75. In case of failure applicant may take another examination within twelve months without extra charge. *Temporary licenses* are not granted. The license must be recorded in the office of the county clerk of the county where the holder resides. In case of removal to another county, the license must be recorded in the county to which removal is made. Neglect to have license so recorded makes the holder liable to a fine of not less than \$50.00, and after thirty days to a fine of not less than \$100.00. *Revocation of Licenses.*—The board may revoke or refuse licenses to individuals guilty of unprofessional or dishonorable conduct, which is explained to include habitual drunkenness, the excessive use of narcotics or the producing of criminal abortions, although this specification is not intended to exclude other acts for which licenses may be refused or revoked.

Chiropodists registered before Oct. 1, 1919, who have practiced one year or longer may obtain a license on payment of \$25. Subsequent to that date an examination is required, the fee for which is \$15.

**College Standard.**—*Preliminary Education.*—Each applicant must present satisfactory evidence of preliminary qualifications, to-wit: A certificate of graduation from an accredited high school or state normal school, college, university, academy or a certificate from the county school commissioner certifying that he has satisfactorily passed an examination showing an education equivalent to that of an accredited high school. *Medical Education.*—Applicant must have received a diploma from some reputable medical college having four-years' requirements at the time such diploma was granted.

**Exemptions.**—The act does not prohibit gratuitous service nor to commissioned surgeons of the United States Army, Navy or Public Health Service in the official discharge of their duties.

**Reciprocity.**—No applicant who has failed to pass the board's examination will be granted a license. A certificate issued in another state on the basis of reciprocity is not acceptable for reciprocal registration in Missouri. One year of reputable practice in a reciprocating state is required of all applicants, as well as membership in a county, state or national medical society. Reciprocal relations, on the basis of an examination only, have been established with Illinois since January, 1907; with Oklahoma since January, 1911; with Arkansas, California, Kansas, Louisiana, Mississippi,



North Dakota, Pennsylvania, South Carolina, Texas, Virginia and Wisconsin since June 1, 1901. On the basis either of an examination or registration of a diploma from a reputable medical college without examination, if the diploma and license were issued prior to June 1, 1901, with Alabama, Colorado, District of Columbia, Georgia, Indiana, Iowa, Kentucky, Maine, Maryland, Michigan, Minnesota, Nebraska, Nevada, New Hampshire, Ohio, Utah, Vermont, Washington and West Virginia.

**Definition of Act.**—Any person practicing medicine or surgery in this state, and any person attempting to treat the sick or others afflicted with bodily or mental infirmities, and any person representing or advertising himself by any means or through any medium whatsoever, or in any manner whatsoever, so as to indicate that he is authorized to or does treat the sick or others afflicted with bodily or mental infirmities, without a license from the board as provided in this act, or after the revocation of such license by the board as provided in this act, shall be deemed guilty of a misdemeanor, and punished by a fine of not less than \$50.00 nor more than \$500.00, or by imprisonment in the county jail for a period of not less than thirty days nor more than one year, or by both such fine and imprisonment for each and every offense; and treating each patient shall be regarded as a separate offense.

Act approved March 12, 1901; supplementary act 1905; amended 1903; April, 1907; 1909.

## MONTANA

**Board.**—The State Board of Medical Examiners consists of seven members, one of whom is appointed by the governor each year and who holds office for seven years.

**Board Members.**—Le Roy Southmayd, M.D., *President*, Great Falls; W. W. Andrus, M.D., Miles City; P. H. McCarty, M.D., Butte; Herbert H. Judd, M.D., Bozeman; A. W. Deal, M.D., Lewistown; E. W. Spottswood, M.D., Missoula; S. A. Cooney, M.D., *Secretary*, Power Bldg., Helena.

**Examinations.**—The board holds examinations on the first Tuesday in April and October at Helena and at such other times and places as it may elect.

**Fees.**—Examination fee, \$25.00; reexamination within six months free.

**Application for License.**—The applicant must present a diploma issued by a medical school legally organized and in good standing. Registration may be made after arrival in Helena by presenting diploma, paying the fee and filing

properly filled application blank. A letter stating the character and habits of an applicant from the president or secretary of the county or state medical association, of which the applicant is a member is required in the case of all applicants who are members of such an association. Persons not members of a county or state association will furnish letters from two practicing physicians known to the board. An unmounted cabinet size photograph of each applicant is also required. Registration closes at 8 p. m. on the day preceding the beginning of the examination. The applicant is required to take an examination, in the English language, in anatomy, physiology, materia medica, therapeutics, practice of medicine, surgery, obstetrics, diseases of women and children, diseases of the nervous system and diseases of the eye and ear. When desired, such examination may be conducted in the presence of the dean of any medical school or the president of any medical society in this state, i. e., such dean or president may be present. Certificates must be recorded with the county clerk of the county in which the applicant resides.

Appeals from the action of the Board of Medical Examiners in refusing to license to practice, for failure to pass the required examination, under the 1903 amendment are to be tried by a jury of six physicians. No *temporary licenses* are issued.

**College Standard.**—The board has authority to fix standard of preliminary and medical education which must be enforced by approved medical colleges. No applicant who graduated subsequent to July 1, 1917, will be admitted to the examination unless he graduated from a medical school rated in Class A by the Council on Medical Education and Hospitals of the American Medical Association. All applicants who graduated from foreign medical schools subsequent to April 4, 1916, must have attended at least one full course of study in a medical school of the United States rated in Class A by the Council on Medical Education and Hospitals of the American Medical Association.

**Exemptions.**—The act does not apply to midwives of skill and experience, commissioned surgeons of the United States Army or Navy in the discharge of their official duties, nor to legally qualified consultants.

**Reciprocity.**—Reciprocal relations have been established with Idaho and Washington.

**Definition of Act.**—Any person shall be regarded as practicing within the meaning of this act who shall append or affix the letters M.D. or M.B. or the title Dr. or Doctor, or any other sign or appellation in a medical sense to his or her

name, who shall publicly profess to be a physician or a surgeon, who shall publicly profess either on his own behalf, in his own name, in his trade name, or on behalf of any other person, corporation, association, partnership, either as manager, bookkeeper, solicitor or other agent, to cure, treat, relieve or palliate any ailment, disease or infirmity of the mind or the body of another by using or prescribing any drug, medicine or surgical treatment, or who shall recommend, prescribe, or direct for the use of any person any drug, medicine, apparatus or other agency, whether material or not material, for the cure, relief or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound, fracture or bodily injury or other deformity after having received, or with the intention of receiving therefor, either directly or indirectly, any bonus, gift or compensation.

Act approved March 13, 1895; amended March 5, 1907.

### NEBRASKA

**Board.**—The Department of Public Welfare, created by the Nebraska legislature in 1919, succeeded to the rights, powers and duties formerly held by the State Department of Health. The duties of the department are to carry out all provisions of the practice act. The secretary is H. H. Antles, Capitol Building, Lincoln.

**Board of Medical Examiners.**—Joseph E. Spatz, M.D. (1920), *President*, Fairfield; E. T. McGuire, M.D. (1921), Mead; H. J. Lehnhoff, M.D. (1922), *Secretary*, First National Bank Bldg., Lincoln.

**Examinations.**—The board holds examinations at the State House, Lincoln, in June and November of each year, and at other times when there is a sufficient demand.

**Fees.**—Examinations or reciprocal fee, \$25.00; for graduates of Nebraska colleges, \$10.00; endorsement of reciprocal credentials of applicants leaving state, \$2.00.

**Application for License.**—Each applicant must present evidence of good moral character to the board, as well as a photograph of his diploma, together with an affidavit that he is the lawful possessor of and the person named in said diploma, and that he has attended the full course of study required for the degree. A photograph of each applicant is required. After due investigation has shown that the credentials are satisfactory, applicant is then required to submit to an examination, in the English language, in all the branches generally required by reputable medical colleges for the degree of doctor of medicine. Examinations on practice and therapeutics are conducted by the member or

members of the Board of Secretaries who are of the same school of practice as the applicant. Certificates must be filed with the county clerk of the county in which the applicant resides. *Temporary licenses* are not granted.

Students having satisfactory preliminary education and who have successfully completed the first two years of study in a recognized medical college will be permitted to take examinations in anatomy, physiology, chemistry, pathology, practice, and bacteriology, on payment of the required fee, these credits to be accepted toward the examination for license after the student has secured his diploma. No reexamination will be required in such subjects in which the student has been found proficient.

**College Standard.**—The board recognizes only those medical colleges which are rated in Classes A and B by the Council on Medical Education of the American Medical Association.

**Exemptions.**—The act does not prohibit gratuitous services in case of emergency, nor the administration of ordinary household remedies, and does not apply to commissioned surgeons in the United States Army or Navy, nor to nurses engaged in their legitimate occupations, nor does it affect the practice of their religious tenets by members of any church; provided they do not prescribe or administer drugs or medicine nor perform surgical or physical operations nor assume the title of or hold themselves out to be physicians or surgeons and, provided, further, they shall not be exempt from the quarantine laws of the state.

**Reciprocity.**—Reciprocal relations, on the basis of an examination only, have been established with Arkansas, Colorado, Illinois, Kansas, Louisiana, Mississippi, Missouri, New Jersey, North Dakota, Tennessee, Texas, Vermont, Virginia and Wisconsin, and on the basis either of an examination or of a diploma from a reputable medical college without an examination provided the diploma and the license were issued prior to Aug. 1, 1903, with the District of Columbia, Georgia, Indiana, Iowa, Kentucky, Maine, Maryland, Michigan, Minnesota, Nevada, New Hampshire, Ohio, Oklahoma, Utah, Washington and West Virginia. An applicant who has previously failed at an examination conducted by the Nebraska Board is eligible for reciprocal registration only in certain instances. A certificate issued in another state on the basis of reciprocity is not acceptable for reciprocal registration in Nebraska. No certificate will be granted on reciprocity where the applicant has not resided and been in reputable practice in the state endorsing him for at least one year immediately preceding the endorsement. The Nebraska board will regulate without further examination those holding certificates of the National Board of Medical Examiners.

**Definition of Act.**—Any person shall be regarded as practicing medicine who shall operate or profess to heal or prescribe for, or otherwise treat any physical or mental ailment of another.

Act effective Aug. 1, 1903; revised in 1913, 1921; act of July 24, 1917, repealed certain sections of Revised Statutes of 1913.

### NEVADA

**Board.**—The State Board of Medical Examiners consists of five members, three regulars, one homeopath and one eclectic, appointed by the governor, and holds office for four years.

**Board Members.**—Sidney K. Morrison, M.D., *President*, Reno; W. M. Edwards, M.D., Mason; A. C. Olmsted, M.D., Wells; G. M. Gardner, M.D., Reno; Simeon L. Lee, M.D., *Secretary*, Carson City.

**Examinations.**—The board holds examinations twice a year, the first Monday of May and November, at such place as it may designate.

**Fees.**—Examination or reciprocal fee, \$25.00.

**Application for License.**—Applicants must furnish satisfactory proof of having graduated from a legally recognized medical school and must pass a satisfactory examination before the board. The examination is given in the English language only and embraces the following subjects: Anatomy, physiology, chemistry, toxicology, materia medica, therapeutics, general medicine, surgery, obstetrics, bacteriology, pathology, and diseases of the skin, eye, ear, nose, throat, brain and the genito-urinary system. A grade of 75 per cent. must be obtained in each branch. In case of failure, after not less than six months, the applicant may be reexamined without additional fees. After a second failure at least one year must elapse before the third trial, for which he must pay another fee. Certificates must be registered with the county clerk of the county in which the applicant intends to practice. The board does not grant *temporary licenses*.

**College Standard.**—The board recognizes colleges legally organized in the state or territory in which they are located. Possession of diploma does not exempt from examination.

**Exemptions.**—The act exempts gratuitous services in case of emergency and the administration of family remedies; nor does it apply to commissioned surgeons of the United States Army and Navy, in the discharge of their official duties, nor to professional nurses, or legally qualified consultants.

**Reciprocity.**—Candidates who have failed at an examination conducted by the Nevada Board are not eligible for reciprocal registration. Nevada has reciprocal relations, on the basis of an examination only, with Arkansas, California, Colorado,

Idaho, Illinois, Kansas, Louisiana, Mississippi, New Hampshire, Pennsylvania, Texas, Utah, Vermont and Washington, and on the basis either of an examination or of a diploma from a reputable medical college without an examination if the diploma and the license were issued prior to March 1, 1907, with Indiana, Iowa, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, Oklahoma, West Virginia and Wisconsin. The applicant must have been in active practice in the state through which he seeks reciprocity for at least one year subsequent to receiving the license on which reciprocity in this state is sought. A certificate issued in another state on the basis of reciprocity is not acceptable for reciprocal registration in Nevada.

**Definition of Act.**—"For the purposes of this act the words, 'practice of medicine, surgery and obstetrics,' shall mean to open an office for such purpose, or to announce to the public, or to any individual, in any way, a desire or willingness or readiness to treat the sick or afflicted in any county in the State of Nevada; or to investigate or diagnosticate, or to offer to investigate or diagnosticate, any physical or mental ailment, or disease, of any person, or to give surgical assistance to, or to suggest, recommend, prescribe or direct for the use of any person, any drug, medicine, appliance or other agency, whether material or not material, for the cure, relief or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound, fracture, or bodily injury, or deformity, after having received or with the intent of receiving therefor, either directly or indirectly, any money, gift, or any other form of compensation. It should also be regarded as practicing medicine within the meaning of this act if any one shall use in connection with his or her name the words or letters 'Dr.,' 'Doctor,' 'Professor,' 'M.D.,' or 'Healer,' or any other title, word, letter or other designation intended to imply or designate him or her as a practitioner of medicine, or surgery, or obstetrics in any of its branches."

Act approved March 4, 1905; amended in 1913.

#### NEW HAMPSHIRE

**Board.**—The New Hampshire State Medical Board consists of five members appointed by the governor, the term of one member to expire at the end of each successive year. Subsequent appointments will be for a term of five years. All members must have been actively engaged in the practice of their profession within the state for at least five years.

**Board Members.**—Howard N. Kingsford, M.D., *Chairman*, Hanover; Fred E. Clow, M.D., Wolfeboro; Charles W. Adams, M.D., Franklin; Henry M. Wiggin, M.D., Whitefield; Charles Duncan, M.D., *Secretary*, Concord.

**Examinations.**—Examinations are held at least twice a year in Concord.

**Fees.**—Examination fee, \$20.00; reciprocal fee, \$20.00. Unsuccessful applicants are entitled to a second examination without fee.

**Application for License.**—Each applicant must submit satisfactory proof that he is more than 21 years of age, of good moral character, has completed a full course in a registered academy or high school, and is a graduate of a registered medical school. The examination, which must be taken in the English language, includes the following subjects: anatomy, physiology, hygiene and preventive medicine, practice of surgery and clinical medicine, obstetrics and gynecology, pathology and bacteriology, chemistry and toxicology. Licenses must be recorded. *Temporary licenses* are not granted. **Revocation.**—The board may revoke a license for cause.

**College Standard.**—*Preliminary Education.*—Those making application prior to 1919 must have completed a full course in a registered academy or high school before entering on the study of medicine. Applicants in 1919 and thereafter must have completed satisfactorily two years of work in a registered college, or must have a preliminary education considered and accepted by the board as fully equivalent. *Medical Education.*—The college must require a course covering four school years of not less than nine months each and must be registered as maintaining a standard satisfactory to the board. Only graduates of colleges rated in Class A by the Council on Medical Education and Hospitals of the American Medical Association are admitted to the examination.

**Exemptions.**—The act does not apply to any one actually serving on the resident medical staff of any legally incorporated hospital; or any legally qualified physicians in other states or countries meeting regularly registered physicians in this state in consultation; or any physician residing on the border of a neighboring state and duly authorized under the laws thereof to practice medicine therein, whose practice extends into this state and who does not open an office or appoint a place to meet patients or to receive calls within this state; or regular or family physicians of persons not residents of this state, when called to attend them during a temporary stay in this state, providing such family physicians are legally registered in some state; or chiropody, or simple treatments such as massage or baths; or nurses in their legitimate occupations; or cases of emergency; or the administration of ordinary household remedies; or the adver-

tising or sale of patent medicines; or those who endeavor to prevent or cure disease or suffering by spiritual means or prayer; nor shall it be construed to abridge the rights of any class of persons to whom authority is given by any other statute to perform any acts which might be deemed the practice of medicine.

**Reciprocity.**—The board may register without further examination any applicant who is legally qualified to treat human ailments or practice medicine in any state or dependency whose requirements the board deems equal to those in New Hampshire regardless of reciprocal relations. All graduates of 1907 and thereafter must have graduated from a medical college rated in Class A by the Council on Medical Education of the American Medical Association and must have passed some state board examination. Applicants who graduated prior to 1917 must submit proof of their preliminary and professional education and also proof that they hold a state license. No person who has failed to pass the New Hampshire examination is eligible for a license through reciprocity. The applicant must be a member in good standing in his county medical society and must have been in practice for one year in the state through which he seeks reciprocal registration, and must appear in person before the board.

**Definition of Act.**—"Any person shall be regarded as practicing medicine under the meaning of this act who shall operate on, prescribe for, or otherwise treat any human ailment, physical or mental." Any person advertising himself as practicing medicine, or practicing medicine, or in any way holding himself out as qualified so to do, without first securing a license, or any one doing any of said acts after receiving notice that his license has been revoked, shall be punished by a fine not to exceed \$100, or by imprisonment in the county jail not to exceed three months, for the first offense, and for any subsequent offense by a fine not exceeding \$250, or by imprisonment not to exceed six months, or both.

Act approved April 21, 1915; repeals act effective Sept. 1 1897.

#### NEW JERSEY

**Board.**—The State Board of Medical Examiners is appointed by the governor, and consists of ten members, five regulars, three homeopaths, one eclectic, one osteopath and one chiropractor. The term of office is three years.

**Board Members.**—J. Mooney, M.D. (1924), *President*, Jersey City; Chas. A. Groves, M.D. (1922), East Orange; William



Perry Watson, A.M., M.D. (1922), Jersey City; Davis P. Borden, M.D. (1923), Paterson; Harry A. Stout, M.D. (1924), Wenonah; J. William Hughes, M.D. (1924), Atlantic City; Joseph H. Bryan, M.D. (1923), Asbury Park; R. M. Colburn, D.O. (1922), Newark; James J. McGuire, M.D. (1922), Trenton; Alexander Macalister, M.D., Ph.G., *Secretary*, State House, Trenton.

**Examination.**—Examinations are held at Trenton on the third Tuesday and Wednesday in June and October, and at such other times and places as the board may deem expedient.

**Fees.**—Examination fee, \$25; reciprocal registration fee, \$100; recording of license, \$1. Candidates who fail may be reexamined at the next regular examination without the payment of an additional fee.

**Application for License.**—Each applicant for examination must present satisfactory proof of being more than 21 years of age and of possessing a good moral character, and must also present a certificate from the commissioner of education showing that before entering a medical college he or she had obtained an academic education consisting of a four years' course of study in an approved public or private high school or the equivalent thereof. The application must be sent to the secretary of the board at least ten days prior to the examination and must be accompanied by a recent photograph of the applicant, on the back of which must appear the applicant's signature signed in the presence of a notary or other legal official. Applicant must have graduated from a medical college recognized by the board (see College Standard) and pass an examination in the English language and in writing before this board in nine sections, embracing ninety questions on fourteen subjects, viz.: materia medica and therapeutics, obstetrics and gynecology, practice of medicine, including physical diagnosis and diseases of the skin, nose and throat; surgery, including surgical anatomy and diseases of the eye, ear and genito-urinary organs; anatomy; physiology; chemistry; histology, pathology and bacteriology; hygiene, medical jurisprudence and in such other subjects as the board may decide. A general average of not less than 75 per cent. is required to obtain a license. The certificate must be registered in the county where the holder intends to reside, and re-registered in case of removal to another county. A *temporary license* may be granted to a legally qualified physician of another state to take charge, temporarily, of the practice of a legally qualified physician of this state for not less than two weeks nor more than four

months. A temporary license will not be granted under any other conditions. The board may refuse to grant or may revoke a license for cause.

**College Standard.**—The standard of requirements of New Jersey is as follows: *Preliminary Education.*—A high school diploma issued after four years of study in an approved public or private high school, or its equivalent as determined by the Commissioner of Education of New Jersey. Candidates for license, who graduated after July 1, 1919, must also have had at least one year of work in an approved college or school of art and science, including courses in physics, chemistry, biology, and French or German. All applicants who graduated after Oct. 1, 1920, must have completed two years of such college work, including the courses mentioned above. *Medical Education.*—Four courses of lectures of at least seven months each, in four different calendar years prior to graduation from a medical college approved by this board. *Hospital Internship.*—Candidates for license who graduated after July 1, 1916, must also have served an internship of at least one year in a hospital approved by the board after graduation from a medical college. *Exemptions.*—Candidates who graduated prior to July 4, 1894, after two courses of medical lectures in separate calendar years and who have been in continuous and reputable practice since graduation, and candidates who graduated prior to July 4, 1903, after three courses of lectures in different calendar years and who have been in continuous and reputable practice for at least five years, may be admitted to the examinations on presenting satisfactory evidence of good moral character and competent academic education as determined by the Commissioner of Education. Such exemptions will be specified in the license. Certificate must be recorded in the office of the clerk of the county in which the holder intends to practice.

**Exemptions.**—The act does not apply to commissioned surgeons of the United States Army, Navy or Public Health Service, while so commissioned; or to lawfully qualified consultants; or to a legally qualified physician or surgeon of another state taking charge of the practice of a physician or surgeon of this state temporarily during the latter's absence therefrom, provided application for permission to do so has been filed with the board and granted; or to any legally qualified physician of another state, provided such practitioner shall not open an office or a place for the practice of his profession within New Jersey; or to any one serving as a member of the resident medical staff of a legally incorporated charitable or municipal hospital or asylum; or to osteopaths practicing under the provisions of an act approved

April 2, 1913, or any act supplementary thereto or amendatory thereof; or to any legally qualified and registered dentist; or to the ministrations, or treatment of, the sick or suffering by prayer or spiritual means, without the use of any drug or material remedy; or to duly licensed optometrists; or to legally licensed chiropodists; or to any one who has been practicing in the state since before July 4, 1890, provided such right to practice was obtained on a duly registered diploma, issued by a legally chartered and recognized medical institution; or to any resident of the state who has been continuously engaged in giving treatment by electricity during the past fourteen years, provided such person graduated from a legally incorporated electro-therapeutic school in good standing; or to any legally licensed and registered pharmacist of the state actually engaged in the practice of his profession, but who does not carry on the business of a dispensary unless it is in charge of a legally licensed physician and surgeon of the state; or to any legally licensed veterinary physician, surgeon or dentist; or to any professional nurse, masseur, or electrician operating under the specific direction of a regularly licensed physician or surgeon; or to any one giving aid in emergency or accident cases pending the arrival of a regularly licensed physician.

**Reciprocity.**—An applicant who has failed at an examination conducted by the New Jersey Board is not eligible for a license through reciprocity. The board may in its discretion license without examination a candidate who holds a license issued in another state if the standards of that state at the time of the granting of such license were substantially equal to those of New Jersey at said time or who hold a certificate granted to him after an examination by the National Board of Medical Examiners, so long as this examination is substantially equal to that given by the New Jersey Board. Reciprocal relations, on the basis of an examination only, have been established with California, Colorado, Delaware, District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New York, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia and Wisconsin.

**Definition of Act.**—Any person is regarded as practicing medicine or surgery within the meaning of this act who uses the words or letters "Dr.," "Doctor," "Professor," "M.D.," or "M.B.," in connection with his name, or any other title intending to imply or designate him as a practitioner of medicine or surgery in any of its branches, and who, in connection with

such title or titles, or without the use of such titles, or any of them, holds himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, or who shall either offer or undertake by any means or method to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition. The act applies to all persons professing and attempting to cure diseases by means of the so-called systems of "faith curism," "mind-healing," "laying-on-of-hands," and other similar systems.

Act approved May 22, 1894; amended April 8, 1903, March 21 and 25, 1912; April 12, 1915, April 13, 1915, and April 15, 1919; amended and supplement added March 31, 1921.

### NEW MEXICO

**Board.**—The New Mexico Board of Medical Examiners is composed of seven physicians who must be graduates of medical colleges in good standing as herein defined, and must have been registered practitioners in, and bona fide residents of, New Mexico for a period of at least five years preceding their appointment. The members are appointed by the governor for a term of four years, the term of office of part of the board expiring every two years. The board is authorized to make all necessary rules and regulations for carrying out the provisions of the law.

**Board Members.**—William T. Joyner, M.D. (1923), *President*, Roswell; James A. Massie, M.D. (1925) Santa Fe; Harry A. Miller, M.D. (1925) Clovis; William R. Lovelace, M.D. (1925), Albuquerque; C. H. Ferguson, M.D. (1923), Tucumcari; C. B. Elliott, M.D. (1923), Dawson; R. E. McBride, M.D. (1923), *Secretary*, Las Cruces.

**Examinations.**—Regular examinations of the board are held in the Capitol Building in Santa Fe on the second Mondays of January, April, July and October of each year.

**Fees.**—License fee, \$25.00

**Application for License.**—Any applicant of good moral character, and who is a graduate of a medical college in good standing, after payment of the required fee, will be granted a license without examination. Graduates of reputable medical colleges other than those in good standing, who have served internships in good hospitals or who have taken six months or more of postgraduate instruction in some institution having ample clinical facilities, or who have had three or more years of actual practice since graduation, may secure license by passing an examination (in the English language)

in anatomy and histology, chemistry, etiology and hygiene, physiology, materia medica, therapeutics, pathology and bacteriology, surgery, physical diagnosis, obstetrics, gynecology, practice of medicine, medical ethics and jurisprudence and in such other subjects as the board may prescribe. An average of 75 per cent. and a grade not less than 50 per cent. in each subject must be obtained in order to pass. Credit of 5 per cent. will be allowed for five years of active practice. In case of failure in not more than two subjects applicant may be allowed to take another examination at the next regular meeting of the board in the subjects in which he failed. The license must be recorded in the office of the county clerk of the county in which the holder resides, and again be recorded in any county to which holder may remove permanently. Failure to have the license so recorded shall be accepted by the court as prima facie evidence that no such license exists, and holder is liable to the penalty for practicing without a license. The law does not provide for *temporary licenses*, except in the case of an applicant who fails in not more than two subjects of the board's examination who may be granted such license until next meeting of the board. The board may refuse to license any person guilty of immoral, dishonorable or unprofessional conduct, or may revoke a license for like cause.

**College Standard.**—A medical college in good standing is defined to be one which has a standard as high as that required by the Association of American Medical Colleges, and which has ample clinical facilities. That association now requires the completion of a four-year high school course as the minimum standard of preliminary education. In addition, for students matriculating after Jan. 1, 1914 (graduates of 1918), one year of college work, and for matriculants after Jan. 1, 1918 (graduates of 1922), *two years* of college work will be required. This college work must include courses in physics, chemistry and biology, with laboratory work, and a reading knowledge of French or German. The board will not recognize any college which is rated in Class C by the Council on Medical Education and Hospitals of the American Medical Association.

**Exemptions.**—The act is not intended to interfere with gratuitous services in cases of emergency, nor the domestic administration of family remedies, nor with women practicing midwifery, nor with United States surgeons in the discharge of their official duties, nor with the practice of osteopathy, optometry, or dentistry as provided by law.

**Reciprocity.**—The board may grant licenses without examination to applicants who have been regularly licensed in other

states or territories having equal requirements. A certificate issued in another state on the basis of reciprocity is not acceptable for reciprocal registration in New Mexico. Reciprocal relations on the basis of an examination only have been established with Arkansas, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Oklahoma, Pennsylvania, Tennessee and Vermont. Each applicant must have been in practice for at least one year in the state from which he comes in order to be eligible for a license through reciprocity.

**Definition.**—The words "practice of medicine" are defined to mean to open an office for such purpose or to announce to the public or to any individual in any way a desire or willingness or readiness to treat the sick or afflicted, or to investigate or diagnose, or offer to investigate or diagnose, any physical or mental ailment or disease of any person, or to suggest, recommend, prescribe or direct for the use of any person, any drug, medicine, appliance or other agency, whether material or not material, for the cure, relief or palliation of any ailment or disease of the mind or body or for the cure or relief of any wound, fracture or bodily injury or deformity, after having received, or with the intent of receiving therefor, either directly or indirectly, any bonus, gift or compensation. Any person making a false oath or affidavit before the board shall be deemed guilty of perjury and subject to the punishment provided for that offense. Any person practicing medicine without first securing a license shall be punished by a fine not to exceed \$100.00 or imprisonment not to exceed ninety days, or by both such fine and imprisonment in the discretion of the court.

Act effective 1913.

## NEW YORK

**Board.**—The Board of Medical Examiners of the State of New York consists of nine members appointed by the regents of the University of the State of New York for terms of three years. Three vacancies occur each year

**Board Members.**—Aaron B. Miller, M.D. (1924), *President*, Syracuse; Arthur W. Booth, M.D. (1923), Elmira; Henry B. Minton, M.D. (1923), Brooklyn; Ralph H. Williams, D.O. (1920), Rochester; William H. Park, M.D. (1922), New York City; Earl H. King, M.D. (1922), Saratoga Springs; Lewis S. Pilcher, M.D. (1922), Brooklyn; W. D. Cutter, M.D., *Secretary*, Albany.

Address communications concerning admission to medical practice to Mr. Herbert J. Hamilton, State Education Building, Albany.

**Examinations.**—Examinations are held in January, May, June and September, simultaneously, in New York, Albany, Syracuse and Buffalo. The regents select the questions from lists prepared by the board, edit them and provide proctors for conducting the examinations.

**Fees.**—Examination fee, \$25.00; county clerk's certificate and registration fee, \$1.00. In case of failure applicants are obliged to pursue their studies for six months before they can be reexamined.

**Application for License.**—Each applicant must have paid the examination fee, must be 21 years of age, of good moral character, must have completed the required high school or collegiate education, and graduated from a medical college registered by the regents. He must then pass the required examination unless excused by special rules of the regents. Provision is made for examining in anatomy, physiology and chemistry, at the end of the second year, this credit to be acceptable toward the examination for license after four years in a medical college have been successfully completed. The licensing examination covers the subjects named above unless applicant has already passed examination in them, as well as surgery, obstetrics, gynecology, pathology and bacteriology, diagnosis and hygiene and sanitation and must be taken in the English language. Candidates failing at one examination may, after not less than six months additional study, have a second examination without fee. Licenses must be registered in the county where applicant locates. *Temporary licenses* are not granted. The regents have the power at any time to inquire into the identity of any person claiming to be a licensed physician and to revoke any license for cause. Among the causes mentioned for revocation are: Fraud or deceit, crimes or misdemeanors, habitual drunkenness, the habitual use of morphin, opium, cocain or other drugs having similar effect, and the performance of criminal operations. Action may be begun on charges preferred by any person or corporation, or by the regents themselves. After licenses have been revoked they may be restored in the discretion of the regents.

**College Standard.**—New York medical schools and New York medical students shall not be discriminated against by the registration of any medical school out of the state whose minimum graduation standard is less than that fixed by statute for New York medical schools.

**Preliminary Education.**—The degree of bachelor or doctor of medicine shall not be conferred in this state before the candidate has filed with the institution conferring it the certifi-

cate of the regents that, before beginning the first annual medical course counted toward the degree, he had obtained a medical student's qualifying certificate.

The regents will accept as fully equivalent to the required academic course any one of the following: (a) Certificate of having successfully completed at least a full year's course of study in the collegiate department of any college or university, registered by the regents as maintaining a satisfactory standard; (b) Regents' examinations, at a minimum standing of 75 per cent. for 60 specified academic counts. (c) An academic Regents' diploma; (d) evidence of one or more years of high school work (each year equivalent to 15 counts) supplemented by Regents' examination at 75 per cent. in each subject, sufficient to make 60 counts. Credit is not given on certificate for work in evening schools. (The term "count" is the measure of work successfully completed in a secondary school, pursued an entire school year of at least thirty-eight weeks, not including the time consumed by examinations or tests, in one weekly period of not less than 45 minutes.) Since Jan. 1, 1913, medical schools shall not matriculate conditionally medical students who are deficient in any part of the preliminary educational requirement, which must include a year's work each of physics, chemistry and biology, or the passing, at a standing of 75 per cent. or above, of Regents' examinations in each of these sciences. Since Jan. 1, 1917, the science courses must be of college grade—included in one year's work in an accredited college of arts and sciences. Students matriculating subsequent to Jan. 1, 1918, will be required to have completed two years of college work prior to entering medical college. After Jan. 1, 1919, matriculants must have taken not less than 60 semester hours in an approved college of liberal arts including 12 semester hours of chemistry, 6 or 8 of physics, 6 or 8 of biology and 6 of English composition and literature.

*Medical Education.*—Four years of medical study are required, including four courses of seven months each in four separate calendar years. A list of "registered" or recognized medical schools is kept by the regents. Work done in colleges not registered is evaluated by the regents, and registered schools are forbidden, under penalty of losing their registration, from giving any more credit than that fixed by the regents, in giving advanced standing to students for work done in these colleges. The regents publish their accreditings for work done in medical schools not registered along with the lists of registered medical schools. No credit shall be given for the successful completion of only one year's study in a



school not registered. If the four-year course is accredited three years by the regents, three years' work is accredited two years; two years' work one year; one year nothing. If the four-year course is accredited two years, the successful completion of three years' work is accredited one year; two years nothing. The regents do not register medical schools which give advanced standing for work done in schools of dentistry, pharmacy, veterinary surgery or colleges of liberal arts. None but graduates of registered medical schools can be admitted to the examination for the license to practice medicine.

**Exemptions.**--The act is not construed to affect medical officers of the United States Army, Navy or Public Health Service while so commissioned; or any one serving without salary or professional fees on the resident medical staff of any legally incorporated hospital; or any one engaged in the practice of dentistry, or who fits or sells lenses, artificial eyes, limbs or other apparatus, or to affect any doctor from an adjoining state who shall be called in consultation with a locally legally registered physician. Unlicensed physicians are allowed to act as interns.

**Reciprocity.**--Only those licensed through examination are eligible for a license through reciprocity. A certificate issued in another state through reciprocity is not acceptable for reciprocal registration in New York. Provision is made for reciprocity with states maintaining equal standards, as defined by statute, and for the accepting of candidates of known eminence and authority regardless of reciprocity. Reciprocal relations have been established with California, Delaware, Illinois, Indiana, New Jersey, Ohio, Utah, Virginia and Wisconsin. The applicant must have practiced medicine for at least one year in the state from which he comes in order to be eligible under the reciprocity clause.

Applicants who matriculated in a New York medical school before June 5, 1890, and who received the degree of Doctor of Medicine from a registered medical school before Aug. 1, 1895, may, without further examination, on payment of \$25 to the Regents and on submitting such evidence as they may require, receive from them an endorsement of their license or diplomas, conferring all rights and privileges of a Regent's license issued after examination.

The Commissioner of Education may in his discretion on approval of the Board of Regents endorse a diploma or license of a physician from another state, provided the applicant has met all the preliminary and professional qualifications required for earning a license on examination in this state,

has been in reputable practice for a period of ten years, and has reached the position of conceded eminence and authority in his profession. (Chap. 357, Laws of 1917.)

**Definition of Act.**—A person practices medicine within the meaning of this article who holds himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake, by any means or method, to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition. Any person who practices without first being duly registered or who shall practice under any unlawful means shall be guilty of a misdemeanor, while practicing under an assumed name or impersonating another constitutes a felony and any one so practicing is subject to a fine in accordance with penal code for such offense.

Original act enacted in 1806; amended April 10, 1813, and April 7, 1866; present act approved May 13, 1907, with amendments to May, 1919.

#### NORTH CAROLINA

**Board.**—The Board of Medical Examiners of the State of North Carolina consists of seven members who are elected by the State Medical Society to hold office for six years.

**Board Members.**—L. A. Crowell, M.D. (1926), Lincolnton; L. N. Glenn, M.D. (1926), Gastonia; J. G. Murphy, M.D. (1926), Wilmington; C. A. Shore, M.D. (1926), Raleigh; W. M. Jones, M.D. (1926), Greensboro; W. P. Holt, M.D. (1926), Duke; Kemp P. B. Bonner, M.D. (1926), *Secretary*, Morehead City.

**Examinations.**—The board holds an examination usually in June, at Raleigh. Other meetings are held at such time and place as the board may designate.

**Fees.**—Examination and permanent license fee, \$15; preliminary examination fee, \$7.50, refunded if license is not procured; reciprocal license fee, \$50; recording fee, 25 cents; annual registration fee, \$5.

**Application for License.**—The applicant must present a certificate of good moral character attested by two persons known to the board, and a diploma from a medical college in good standing, in anatomy, embryology, histology, bacteriology, physiology, surgery, pathology, hygiene, chemistry, pharmacology, materia medica, therapeutics, obstetrics, gynecology, pediatrics and the practice of medicine. The examination is written, practical and oral combined. An average

of 80 per cent. is required, with not less than 35 per cent. in any one branch. Students who have completed the first two years of medical study may be admitted to the state examination in anatomy, embryology, physiology, chemistry, hygiene, histology, bacteriology and pathology, and if successful, will be excused from examination in those subjects at the final examination. The fee (\$7.50) will be applied toward the first examination. Certificates must be registered with a county clerk. No temporary licenses are granted.

**College Standard.**—The requirements for recognition are not less than four years of medical work, and such facilities for clinical instruction as may be prescribed by the board. The board admits to its examinations only graduates of medical colleges rated in Class A by the Council on Medical Education and Hospitals of the American Medical Association.

**Exemptions.**—The exemptions from the provisions of the medical practice act are: 1. The administration of domestic or family remedies in cases of emergency. 2. The practice of dentistry by any legally licensed dentist engaged in the practice of dentistry and dental surgery. 3. The practice of pharmacy by any legally licensed pharmacist engaged in the practice of pharmacy. 4. The practice of medicine and surgery by any surgeon or physician of the United States Army, Navy, or Public Health Service in the discharge of his official duties. 5. The treatment of the sick or suffering by mental or spiritual means without the use of any drug or other material means. 6. The practice of optometry by any legally licensed optometrist engaged in the practice of optometry. 7. The practice of midwifery by any woman who pursues the vocation of midwife. 8. The practice of chiropody by any legally licensed chiropodist when engaged in the practice of chiropody, and without the use of any drugs or surgery. 9. The practice of osteopathy by any legally licensed osteopath when engaged in the practice of osteopathy which is defined to be "the science of healing without the use of drugs." 10. The practice of chiropractic by any legally licensed chiropractor when engaged in the manual adjustment of the twenty-four movable spinal vertebrae of the human body and without the use of drugs or surgery. 11. The practice of medicine or surgery by any reputable physician or surgeon in a neighboring state while in consultation with a resident registered physician. This proviso shall not apply to physicians resident in a neighboring state and regularly practicing in North Carolina. 12. Physicians who have a diploma from a regular medical college and were practicing medicine and surgery in North Carolina prior to March

7, 1885. The board in its discretion may modify the requirements as to application and examination in case it is necessary to provide physicians for certain districts of the state. In such a case a special or "limited" license is granted and the holder will be prohibited from practicing outside the specified district.

**Reciprocity.**—The board *in its discretion* may license without examination physicians presenting licenses from any other state which has requirements equal to those of North Carolina. No applicant will be granted a reciprocity certificate unless he has for five years been a successful practitioner in the state in which he then resides, or has had two years of successful hospital experience, or has filled positions of medical trust accounted by the board as the equal of these, and unless he is a graduate of a high-class medical college and possesses a good preliminary education. Applications must be filed with the secretary at least thirty days before the meeting of the board. An applicant who has failed at an examination conducted by the North Carolina Board is not eligible for reciprocal registration. Reciprocity will be granted to physicians who have been admitted by examination to the United States Army, Navy or Public Health Service, or who have been continuously in service or honorably discharged, and have been in continuous successful practice to the date of application. The North Carolina board reserves the privilege of rejecting any applicant for reciprocity without question or comment on the part of the applicant. Licentiates of the National Board of Medical Examiners will be licensed without further examination. Reciprocal relations have been established with Georgia, Indiana, Iowa, Kansas, Louisiana, Maryland, Mississippi, Oklahoma, Pennsylvania, Tennessee and Virginia.

**Definition of Act.**—"Any person shall be regarded as practicing medicine or surgery within the meaning of this act, who shall diagnose or attempt to diagnose, treat or attempt to treat, operate or attempt to operate on, or prescribe for or administer to, or profess to treat any human ailment, physical or mental, or any physical injury to or deformity of another person."

Law of March, 1885, amended Feb. 18, 1913, and March, 1915; amended Feb. 17, 1921.

#### NORTH DAKOTA

**Board.**—The State Board of Medical Examiners consists of nine members, two of whom shall be homeopaths, and all of whom shall be duly licensed physicians who have graduated

from medical schools of high educational requirements and standing, and who have been in the active practice of medicine in the state for at least five years. On Aug. 1, 1911, the members were appointed by the governor, three for a period of one year, three for a period of two years and three for a period of three years. Hereafter as the terms expire all members will be appointed for a term of three years. The secretary is elected by the board.

**Board Members.**—Albert W. Skelsey, M.D. (1923), *President*, Fargo; H. O. Altnow, M.D. (1924), Mandan; Samuel A. Zimmermann, M.D. (1922), Valley City; William G. Brown, M.D. (1922), Fargo; A. D. McCannel, M.D. (1923), Minot; Joseph C. Suter, M.D. (1923), Grafton; Henry G. Woutat, M.D. (1924), Grand Forks; Francis Peake, M.D. (1924), Jamestown; John G. Arneberg, M.D., Grand Forks; G. M. Williamson, M.D., *Secretary*, 860 Belmont Ave., Grand Forks.

**Examinations.**—These are held at the University of North Dakota, Grand Forks, beginning at 9 o'clock a. m. on the first Tuesday of January and July of each year.

**Fees.**—Registration fee, \$25.00; reciprocal fee also \$25.00 except in instances where the state from which the applicant comes exacts a higher fee, in which case a similar amount is charged.

**Application for License.**—On a blank provided by the board, applicant must set forth his age, residence, preliminary education, medical education and date of graduation. The application must be sent in at least two weeks before examination, together with the registration fee, the applicant's diploma, a certificate of good moral character signed by two qualified physicians and a cabinet-size unmounted photograph of the applicant. This photograph must have been taken within the preceding year and must bear on the reverse side the applicant's signature above those of the two physicians who have endorsed him. He must take a written examination in anatomy, physiology, chemistry, toxicology, pathology, bacteriology, histology, preventive medicine, surgery, obstetrics, gynecology; physical diagnosis and jurisprudence.

**Practical Examinations.**—Practical laboratory examinations are required in pathology, histology, bacteriology and urinalysis, and oral and practical examination in anatomy, surgery, obstetrics, gynecology, preventive medicine, toxicology and physical diagnosis. If the examination is taken in a foreign language a fee of \$20.00 will be required to provide for translation. A general average of 75 per cent. must be obtained and a minimum of 60 per cent. in any one subject except in obstetrics, surgery, preventive medicine and physical diagnosis, in which the minimum grade must be 75 per cent.

No candidate who has failed at two examinations will be allowed to take a third unless he presents a certificate showing that he has spent at least one year in postgraduate study in an approved college or hospital. License must be recorded in the office of the recorder of deeds of the county or counties wherein the holder of the license intends to practice before the right to practice is conferred. *Temporary licenses* are not granted. *Revocation*.—The board has the right to refuse or revoke a license in cases of fraud or for unprofessional conduct.

**College Standard.**—*Preliminary Education*.—Graduates of 1912 and thereafter must have had sufficient preliminary education to admit them to the College of Medicine of the University of North Dakota, which is two years of work in a standard college of liberal arts, including work in Latin, physics, chemistry and biology (botany and zoology). Applicants who graduated prior to 1912 must have graduated from an accredited four-year high school or possess an equivalent education. *Medical Education*.—Applicants who graduated subsequent to Jan. 1, 1905, must show proof that they have attended four full courses of lectures of at least eight months each in four separate calendar years, in a recognized medical college. Only those colleges are recognized that are listed in Classes A and B by the Council on Medical Education and Hospitals of the American Medical Association. *Hospital Internship*.—On and after January, 1918, each applicant must present a certificate stating that he has served one year as an intern in an approved hospital.

**Exemptions.**—“Nothing in this act, however, shall be construed to affect lawfully qualified physicians in other states or countries meeting legally licensed physicians in this state for consultation, or any physician residing on the border of a neighboring state and duly licensed under the laws thereof to practice medicine therein, and who does not open an office or appoint a place to meet patients or receive calls within this state; or the domestic administration of family remedies or dentists practicing their profession; nor to prohibit the practice of Christian Scientists or religious rules or ceremonies as a form of religious worship, devotion, or healing, provided that the persons administering or making use of or assisting or prescribing such rely on faith and prayer alone, and do not prescribe or administer drugs or medicines nor perform surgical or physical operations, nor assume the title of, or hold themselves out to be physicians or surgeons; nor shall this act be construed to prohibit any person, if qualified under Chapter 172 of the Laws of 1909, from engaging in the practice of osteopathy, or similar manual treatment when not represent-

ing himself, as, or assuming the title of doctor, physician or surgeon; provided such person does not profess or hold himself to nor administer or prescribe drugs or perform surgery, except minor surgery; or optometrists when licensed and practicing under the provisions of Article 15, Chapter 4, Political Code, Revised Code of 1905; nor shall it be construed to prohibit commissioned surgeons of the United States Army, Navy or Public Health Service from performing their lawful duties in this state as such."

**Reciprocity.**—No applicant who has failed at an examination conducted by the North Dakota Board is eligible for a license through reciprocity. At the discretion of the board a certificate of registration showing that an examination has been made by the proper board of any state, on which an average grade of not less than 75 per cent. was awarded, the holder thereof having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in the state where reciprocal registration is sought, may be accepted in lieu of examination as evidence of qualification. In case the scope of the examination was less than that prescribed by this state or where practical examinations in laboratory work and the oral examination in anatomy, obstetrics and physical diagnosis are not required, the applicant will be required to submit to a supplemental examination in such subjects as have not been covered. On and after Jan. 1, 1917, any applicant who graduated in 1912 or thereafter must present a diploma from a medical college rated in Class A by the Council on Medical Education of the American Medical Association at the time such diploma was granted. The applicant must have been reputably engaged in the practice of medicine, in the state from which he seeks reciprocity, for at least two years subsequent to receiving the license on which registration in this state is sought.

On the above basis North Dakota has reciprocal relations with Arkansas, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, South Dakota, Texas, Vermont, Washington, West Virginia and Wisconsin.

North Dakota will admit without further examination physicians granted certificates by the National Board of Medical Examiners.

**Definition of Act.**—"A person shall be regarded as practicing medicine, within the meaning of this act, who holds himself or herself out to the public as being engaged within this state in the diagnosis or treatment of diseases or injuries of human beings; or who suggests, recommends or prescribes any

form of treatment for the intended palliation, relief or cure of any physical or mental ailment of any person, with the intention of receiving therefore, either directly or indirectly, any fee, gift of compensation whatsoever; or who maintains an office for the examination or treatment of persons afflicted with disease or injury of body or mind; or who attaches the title of M.D., surgeon or doctor, or any word or abbreviation to his name, indicative that he is engaged in the treatment or diagnosis of the diseases or injuries of human beings."

Act effective Aug. 1, 1911, amending Act of July 1, 1905, which amended Act of Jan. 10, 1890.

### OHIO

**Board.**—The governor, by and with the advice and consent of the senate, appoints the State Medical Board, consisting of seven members, to serve for seven years, representation being given to schools of practice in the state as nearly as possible in proportion to their numerical strength in the state but no one school to have a majority of the whole board.

**Board Members.**—Ben R. McClellan, M.D. (1922), *President*, Xenia; J. H. J. Upham, M.D. (1927), Columbus; T. A. McCann, M.D. (1926), Dayton; Lee Humphrey, M.D. (1924), Malta; S. M. Sherman, M.D. (1928), Columbus; Charles E. Sawyer, M.D. (1924), Marion; John K. Scudder, M.D. (1926), Cincinnati; H. M. Platter, M.D., *Secretary*, Hartman Hotel Bldg., Columbus.

The preliminary examiner is Prof. K. D. Swartzel, State House, Columbus.

**Examinations.**—Examinations are held at Columbus in June and December.

**Fees.**—Examination, \$25.00; recording fee, 50 cents; reciprocal fee, \$50.00. Preliminary examination fee, \$3.00. In case of failure applicant is entitled to reexamination within twelve months.

**Application for License.**—The applicant must file with the secretary a written application on a form prescribed by the board, verified by oath, and furnish satisfactory proof that he is more than 21 years old and is of good moral character. In the application, as a condition of admission to the examination, he must produce acceptable credentials of preliminary education (see College Standard) and must present either a diploma from some legally chartered medical institution in the United States in good standing at the time of issuing such diploma, as defined by the board, or a diploma or license approved by the board which has conferred the full right to practice all branches of medicine or surgery in some



foreign country. The diploma or license, legally certified, must be presented with the application, together with such other data bearing on the applicant's medical education, as the board may require. If the evidence submitted is satisfactory to the board, the applicant is admitted to an examination (given in the English language only) in anatomy, physiology, pathology, chemistry, materia medica and therapeutics, the principles and practice of medicine, diagnosis, surgery, obstetrics and such other subjects as the board requires. Examinations in materia medica, therapeutics and principles and practice are conducted by the member or members of the board representing the applicant's school of practice. The examination in diagnosis includes laboratory tests in urinalysis, identification of pathologic and bacteriologic slides and also clinical examination of patients. *Practical examinations* are also given in anatomy, surgery and obstetrics. Certificates must be recorded with the probate judge of the county in which the applicant resides. On change of residence the certificate must be recorded anew by the probate judge of the county into which the holder removes. *Temporary licenses* are not granted by the board. The board has authority to refuse or to revoke a license for cause.

**College Standard.—Preliminary Requirements.**—In accordance with the law of April 14, 1900, amended May 9, 1908, the board appointed and certified a preliminary examiner who is empowered to issue certificates to prospective matriculants in Ohio medical colleges which guarantee proper preliminary education, and which are on (1) acceptable credentials or (2) on examination.

The credentials which may be accepted are as follows: (a) A diploma from a reputable college granting the degree of A.B., B.S., or equivalent degree; (b) a diploma from a high school of the first grade, normal school or seminary, legally constituted, issued after four years of study; (c) a teacher's permanent or life certificate; (d) a student's certificate of examination for admission to the freshman class of a reputable literary or scientific college.

In the absence of the foregoing qualifications, the entrance examiner may examine the applicant in such branches as are required for graduation from a first-class high school of this state, and to pass such examination is deemed sufficient qualification. If the examination is passed and the fee of \$3.00 is paid, a medical student's entrance certificate is issued. A general average of 75 per cent. is required. *Medical Education.*—Applicant must have completed four full courses of

not less than thirty-two weeks each, exclusive of vacations and holidays, in four separate years in a medical college recognized by the board.

**Exemptions.**—The act does not prohibit service in case of emergency, or the domestic administration of family remedies; nor does it apply to any commissioned medical officer of the government services in the discharge of his professional duties, nor to any legally qualified dentist when engaged exclusively in the practice of dentistry; nor to legally qualified consultants; nor to legally qualified physicians or surgeons residing on the border of a neighboring state, whose practice extends into the limits of this state; nor to any osteopath who passes an examination before the board in anatomy, physiology, obstetrics and diagnosis, and who is licensed to practice osteopathy in the state, but not permitted to administer drugs nor to perform major surgery.

**Reciprocity.**—No applicant who has failed to pass the Ohio examination will be granted a license under the reciprocity clause. The applicant must have been in practice for at least two years in the state through which he seeks reciprocal registration. Ohio reciprocates on the basis of an examination with Kansas, Louisiana, New Jersey, New York, Pennsylvania, Texas, Utah, Washington (in case license was issued after July 1, 1900), Wisconsin and Wyoming, and on the basis either of an examination or diploma from a recognized medical college without examination, if the diploma and the license were issued prior to July 1, 1900, with Alabama, Arkansas, California, Colorado, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Oklahoma, Vermont, Virginia, Washington and West Virginia.

**Definition of Act.**—"A person shall be regarded as practicing medicine or surgery or midwifery, within the meaning of this act, who uses the words or letters, 'Dr.' 'Doctor,' 'Professor,' 'M.D.,' 'M.B.' or any other title in connection with his name which in any way represents him as engaged in the practice of medicine, surgery, or midwifery, in any of its branches, or who examines or diagnoses for a fee or compensation of any kind, or prescribes, advises, recommends, administers or dispenses for a fee or compensation of any kind, direct or indirect, a drug or medicine, appliance, application, operation or treatment of whatever nature for the cure or relief of a wound, fracture or bodily injury, infirmity or disease. The use of any such words, letters or titles in such connection or under such circumstances as to induce the belief that the person who uses them is engaged in the practice of medicine, surgery or midwifery, shall be *prima facie* evidence

of the intent of such person to represent himself as engaged in the practice of medicine, surgery or midwifery."

Acts of Feb. 27, 1896; April 14, 1900; April 21, 1902, and March 19, 1906; revised and consolidated May 9, 1908; codified Feb. 14, 1910; amended May 31, 1911; April 18, 1913; April 20, 1915; May 27, 1917; June 18, 1919; July 24, 1919.

### OKLAHOMA

**Board.**—The State Board of Medical Examiners consists of nine members appointed by the governor for a term of four years. The board consists of four regulars, two homeopaths and two eclectics.

**Board Members.**—W. T. Ray, M.D., *President*, Gould; L. E. Emanuel, M.D., Chickasha; W. E. Sanderson, M.D., Altus; J. E. Farber, M.D., Cordell; O. N. Windle, M.D., Sayre; D. W. Miller, Blackwell; J. M. Byrum, M.D., *Secretary*, Shawnee.

**Examinations.**—Examinations are held in Oklahoma City on the second Tuesday of January, April, July and October.

**Fee.**—Examination fee, \$25; reciprocity fee, \$35.

**Application for License.**—Applicant must show evidence of good moral character and a diploma from a legally chartered medical college, the requirements of which at the time of granting the diploma were the equivalent of those prescribed by the Association of American Medical Colleges. He must prove that he is the person named in the diploma. After paying the examination fee, applicant must submit to a written examination, in the English language, in anatomy, histology, physiology, chemistry, physical diagnosis, bacteriology, pathology, medical jurisprudence, toxicology, surgery, gynecology and obstetrics, the branches peculiar to the teachings of the school attended by the applicant, and such other additional subjects made necessary by the advance in medical education; provided, that the applicant shall be examined in theory and practice, materia medica and therapeutics by those members of the Board of Examiners who represent the school of practice to which the applicant professes to belong. Applicant must not fall below 50 per cent. in any one branch and must receive an average of at least 70 per cent. In case of failure, he is entitled to another examination within twelve months without extra cost. The board does not grant *temporary licenses*. Certificates must be recorded in the office of the clerk of the county wherein the holder intends to reside. The board has the right to refuse or to revoke a certificate for unprofessional conduct.

**College Standard.**—Physicians graduating after Jan. 1, 1918, must have completed a year of college work in addition

to having an accredited four-year high-school education, and this college year must have included courses in physics, chemistry, biology and a modern language. This applies to all students who matriculated after Jan. 1, 1914. Physicians graduating after Jan. 1, 1921, must have completed *two years* of work in an approved college of arts and sciences, in addition to a four-year high school course. This applies to students matriculating after Jan. 1, 1917.

**Exemptions.**—None.

**Reciprocity.**—A candidate who has previously failed at an examination conducted by the Oklahoma board is not eligible for a license through reciprocity. Reciprocal relations have been established with Missouri and New Jersey, on the basis of an examination only, and with Alabama, Arkansas, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Michigan, Mississippi, Nebraska, Nevada, New Mexico, North Carolina, Ohio, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia and Wisconsin on the basis of a diploma and a license without examination in case the diploma and the license were issued prior to June 12, 1908. A certificate issued in another state on the basis of reciprocity is not acceptable for reciprocal registration in Oklahoma. No specific arrangements have been made with California and Colorado, but applicants from those states are accepted if their credentials are properly endorsed. The applicant must have been in active practice for at least one year in the state from which he comes in order to be eligible for registration through reciprocity. All applicants for reciprocal licenses must appear in person before the board at a regular meeting.

**Definition of Act.**—The following persons shall be deemed as practicing medicine and surgery within the meaning of this act: First, those who prescribe or administer any drug or medicine now or hereinafter included in materia medica in the treatment of disease, injury, or deformity of human beings; second, those who practice major or minor surgery in the treatment of disease, injury, or deformity of human beings, except dealers in surgical, dental or optical appliances.

Act approved June 10, 1908.

## OREGON

**Board.**—The State Board of Examiners consists of six members, three regulars, one homeopath, one eclectic and one osteopath, appointed by the governor to hold office for five years.

**Board Members.**—Frank Smith, M.D. (1924), *President*, Stevens Building, Portland; Roy C. McDaniel, M.D. (1924),

Portland; John H. Besson, M.D. (1924), Portland; Frank W. Wood, M.D. (1922), Portland; D. D. Young, D.O. (1924), Portland; Urling C. Coe, M.D. (1926), *Secretary*, Stevens Building, Portland.

**Examinations.**—The board holds examinations on the first Tuesday of January and July in Portland. Special meetings may be called, if necessary.

**Fees.**—Examination fee, \$25; reciprocity fee, \$100.

**Application for License.**—Application must be made in writing, setting forth the age of the applicant, actual time spent in the study of medicine and surgery, when and where graduated and length of time engaged in actual practice. On approval of such evidence by the board, the applicant is examined in anatomy, pathology, histology and bacteriology, toxicology and chemistry, physiology, materia medica, therapeutics, surgery, obstetrics, diseases of women, practice and diagnosis, diseases of the eye and ear, and such other branches as the subject is necessary to make a passing grade. The candidate must receive 75 per cent. in each subject, regardless of the general average. Osteopaths must present a diploma from a regularly conducted school of osteopathy recognized as in good standing by the Oregon Osteopathic Association, and wherein the course of study comprises at least three years of nine months each, and pass an examination in anatomy, physiology, chemistry, histology, bacteriology, pathology, diagnosis, gynecology, obstetrics, theory and practice of osteopathy. After Feb. 1, 1918, the applicant must present a high school diploma or its equivalent and evidence of graduation from a regularly conducted school of osteopathy, whose course of study shall comprise at least four years of nine months each. The board may refuse to grant or revoke a license for unprofessional or dishonorable conduct. Licenses must be filed with the county clerk of the county in which the applicant intends to practice. The board does not grant *temporary licenses*.

**College Standard.**—The board recognizes colleges lawfully organized in the state or territory in which they are located, that now require four years of instruction of eight months each. Only those medical colleges are recognized that are rated in Class A or Class B by the Council on Medical Education and Hospitals of the American Medical Association.

**Exemptions.**—The law makes no exemptions, except that dentists, in the practice of their professions, are not affected by the act.

**Reciprocity.**—The board reciprocates with California and Idaho.

**Definition of Act.**—Any person is regarded as practicing medicine within the meaning of this act who appends the letters "M.D." or "M.B." to his name, or, for a fee, prescribes, directs or recommends, for the use of any person, any drug or medicine or agency for the treatment, cure or relief of any wound, fracture or bodily injury, infirmity or disease.

Act approved Feb. 23, 1895; amended in 1913 and Feb. 24, 1915; amended Jan. 21, 1920.

### PENNSYLVANIA

**Boards.**—The Bureau of Medical Education and Licensure of the Department of Public Instruction of Pennsylvania, consists of seven members. Two of these are ex-officio, the Superintendent of Public Instruction and the Commissioner of Health. The other five are appointed by the governor from the legally qualified physicians who have been practicing in the state at least ten years prior to their appointment. One member must be a regular, one a homeopath and one an eclectic; the other two are not to represent the same school of medicine. No member must be on the faculty of a medical college. Two members of the first board serve for one year, two for two years and one for three years. As the terms of office expire the appointments will be for a term of three years.

**Board Members.**—I. D. Metzger, M.D. (1921), *President*, Westinghouse Bldg., Pittsburgh; Edward Martin, M.D., Commissioner of Health, Harrisburg; William N. Hillegas, M.D. (1921), Philadelphia; Adolph Koenig, M.D. (1920), Pittsburgh; Calvin L. Johnstonbaugh, M.D. (1922), Bethlehem; Thomas E. Finnegan, Superintendent of Public Instruction, *Secretary*, State Capitol, Harrisburg.

The preliminary examiners are C. D. Koch, 422 Perry Bldg., Philadelphia, and A. Davis Jackson, Harrisburg.

**Meetings.**—Examinations will be held at Philadelphia and Pittsburgh in July and at Philadelphia in January of each year.

**Fees.**—Licensing fee, \$25.00; reciprocity fee, \$50.00.

**Application for License.**—Applicant must furnish satisfactory proof that he is 21 years of age, is of good moral character, is not addicted to the intemperate use of alcoholic or narcotic drugs, and has had a satisfactory preliminary and medical education. Each application must have attached to it an affidavit of the applicant as to its verity, and must be accompanied by two recently taken, unmounted photographs of the applicant, one of which must be certified by the dean of

the medical school at which the applicant attended, and the other is to be left blank for use in the examination. He must show evidence of having graduated from a medical college approved by the bureau, of having completed an internship in an approved hospital and also of having received an approved three months' field course and service in military medicine. If his credentials are satisfactory the applicant must submit to an examination in the English language which must be written but which may be supplemented by oral or practical laboratory, or bedside examinations, or both. The examination includes anatomy, physiology, chemistry, hygiene and preventive medicine, pathology, bacteriology, symptomatology, diagnosis, surgery, gynecology and obstetrics, medical jurisprudence and toxicology, materia medica and therapeutics. The examination in materia medica and therapeutics will be conducted by the members of the bureau of the same school of medicine as the respective applicant. In case of failure the applicant after the expiration of six months, may take a second examination without extra fee. If he fails at the second examination, he must make a new application and pay another fee; and then can be admitted only after a year of further instruction approved by the Bureau. *Temporary licenses* are not granted.

The certificate of license must be registered in the office of the State Superintendent of Public Instruction. *Revocation of License.*—The bureau may refuse to issue or may revoke a license in cases where the applicant has been proved guilty of unprofessional conduct, which consists of the aiding or abetting in producing a criminal abortion; conviction of a crime involving moral turpitude, habitual intemperance in the use of ardent spirits or stimulants or narcotics.

*College Standard.—Preliminary Education.*—The completion of a standard four-year high school course and not less than one year of college credits in physics, chemistry and biology are required prior to the beginning of medical study. *Medical Education.*—Applicants must have graduated from legally incorporated medical colleges recognized as in good standing with the bureau and which give four courses of at least 32 weeks each of 35 hours per week of actual work in didactic and clinical study. *Hospital Internship.*—Before he can secure a license the applicant must have completed also an internship in a hospital which shall have at least twenty-five beds to each intern, devoted to the treatment of medical, surgical, gynecological, and special diseases; shall maintain or establish cooperation with a maternity department or hospital in which each intern shall

have not less than six weeks' service, or the equivalent thereof, during which time he shall have attended or participated in the attendance on not less than six confinements; shall maintain a thoroughly equipped modern pathological and clinical laboratory proportionate to the necessities of the hospital, and the records on file of the cases treated in said hospitals shall give evidence of the laboratory work so done by the intern; shall maintain a department of anesthesia consisting of one or more anesthetists who shall have supervision over all the anesthesia given in the institution and whose duty it shall be to instruct all interns in the administration of anesthetics.

**Exemptions.**—The act does not apply to officers in the regular medical service of the United States Army, Navy or Public Health Service while in the discharge of their official duties, nor to physicians duly licensed in another state who have been called in consultation by a licensed physician of Pennsylvania; nor to those who are actually serving as members of the resident medical or surgical staff of an incorporated or state hospital. The act is in no way to conflict with the acts relating to the practice of pharmacy, dentistry or osteopathy. The bureau, at its discretion, may license without examination any person who served in the army or navy of the United States during the war with Germany and who fulfils all the scholastic and other requirements of the Medical Practice Act, provided the applicant was a resident of Pennsylvania at the time of enlistment.

**Reciprocity.**—The bureau is given authority in its discretion to accept certificates of license issued by other medical examining boards in lieu of an examination providing all the scholastic requirements of the law are fulfilled. No applicant who has failed to pass an examination conducted by the Pennsylvania Bureau is eligible for reciprocal registration. A certificate issued in another state through reciprocity is not acceptable for reciprocal registration in Pennsylvania. The applicant must have been reputably engaged in the practice of medicine for at least two years subsequent to receiving the license on which registration in this state is sought. Reciprocal relations, on the basis of an examination only, have been established with Alabama, Arkansas, California, Colorado, Delaware, District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, South Carolina, Tennessee, Utah, Vermont, Virginia,



Washington, West Virginia, Wisconsin and Wyoming. The bureau will grant certificates to licentiates of the National Board of Medical Examiners without further examination.

**Definition of Act.**—No attempt is made to define the practice of medicine, but the act provides that "it shall be unlawful for any person to engage in the practice of medicine and surgery, or to hold himself forth as a practitioner in medicine and surgery, or to assume the title of doctor of medicine and surgery, or doctor of any specific disease, or to diagnose diseases, or to treat diseases by the use of medicines or surgery, or to sign any death certificate, or to hold himself forth as able to do so," excepting those herein exempted, unless he has been duly licensed so to do.

Act approved June 3, 1911; in effect Jan. 1, 1912; amended in June, 1913, May 24, 1917, in 1919 and in 1921.

### PHILIPPINE ISLANDS

**Board.**—The director of Health for the Philippine Islands appoints the Board of Medical Examiners, consisting of three physicians. The term of office is three years. The board appertains to the Department of the Interior so far as executive action may be required in connection with it.

Dr. J. D. Long, of the United States Public Health Service, is the director of health.

**Board Members.**—A. P. Goff, M.D., *President*, Manila; M. A. Velarde, M.D., Manila; Fortunato Pineda, *Secretary*, 610 Calle Salcedo, Manila.

**Examinations.**—The board meets in Manila, for the purpose of examining candidates, on the second Tuesday of January, April, July and October.

**Fees.**—Certificate of registration, \$25.00.

**Application for License.**—The board issues a certificate of registration to any person who furnishes satisfactory proof of having received a diploma as Doctor of Medicine from a chartered medical school or college in good standing, or a degree as Licentiate in Medicine and Surgery from the St. Thomas University in the city of Manila, and who passes a successful examination before the board in anatomy, physiology, chemistry, materia medica and therapeutics, pathology and bacteriology, hygiene, surgery, practice of medicine, obstetrics, diseases of women and children, diseases of the nervous system, diseases of the eye and ear, and medical jurisprudence. Examinations may be written or oral, or both, and in either English or Spanish. In case of failure, the applicant is not permitted again to present himself for examination until a period of six months has elapsed. No *temporary licenses* issued.

The board issues three forms of certificates of registration: one for persons holding the degree of Doctor of Medicine; another for persons holding the degree of Licentiate of Medicine and a third for midwives. Certificates must be recorded in the office of the registrar of deeds in the province or provinces in which the applicant may desire to practice. The usual fees are charged for recording such certificates.

**College Standard.**—The board is guided by the rules of the Association of American Medical Colleges and Southern Medical College Association.

**Exemptions.**—The act does not prohibit the rendering of services in cases of emergency or the administration of family remedies; nor does it apply to medical officers of the United States Army, Navy or Public Health Service; nor to physicians or surgeons from other countries, provinces or cities, called in consultation; nor to actual medical students practicing medicine under the direct supervision of a preceptor who is a registered doctor of medicine.

**Reciprocity.**—None.

**Definition of Act.**—Any person is regarded as practicing medicine within the meaning of this act who shall treat, operate on, prescribe or advise for any physical ailment of another for a fee, or who shall represent himself by means of signs, cards, advertisements or otherwise as a physician or surgeon.

Act of Dec. 4, 1901.

## PORTO RICO

**Board.**—The Board of Examiners is appointed by the governor, with the advice and consent of the Senate of Porto Rico, and consists of five members who hold office for five years. *Secretary*, Dr. Quevedo Baez, Box 806, San Juan.

**Examinations.**—The board holds examinations in San Juan on the first Tuesday of April and October, and at such other times and places as it may determine.

**Fees.**—Examination fee, \$20.00; certificate fee, \$5.00.

**Application for License.**—Application must be made in writing, accompanied by proof that the applicant is a graduate of a medical school or institution in good standing and legally organized, and duly approved by the board. The evidence proving satisfactory, the applicant is required to take an examination embracing anatomy, physiology and hygiene, histology and bacteriology, pathological anatomy, surgery, obstetrics and gynecology, pathology, diagnosis, materia medica and therapeutics, and a practical examination. The

examinations are conducted in English or Spanish, as the applicant may desire. Certificates must be recorded within sixty days from the date thereof, in the office of the Sanitation Department. The usual fees are charged for making such record. Any one failing to pass the required examination is entitled to a second examination within six months, without fee. The requirements for applicants who desire to practice osteopathy are the same as for applicants to practice medicine with the exception of the examination in therapeutics. *Temporary licenses* are not granted.

**College Standard.**—Applicant must be a graduate of a reputable medical college legally organized and which is approved by the board.

**Exemptions.**—Medical officers serving in the United States Army, Navy or Public Health Service are exempted from examination, but are required to be registered by the Superior Board of Health and to pay a fee of \$25.00.

**Reciprocity.**—None.

**Definition of Act.**—Any person shall be regarded as practicing within the meaning of this act who shall append the letters "M.D." (for medical doctor) to his or her name, who shall profess publicly to be a physician or surgeon, or who shall recommend, prescribe or direct for the use of any person any drug, medicine, appliance, apparatus or other agency, whether material or not material for the cure, relief or palliation of any ailment, or disease of the mind or body, or for the cure or relief of any wound, fracture or bodily injury or other deformity, after having received, or with the intent of receiving therefor, either directly or indirectly, any bonus, gift or compensation.

Original act approved March 12, 1903; amended March 9, 1914.

### RHODE ISLAND

**Board.**—The State Board of Health, which is appointed by the governor, with the advice and consent of the senate, each member successively holding office for six years, has charge of the registration and licensing of physicians. The board consists of seven members, six regulars and one homeopath.

**Board Members.**—Robert M. Smith, M.D. (1927), *President*, River Point; William F. Williams, M.D. (1923), Bristol; Alexander B. Briggs, M.D. (1925), Ashaway; Joseph M. Bennett, M.D. (1927), Providence; Thomas J. McLaughlin, M.D. (1923), Woonsocket; Norman M. MacLeod, M.D. (1926), Newport; Martin S. Budlong, M.D. (1926), Providence; Byron U. Richards, M.D., *Secretary*, State House, Providence.

**Examinations.**—Examinations are held on the first Thursday and Friday of January, April, July and October in Providence.

**Fees.**—Examination fee, \$20.00.

**Application for License.**—Applicants at the examination must present a recent photograph with their signature on the reverse side, and must hold a diploma from a medical school in good standing and must pass a satisfactory practical and written examination, in the English language, in anatomy and physiology, materia medica and chemistry, pathology, surgery, theory and practice of medicine, obstetrics and gynecology, medical jurisprudence and hygiene, with an average grade of 80 per cent. Certificates must be registered with the town or city clerk of the applicant's place of residence. *Temporary licenses* are not issued. The board may refuse to grant or may revoke a license for cause.

**College Standard.**—Only graduates of medical colleges rated as acceptable (Class A) by the Council on Medical Education of the American Medical Association are admitted to examination. Medical colleges to be so rated must require of all students admitted in the sessions of 1914-15 and thereafter, completion of at least one year of collegiate work including college courses in physics, chemistry and biology, in addition to a standard four-year high school education. Beginning Jan. 1, 1918, this requirement will be increased to *two years* of college work, including the specified sciences.

**Hospital Internship.**—Candidates for license subsequent to Jan. 1, 1917, must have served a year's internship in an accredited hospital.

**Exemptions.**—The law does not discriminate against any particular school or system of medicine; it does not prohibit gratuitous services in cases of emergency; nor does it apply to commissioned surgeons of the United States Army, Navy or Public Health Service, nor to legally qualified consultants from another state called in consultation with a physician registered in this state, providing they do not open an office or appoint a place at which they may meet patients or receive calls.

**Reciprocity.**—None. Licentiates of the National Board of Medical Examiners will be licensed without further examination.

**Definition of Act.**—Any person who shall practice medicine or surgery or attempt to practice medicine or surgery, or any of the branches of medicine or surgery, after having received therefor or with the intent of receiving therefor, either directly or indirectly, any bonus, fee or compensation, or who

shall open an office with intent to practice medicine, or shall hold himself out to the public as a practitioner of medicine, whether by appending to his name the title of doctor or any abbreviation thereof, or "M.D.," or any other title or designation implying a practitioner of medicine, or in any other way, shall be deemed practicing medicine within the meaning of the act.

Act approved May 16, 1895; amended November, 1901; May 22, 1908; January, 1915.

### SOUTH CAROLINA

**Board.**—The State Board of Medical Examiners is composed of eight members, one from each of the seven congressional districts and one from the state at large, is nominated by the State Medical Association, and is appointed and commissioned by the governor. The term of office is two years.

**Board Members.**—Harry H. Wyman, M.D. (1920), *President*, Aiken; Baxter Haynes, M.D. (1920), Spartanburg; J. H. Taylor, M.D. (1921), Columbia; Frank Lander, M.D. (1921), Williamston; J. T. Taylor, M.D. (1921), Adams Run; J. R. Miller, M.D. (1921), Rock Hill; A. Moultrie Brailsford, M.D. (1920), Mullins; A. Earle Boozer, M.D. (1920), *Secretary*, 1806 Hampton Ave., Columbia.

**Examinations.**—The board holds examinations on the second Tuesdays in June and November at Columbia.

**Fees.**—Examination fee, \$10.00; recording fee, 25 cents.

**Application for License.**—All persons holding diplomas from reputable medical schools, given prior to the passage of the act, and who give evidence of sufficient preliminary education (equivalent to a teacher's first-grade certificate) are eligible for examination, irrespective of time of attendance on medical lectures. All persons graduating after the passage of this act (February, 1904) must present evidence of sufficient preliminary education and of having attended four full courses of lectures of at least twenty-six weeks each, no two courses being in the same year. The examinations of the board are given in English only, and are divided into two sections, known as the junior and the senior curriculum. The *junior curriculum* comprises examination in general anatomy, physiology and histology; materia medica and medical botany; chemistry, organic and inorganic, and medical physics; bacteriology and pathology. The *senior curriculum* comprises regional or surgical anatomy, practical hygiene, sanitary science, state medicine, practical urinalysis

and urinary microscopy, therapeutics and toxicology, general and special surgery, surgical procedure, practical medicine and diseases of children, practical obstetrics and gynecology and medical jurisprudence. Applicants possessing a diploma, and who have pursued study in four separate courses, attaining a mark of not less than 75 per cent. on each individual branch of the curriculum, are exempted from examination in the junior curriculum. Those applicants who hold a diploma, but whose term of attendance was less than four years, must pass on both the junior and senior curriculum, as must also those attending a four-year course who cannot produce a certificate showing that they attained a mark of 75 per cent. on all branches of their college curriculum.

*Temporary permits* are not granted. The board will issue licenses to graduates of colleges of osteopathy and homeopathy specifically for the practice of osteopathy and homeopathy, these applicants to be examined in all branches of the medical college course except materia medica and therapeutics, major surgery and the practice of medicine. *Revocation of License.*—The board is authorized to suspend or revoke a license for gross immorality, addiction to drug or liquor habits or for illegal practices.

*College Standard.*—In addition to a preliminary education at least the equivalent of a first-grade teacher's certificate, a four-year graded course of at least twenty-six weeks each year in a medical college of established reputation, no two courses to be given in the same calendar year. Since July 1, 1914, the board has not recognized colleges rated lower than Class B by the Council on Medical Education of the American Medical Association. Only diplomas from Class A medical colleges will be accepted from applicants after Jan. 1, 1917.

*Exemptions.*—The act does not apply to dentists or midwives.

*Reciprocity.*—The board is empowered to endorse, without examination, on receipt of the regular fee (\$10.00), the licenses issued by other state boards having an equal standing. The board now reciprocates with Alabama, Kansas, Maine, Maryland, Pennsylvania, Virginia, West Virginia and Wyoming. No applicant who has failed to pass the board's examination will be granted a license under the reciprocity clause. A certificate issued in another state on the basis of reciprocity is not acceptable for reciprocal registration in South Carolina. Active practice by the candidate for at least one year in the state through which he seeks reciprocal registration is also required.

*Definition of Act.*—Any person shall be regarded as practicing medicine, within the meaning of this act, who shall treat,

operate on, or prescribe for any physical ailment of another, except those engaged solely in the practice of osteopathy.

Act approved Feb. 27, 1904; amended March 4, 1905, and Feb. 26, 1908.

### SOUTH DAKOTA

**Board.**—The Board of Health and Medical Examiners consists of five members, one of whom shall be a homeopath, appointed by the governor, the term of one member to expire the end of each successive year. Subsequent appointments will be for a term of five years.

The Director of the Division of Medical Licensure is Dr. H. R. Kenaston, Bonesteel.

**Examinations.**—The board holds two regular examinations each year, beginning on the third Tuesday of January and July.

**Fees.**—Examination fee, \$20. If examination is taken in a foreign language, an extra fee for translation is included. Reciprocity fee, \$50. No portion of this fee is returned in case of failure, but applicant may take a second examination without additional fee.

**Application for License.**—On a blank which can be obtained from the director of medical licensure, applicant must give his age, residence, preliminary education, time and place where each course of medical lectures were taken and the date of graduation. He must furnish a certificate of good moral character signed by two reputable physicians, and if he has been in practice for one year, a certificate signed by the president and secretary of his local medical society. He must also furnish an unmounted photograph of himself taken within the preceding year, with an affidavit on the back showing it to be a true likeness. This photograph is to remain the property of the board. The application, together with the diploma and the fee (\$20), must be in the hands of the director prior to the first day of January or July if applicant is to be admitted to the examination in that respective month. On approval of the credentials applicant must pass an examination (in English or other language) in anatomy, histology and embryology, physiology, chemistry, pathology, therapeutics, practice of medicine, surgery, obstetrics, gynecology, diseases of the eye, ear, nose and throat, skin and genito-urinary diseases, hygiene and sanitation, bacteriology, medical jurisprudence, and *practical laboratory work* in chemistry, urinalysis, pathology, histology and embryology, and such other branches as the board may deem advisable. An average of at least 75 per cent. of correct answers is required from the

applicant. Licenses must be recorded with a county register of deeds. The board does not issue *temporary licenses*. The board may refuse to grant or may revoke a license for cause.

**College Standard.—Preliminary Education.**—Applicants for examination who matriculated in a medical college subsequent to Jan. 1, 1908, but prior to Aug. 1, 1911, must as a prerequisite thereto present to the board satisfactory evidence of preliminary education consisting of an accredited four-year high-school course and in addition one year of work in a college of liberal arts or its equivalent. Those matriculating subsequent to Aug. 1, 1911, must have a preliminary training equal to two years of college work in addition to the accredited four-year high-school education. **Medical Education.**—Those who graduated subsequent to Jan. 1, 1905, must show evidence of having attended four full courses of study of at least eight months each year in a recognized medical college. *No medical college which accepts or graduates students who do not have the preliminary education required by the board as a prerequisite to medical education will be considered in good standing by the board.*

**Exemptions.**—This act does not apply to commissioned surgeons of the United States Army, Navy or Public Health Service, in the actual performance of their duties, nor to legally qualified consultants, nor to dentists or osteopaths in the legitimate practice of their profession, nor to Christian Scientists as such who do not practice medicine, surgery or obstetrics by the use of any material remedies or agents.

**Reciprocity.**—Reciprocal relations on the basis of an examination are held with California, Colorado, Minnesota, North Dakota and Washington. A certificate issued in another state on the basis of reciprocity is not acceptable for reciprocal registration in South Dakota. The applicant must have been engaged in the reputable practice of medicine for at least one year subsequent to receiving the license on which registration in this state is sought.

**Definition of Act.**—“When a person shall append or prefix the letters ‘M.B.’ or ‘M.D.’ or the title ‘Dr.’ or ‘Doctor,’ or ‘Specialist,’ or any other sign or appellation in a medical sense, to his or her name, or shall profess publicly to be a physician or surgeon, or who shall recommend, prescribe or direct for the use of any person any drug, medicine, apparatus or other agency for the cure, relief or palliation of any ailment or disease of the mind or body, or for the cure or



relief of any wound, fracture or bodily injury or deformity, after having received or with the intent of receiving therefor, either directly or indirectly, any bonus, gift or compensation, shall be regarded as practicing within the meaning of this act."

Act approved Feb. 28, 1905. Rulings amended Feb. 1, 1912; act amended Feb. 20, 1917; amended February, 1921.

### TENNESSEE

**Board.**—The State Board of Medical Examiners consists of six members—four regulars, one eclectic and one homeopath, and is appointed by the governor to hold office for four years.

**Board Members.**—Ambrose McCoy, M.D., *President*, Jackson; W. L. McCreary, M.D., Knoxville; E. A. Abernathy, M.D., Pulaski; Benjamin L. Simmons, M.D., Nashville; Nat. T. Dulaney, Jr., M.D., Bristol; Alfred B. DeLoach, M.D., *Secretary*, 1001 Exchange Bldg., Memphis.

The Board of Preliminary Examiners consists of Prof. Whorton S. Jones, *Chairman*, Lyceum Bldg., Memphis; Prof. C. C. English, Bristol; Prof. Robert H. White, *Secretary*, Murfreesboro.

**Examinations.**—The board holds examinations annually, in Nashville, Memphis and Knoxville.

**Fees.**—Examination fee for temporary license, \$5; for permanent license, \$10; reciprocity license, \$10; for the issuance of a certificate of temporary license, \$1; for permanent license, \$5; for preliminary certificate, \$10. County recording fee, \$0.50.

**Application for License.**—Application must be made in writing, accompanied by examination fee, and satisfactory proof that the applicant is of good moral character. Applicants must present a diploma or its equivalent from a recognized high school and a diploma from a reputable and recognized school of medicine, surgery, osteopathy, or other school teaching any form of the healing art (see College Standard). All applicants are examined in writing in anatomy, physiology, chemistry, pathology, surgery, obstetrics, materia medica and practice, and the branches peculiar to the teachings of the school attended by the applicant. The passing grade required is 75 per cent. The examination may in special cases be written in a foreign language. Certificates of license must be recorded with the county clerk of the county in which the applicant proposes to practice within three months from the date of

issuance, and in case of removal to another county, certificate must be again recorded in that county. A recent decision of the Supreme Court says that each license to be valid must be recorded, word for word, just as a deed is recorded. Practitioners who have registered in the county in which they reside may go from one county to another on professional duties without being required to register. *Temporary licenses* are granted on examination, which are good until the next meeting of the board.

**College Standard.**—*Preliminary Education.*—A diploma from a reputable and recognized high school. *Medical Education.*—A diploma from a reputable and recognized school of medicine, surgery, osteopathy, or other school teaching any form of the healing art, in which is given a course of at least thirty-two months, extending over a period of four years, and which course shall embrace anatomy, physiology, chemistry, pathology, bacteriology, surgery, gynecology, obstetrics, symptomatology, diagnosis, hygiene and sanitation. All applicants of the regular school in 1920 and thereafter must present evidence of graduation from a medical school whose curriculum is as high as that at present enforced in the University of Tennessee, College of Medicine. The medical school now requires that before entering on the study of medicine the student must have completed at least two years of work in an approved college of arts and sciences, in addition to a four-year high school course. The college work must have included courses in physics, chemistry and histology and a reading knowledge of French or German.

**Exemptions.**—The act does not prohibit the administration of domestic or family remedies in cases of emergency, nor does it apply to the practice of dentistry, nor to surgeons of the United States Army, Navy or Public Health Service, nor to any registered physician or surgeon of another state called in actual consultation, nor to midwives, nor to veterinary surgeons, nor osteopaths not giving or using medicine in their practice, nor to opticians, nor to Christian Scientists.

**Reciprocity.**—The applicant must have been reputedly engaged in the practice of medicine, in the state from which he seeks reciprocity, for at least one year subsequent to receiving the license on which registration in this state is sought. A license granted on the basis of reciprocity is not acceptable for reciprocal registration. Reciprocal relations, on the basis of an examination only, have been established with Alabama, Arkansas, Colorado, District of Columbia, Georgia, Maryland, Nebraska, New Hampshire, New Jersey, New

Mexico, North Carolina, Pennsylvania, Texas, Wisconsin and Wyoming and on the basis either of an examination or of a diploma from a reputable medical college without examination if the diploma and the license were issued prior to April 20, 1901, with Indiana, Iowa, Kansas, Maine, Michigan, Minnesota, Mississippi, Oklahoma, Utah, Virginia and Washington. Applicants from New Hampshire must be graduates of medical schools rated in Class A by the Council on Medical Education and Hospitals of the American Medical Association. Reciprocal licenses, in special cases, are granted to licentiates from California and New Jersey.

**Definition of Act.**—Any person is regarded as practicing who treats or professes to treat, operate on, or prescribe for any physical ailment or any physical injury to or deformity of another.

Act approved April 4, 1889; amended in 1891, 1897 and 1899; repealed by act approved April 22, 1901; amended March 30, 1905, and April 15, 1907; supplementary act approved April 1, 1915. Act of 1901 amended April, 1919.

#### TEXAS

**Board.**—The Board of Medical Examiners for the State of Texas consists of eleven members who must have been legal and active practitioners of the state for at least three years preceding their appointment, and no school of medicine is to have a majority on the board.

**Board Members.**—W. L. Crosthwait, M.D., *President*, Waco; J. F. Bailey, D.O., Waco; O. R. Grogan, M.D., Ft. Worth; G. H. Sandifer, M.D., Abilene; J. T. Moore, M.D., Houston; H. C. Morrow, M.D., Austin; R. R. Norwood, D.O., Mineral Wells; J. M. Watkins, M.D., Luling; M. E. Daniel, M.D., Honey Grove; S. L. Mayo, M.D., Belton; T. J. Crowe, M.D., *Secretary*, Dallas County Bank Bldg., Dallas.

**Examinations.**—Regular examinations are held in June and November of each year.

**Fees.**—Examination fee, \$25.50; \$15.00 additional for translation if examination is taken in a foreign language; reciprocal fee \$50.00; midwifery fee, \$5.00; recording fee, \$1.00; endorsement of credentials for reciprocity in other states, \$10.00.

**Application for License.**—Applicants must present satisfactory evidence that they are 21 years of age, that they are of good moral character and are graduates of reputable medical schools, and on payment of the required fee must submit to a written examination (in English or other language) in anatomy, physiology, chemistry, histology, pathology, bac-

teriology, physical diagnosis, surgery, obstetrics, gynecology, hygiene and medical jurisprudence. A general average of 75 per cent. is required. Falling below 50 per cent. in one or more branches is counted as a failure regardless of the general average. In case of failure to pass the examination, after one year applicant will be permitted to take a second examination without additional fee. License must be recorded in the office of the district clerk of the county in which the holder resides. The board does not issue *temporary licenses*. Provision is made for the refusal or the revocation of a license in cases of fraud or for immoral or unprofessional conduct, which is defined to include crimes involving moral turpitude, the procuring, aiding or abetting the procuring of a criminal abortion, efforts to deceive or defraud the public, or gross intemperance or addiction to drugs.

**College Standard.**—The requirements of preliminary and medical education are given in the following schedule relating to medical colleges:

*Section I. Authority.*—The Board of Medical Examiners for the State of Texas is by the Medical Practice Act of 1907 allowed to admit to its examinations for license to practice medicine only applicants who are graduates of bona fide, reputable medical schools. The law says: "Such schools shall be considered reputable within the meaning of this act whose entrance requirements and course of instruction are as high as those adopted by the better class of medical schools of the United States." On this authority are issued the following standard requirements for Texas medical colleges, equivalent to those adopted by the better class of medical schools of the United States. Only those Texas medical schools enforcing the following entrance requirements and having the following prescribed facilities and courses of instruction will be considered reputable and their graduates admitted to the examinations of this board.

*Section II. Entrance Requirements.*—Colleges to be considered reputable shall admit to their courses of instruction only students having the following credentials of preliminary education: *Acceptable Credentials:* Entrance certificates will be issued only to applicants who present certified evidence of having graduated from a recognized literary college conferring a degree, A.B., B.S., or equivalent, or the possession of a diploma from an affiliated 14-unit high school, private school, or academy in affiliation with the University of Texas, plus one year of college work in chemistry, biology, physics and a modern language, or the equivalent of a full college year, and extra year in chemistry may be substituted for the year of modern language in college.

*Section III.—Requirements of Medical Colleges.*—This board will consider in good standing only such medical colleges of this state as have the following requirements for admission and graduation, facilities for instruction and curricula.

Schools of this and other states having the above entrance requirements and the following curricula shall have its graduates admitted to examination before this board when said school is approved by the national association to which school belongs:

(a) Matriculation only on certificates, guaranteeing a preliminary education, issued by this board.

(b) An attendance on four full courses of lectures in four separate years, the work of each year to include not less than 900 teaching hours and an aggregate of 3,600 teaching hours.

(c) An attendance of at least 80 per cent. on each course of instruction.

(d) A period of at least forty-two months from the date of matriculation and the date of graduation.

(e) Colleges must possess adequate and competent facilities for teaching modern medicine, surgery and obstetrics in all their branches.

(f) Colleges must afford their students adequate laboratories and laboratory equipment and adequate clinical and hospital facilities.

(g) Colleges must embrace in their curriculum courses in anatomy, physiology, chemistry, materia medica, therapeutics, medicine, surgery, obstetrics, gynecology, histology, bacteriology, pathology, dermatology, physical diagnosis, hygiene and medical jurisprudence.

(h) Colleges must literally observe their own published requirements for admission, tuition, times of attendance on the annual sessions and graduation, which must be definitely set forth, together with complete lists of matriculants and annual graduates in their regular printed annual catalogues or announcements.

*Hospital Internship.*—All applicants who matriculate during the school year of 1920-21 and thereafter will be required to show proof that they have served a year's internship in an approved hospital.

*Exemptions.*—There is to be no discrimination against any school of medicine, and this act shall not apply to dentists in the practice of dentistry, nor to nurses who practice only nursing, nor to masseurs practicing massage who publicly represent themselves as such, nor to government surgeons in the

performance of their duties, nor to legally qualified physicians of other states called in consultation, nor to licensed druggists in the sale of drugs and medicines.

**Reciprocity.**—The board is authorized to arrange for reciprocity in license with other states having requirements equal to those of Texas. On the basis of an examination and suitably certified credentials and state board endorsements, Texas reciprocates with Alabama, Arkansas, California, District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, North Dakota, Ohio, Oklahoma, Tennessee, Utah, Vermont, Virginia, West Virginia and Wisconsin. The applicant must have practiced medicine for at least one year after being licensed before he is eligible for a license through reciprocity.

**Definition of Act.**—Any person shall be regarded as practicing medicine who shall publicly profess to be a physician or surgeon or shall treat or offer to treat any disease or disorder, mental or physical deformity or injury, by any system or method, or to effect cures thereof and charge therefor, directly or indirectly, money or other compensation. *Penalties.*—Any person practicing medicine in violation of this act, shall, upon conviction, be fined not less than \$50.00, nor more than \$500.00, and by imprisonment not exceeding six months, and in no case where the provisions of this act are violated shall the violator be entitled to recover by action, suit or warrant, any compensation for the service rendered, and each day shall constitute a separate offense.

First and second acts approved in 1876 and 1901 respectively, present approved and in effect July 12, 1907; amended as to fees, March 20, 1915.

#### UTAH

**Board.**—The Department of Registration consists of a director appointed by the governor who will hold office until his successor is appointed and qualified. He is to have no affiliation with any of the trades, professions or occupations over which the department has jurisdiction. He will perform certain functions in regard to each profession or trade on the action and report in writing of persons designated by the director in each profession or trade. In medicine, the board is to consist of five duly licensed practitioners of medicine who are graduates of legally chartered medical schools in good standing. The Director of Registration is Mr. J. T. Hammond.

**Board Members.**—John C. Langenberger, M.D., Salt Lake; A. L. Vincent, D.O., Salt Lake; C. L. Olsen, M.D., Murray; Joseph R. Morrell, M.D., Ogden; Fred R. Taylor, M.D., Provo.

**Examinations.**—Examinations will be held at least four times each year, at times and places fixed by the Department of Registration.

**Fees.**—For examination in medicine and other systems of the healing art, \$25; for examination in obstetrics, \$15; reciprocal license fee, \$50.

**Application for License.**—Before being examined each applicant must fill out an application blank furnished by the Department of Registration giving facts relating to his age, moral character, preliminary and professional education. He must then take an examination embracing the subjects a knowledge of which is generally required of their graduates by reputable medical colleges in the United States. The examination shall be in English and may be partly or wholly in writing. License, when obtained, must be recorded in the office of the recorder of the county in which the applicant resides within three months after its date. Until the license is so recorded the holder is not authorized to begin active practice.

The department has authority to refuse to issue a license, or to revoke one that has been issued, after the applicant has been given a proper hearing, on evidence that the applicant is guilty of unprofessional conduct, which is fully defined in the practice act.

**College Standard.**—The minimum standard of preliminary education is a completed four-year high school course and, in addition, one year of college work approved by the Department of Registration. After July 1, 1926, two years of college work will be required. This standard applies to both medical and drugless practitioners.

Applicant must be a graduate of a reputable medical college in good standing at the time of his graduation. After July 1, 1926, a five-year course will be required, the fifth year to be twelve months as an intern in a hospital approved by the department.

For other systems of treating human ailments without the use of drugs or medicines and without operative surgery, the professional course must cover at least three years of residence work, the total time covering at least thirty months. After July 1, 1925, four annual courses covering in total at least forty months must have been taken.

**Exemptions.**—Nothing in this act shall be construed to prohibit those persons licensed to practice any system or method of treating human ailments, the right to use such antiseptic precautions as may be prescribed by the state board of health of Utah for the prevention of the spread of communicable diseases, nor the right to use antidotes in case of emergency involving acute poisoning, nor shall it affect the administration of domestic or family remedies in cases of emergency; the practice of dentistry or dental surgery by any legally licensed dentist exclusively engaged in practicing dentistry and dental surgery; the practice of pharmacy by legally registered pharmacists; the treatment of sick or suffering by prayer or other spiritual means without the use of any drug or material remedy; the practice of optometry by any legally licensed optometrist exclusively engaged in the practice of optometry; the practice of chiropody; the practice of medicine and surgery by any surgeon of the United States Army, United States Navy or Public Health Service in the discharge of his official duties.

**Reciprocity.**—The department in its discretion is authorized to establish reciprocal relations with other state boards and to issue licenses without examination to physicians who are graduates of medical colleges in good standing who have passed an examination for admission to the Medical Corps of the United States Army, Navy or Public Health Service. Reciprocal relations, on the basis of an examination only, have been established with Colorado, Idaho, Illinois, Kansas, Louisiana, Nevada, New Jersey, New York, Ohio, Pennsylvania, Texas, West Virginia, Wisconsin and Wyoming, and, on the basis either of an examination, or of a diploma from a reputable medical college without examination, if the diploma and license were issued prior to Dec. 24, 1892, with Georgia, Indiana, Iowa, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, Tennessee and Vermont.

**Definition.**—“Any person shall be regarded as practicing medicine or treating human ailments, within the meaning of this act, who shall diagnose, treat or profess to treat, operate upon or prescribe or advise for any physical or mental ailment or any physical injury to or deformity of another.”

First act approved March 14, 1907; amended 1911. New act approved March, 1921.

#### VERMONT

**Board.**—The State Board of Medical Registration consists of seven members—three regulars, two homeopaths, and two eclectic—who serve for a term of six years. The terms of



two members expire every two years. The members must be graduates of legally chartered medical colleges, and in active practice, but must not belong to the faculty of any medical college or university. The appointments are made by the governor from a list furnished by the medical, homeopathic and eclectic societies of the state. The board is authorized to make such rules and regulations as are necessary for the performance of their duties.

**Board Members.**—S. W. Hammond, M.D. (1926), *President*, Rutland; George L. Bates, M.D. (1925), Morrisville; P. L. Templeton, M.D. (1922), Montpelier; G. I. Forbes, M.D. (1925), Burlington; Amos Eugene Parlin, M.D. (1923), Island Pond; Edwin B. Clift, M.D. (1923), Fairhaven; W. Scott Nay, M.D. (1923), *Secretary*, Underhill.

**Examinations.**—The board holds examinations at Burlington on the second Tuesday in February and July, commencing at 9 o'clock a. m., and at such other times and places as it may determine.

**Fees.**—Examination fee, \$20.00; recording fee, 25 cents; reciprocal registration fee, \$50.00.

**Application for a License.**—Applicant must be 21 years of age, of good moral character and a graduate of a legally chartered medical college which is recognized by the board. If his credentials are satisfactory, on payment of the required fee, he is entitled to an examination, which is given in the English language, and which is wholly or in part in writing, embracing 90 questions in anatomy, physiology, chemistry, pathology, bacteriology, hygiene, practice of medicine, surgery, obstetrics, gynecology, materia medica, therapeutics and legal medicine. A general average of 75 per cent. is required to pass. Reputable practitioners are allowed 1 per cent. for each year of practice, this allowance not to exceed 10 per cent. In case of failure the applicant may be re-examined within one year without additional fee.

Students who have completed the work of the sophomore year in recognized medical colleges may be examined in anatomy, physiology, chemistry and histology, on payment of one-half of the regular examination fee. Any credits received will count toward the examination for license and the fee paid will be credited toward the regular examination fee. Each license must be recorded in the office of the secretary of state within thirty days after date of issuance. *Temporary licenses* are not issued. **Refusal or Revocation of License.**—The board has authority to refuse or revoke a license for unprofessional conduct, which includes the practice of criminal abortion, false or fraudulent representations made to obtain practice,

the assuming of another's name, or other dishonorable conduct. *Penalties.*—Practicing under an assumed name or without a license makes the person so doing liable to a fine of from \$50.00 to \$200.00 or to imprisonment for not more than three months, or to both fine and imprisonment.

*College Standard.*—The standard of requirements of the Vermont board is as follows: *Preliminary.*—A four-year high-school education or its equivalent, such as would admit the student to a recognized university. Those who graduate after July 1, 1916, must have completed a year's college work devoted to physics, chemistry and biology in addition to the high-school course prior to beginning medical study. Those who matriculated subsequent to Jan. 1, 1918, must have completed two years of college work before entering on the study of medicine. *Medical.*—Four courses of lectures of 90 hours each, in four different calendar years prior to graduation from a medical college approved by the board. Only graduates of medical schools rated in Class A by the Council on Medical Education are admitted to examinations since June, 1913. *Hospital Internship.*—The board is authorized, at such time as it deems expedient, to require of all applicants for examination a certificate that they have had a one year's internship in a hospital approved by the board.

*Exemptions.*—This act does not apply to persons licensed to practice osteopathy under chapter 222; nor to persons licensed prior to Dec. 9, 1904; nor to persons who resided and practiced medicine in the state for five years previous to Dec. 28, 1876; nor to commissioned officers of the United States Army, Navy, or Public Health Service; nor to any person or persons giving aid, assistance or relief in emergency or accident cases pending the arrival of a regularly licensed physician or surgeon; nor to a non-resident physician or surgeon who is called to treat a particular case, providing he is duly licensed in the state in which he resides and that such state grants the same privilege to duly licensed practitioners of this state; nor to a non-resident physician or surgeon coming into this state for consultation with a practitioner duly licensed herein.

*Reciprocity.*—An applicant who has failed at an examination conducted by the Vermont board is not eligible for a license through reciprocity. Vermont has reciprocal relations, on the basis of an examination only, with Arkansas, Delaware, District of Columbia, Georgia, Illinois, Kansas, Louisiana, Maine, Nebraska, Nevada, New Jersey, New Mexico, North Dakota, Pennsylvania, Texas, Virginia, West Virginia, Wis-

consin and Wyoming, and on the basis either of an examination or of a diploma from a reputable medical college without an examination if the diploma and the license were issued prior to Jan. 1, 1905, with California, Indiana, Kentucky, Maryland, Michigan, Minnesota, Missouri, New Hampshire, Ohio, Oklahoma and Utah. A certificate issued in another state through reciprocity is not acceptable for registration without examination in Vermont. Licentiates of the National Board of Medical Examiners will be licensed without further examination.

**Definition of Act.**—A person who advertises or holds himself out to the public as a physician or surgeon, or who assumes the title or uses the words or letters "Dr.," "Doctor," "Professor," "M.D.," or "M.B.," in connection with his name, or any other title intending to imply or designate himself as a practitioner of medicine or surgery in any of its branches, and in connection with such title or titles shall prescribe, direct, recommend or advise, give or sell for the use of any person, any drug, medicine or other agency or application for the treatment, cure or relief of any bodily injury, infirmity or disease, or who follows the occupation of treating disease by any system or method, shall be deemed a physician, or practitioner of medicine or surgery. These provisions apply to persons professing and attempting to cure disease by means of "faith cure," "mind-healing" or "laying on of hands."

First act enacted in 1876; present act passed in December, 1904; amended Dec. 14, 1908; Feb. 24, 1915; in 1917, and April, 1919.

#### VIRGINIA

**Board.**—The State Board of Medical Examiners shall consist of one regular physician from each congressional district and one homeopath and one osteopath from the state at large. The term of office is four years. The board is appointed by the governor and is selected from a list furnished by the Medical Society of Virginia; the homeopathic and osteopathic members are nominated by their respective state societies.

**Board Members.**—Robert Glasgow, M.D., *President*, Lexington; I. C. Harrison, M.D., Danville; E. H. Shackelford, D.O., Richmond; H. U. Stephenson, M.D., Toano; P. W. Boyd, Jr., M.D., Winchester; W. W. Chaffin, M.D., Pulaski; Samuel W. Maphis, M.D., Warrenton; Philip St. L. Moncure, M.D., Norfolk; J. Bolling Jones, M.D., Petersburg; J. Leonard Jennings, M.D., Danville; John H. Ayers, M.D., Accomac; J. W. Preston, M.D., *Secretary*, McBain Bldg., Roanoke.

**Examinations.**—The board holds examinations in June and December of each year.

**Fees.**—Examination fee, \$25.00; duplicate certificate, \$1.00; reciprocal license fee, \$50.00; for certification credentials of Virginia licenses going elsewhere through reciprocity, \$10.00; recording fee, as for a deed. City license fee of from \$10.00 to \$75.00 may be charged at discretion of the city. Not all cities, however, demand this fee.

**Application for License.**—An application must be filed with the secretary of the board at least ten days prior to the examination, giving the applicant's name, residence, place and date of birth, preliminary education, when and in what medical school each session of study was taken and date of graduation. It must be accompanied by a certificate of good moral character, signed by the dean of the medical school attended, or by the president or secretary of a state or county medical society, or by two physicians in good standing, one of whom must be a resident of Virginia and a member of the state society. With the application also must be a money order for the examination fee (\$25.00). If the candidate is a graduate of a foreign medical school the application must also be accompanied by certified copies of the applicant's academic and medical diplomas made by and under the seal of the counsel-general, showing that the candidate possesses the full right to practice medicine in all its branches in the country where the diploma was issued, to which the candidate must make affidavit that he is the person named therein. Neither academic or medical diplomas should be sent to the secretary unless requested. If the candidate is approved he is advised of the time and place of the examination.

On coming to examination, the candidate must bring a recent photograph of himself, on the back of which must appear his signature, certified to by a notary or other legal official. Candidate is then admitted to the examination, which must be taken in the English language and covers (Sec. 1) materia medica, therapeutics and toxicology; (Sec. 2) obstetrics and pediatrics; (Sec. 3) practice of medicine, including physical diagnosis and diseases of the skin, nose and throat; (Sec. 4) surgery, including surgical anatomy and diseases of the eye, ear and genito-urinary organs and gynecology; (Sec. 5) anatomy and histology; (Sec. 6) physiology and embryology; (Sec. 7) chemistry; (Sec. 8) pathology and bacteriology, and (Sec. 9) hygiene, medical jurisprudence and preventive medicine.

A general average of at least 75 per cent. is required and the grades must not fall below 50 per cent. in the subjects of any one section. If the general average is below 75 per cent. the candidate fails in the entire examination.

Undergraduates who have completed not less than the first two years of a graded course in any regularly chartered medical school which requires not less than four years for a graduation are entitled to examination on the subjects of Sections, 5, 6 and 7, and if they pass no further examination is required in those branches. If the applicant fails to pass the examination he is not permitted to be re-examined until he presents a diploma of graduation. The fee for the partial examination is \$10.00, the remaining \$15.00 to be paid when the candidate comes up for the final examination. The giving of *temporary permits* was discontinued in 1912.

The board has the right to revoke a certificate obtained through fraud or misrepresentation or for unsafe or unprofessional conduct. The board may also refuse a license for similar reasons. Any candidate whose license has been revoked or whose registration has been annulled may, at the expiration of twelve months, make application for a new license.

**College Standard.—Preliminary Education.**—The candidate must present a certificate from the State Board of Education showing that he has had the required preliminary training. This means he must have completed the work of a standard four-year high school or have an equivalent education, and in addition must have completed two years' work at an approved college.

Only medical colleges rated in Class A by the Council on Medical Education are registered by the Virginia State Board of Medical Examiners, and medical colleges to be so rated must require of all students admitted in the sessions of 1914-15 and thereafter, completion of at least one year of collegiate work including college courses in physics, chemistry, biology and a modern language, preferably German, in addition to a standard four-year high-school education. Students matriculating in the session of 1917-18 and thereafter must have completed two years of college work, including the subjects named above.

**Medical Education.**—Four courses of at least eight months, each in different calendar years, and graduation from a medical college recognized by the board as in good standing at the time the diploma was granted are required. If courses have been taken in more than one medical school a certificate of attendance attested by the seal of the college must be presented from each institution with the application. In the case of graduates of other than "A" grade schools, who have done as much as five years' legal and reputable practice in another state, the board at its discretion may waive pre-

liminary and other educational requirements and admit to examination upon the practical branches, excluding anatomy, histology, physiology and chemistry.

**Exemptions.**—The board may issue certificates of qualification without examination to medical officers in the public service of the United States on presentation of satisfactory credentials. On the face of these certificates it must appear that these were issued *pro forma* and without examination. The practice act does not apply to commissioned officers of the United States services while engaged in their official duty; nor to dentists in the practice of dentistry, nor to hospital interns or assistants serving without salary or receiving fees, nor to non-itinerant persons or manufacturers who mechanically fit or sell lenses, artificial eyes, limbs or other appliances, nor to the examination of the eyes for the adjusting of eye-glasses; nor to qualified physicians of another state or country who may be called into consultation by qualified practitioners of Virginia; nor to the domestic administration of family remedies; nor to medical assistance in cases of emergency; nor to the practice of the religious tenets of any church in the ministrations to the sick by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for compensation, provided sanitary laws are complied with; nor to the operation of hospitals established prior to March 13, 1912, if there is a licensed practitioner resident and practicing therein; nor to nurses who practice nursing only; nor to masseurs in their particular sphere of labor who publicly represent themselves as such. Graduates of sectarian schools of medicine who profess to practice according to the tenets of said school are to meet all the requirements of the act except that they are exempted from taking the examination required for the regular practitioners of medicine in the practice of medicine, materia medica and therapeutics. Graduates of sectarian schools of medicine are not permitted to administer drugs nor to practice surgery with the use of instruments unless they satisfy the board that they have had adequate clinical facilities at their respective colleges of graduation, or by hospital work, to enable them to perform such operations. Chiropodists must take the examination provided under the act regulating chiropody and must be limited in their practice.

**Reciprocity.**—An applicant who has failed at an examination conducted by the Virginia board is not eligible for reciprocal registration. Virginia reciprocates since June, 1904, with Delaware, District of Columbia, Georgia, Indiana, Maryland, Michigan, Nebraska, Texas and Wisconsin; since June, 1901,

with Kentucky, Minnesota, Missouri, New Hampshire and West Virginia; with Iowa and Maine since December, 1907; with Wyoming since June, 1908; with Louisiana since December, 1908; with Arkansas, North Carolina and Vermont since June, 1910; with Tennessee since 1911; with Mississippi, New Jersey, New York, Ohio, Oklahoma and Pennsylvania since 1914, with Alabama since 1918, with South Carolina since 1920, and with Kansas. A certificate issued through reciprocity in another state is not acceptable for reciprocal registration in Virginia. The applicant must have been in practice for two years, or had equivalent hospital experience, in order to be eligible for a license through reciprocity. Licentiates of the National Board of Medical Examiners will be registered without further examination.

**Definition of Act.**—"Any person shall be regarded as practicing medicine within the meaning of this act (1) who opens an office for such purpose, or announces to the public in any way a readiness to practice medicine in any county or city of the state, or prescribes for, or gives surgical assistance, heals, cures or relieves those suffering from injury or deformity, or disease of mind or body, or advertises or announces to the public in any manner a readiness or ability to heal, cure or relieve those who may be suffering from injury or deformity or disease of mind or body for a compensation; (2) or who shall use in connection with his name the words or letters 'Dr.,' 'Doctor,' 'Professor,' 'M.D.,' or 'Healer,' or any other title, word, letter or designation intending to imply or designate him as a practitioner of medicine in any of its branches, or of being able to heal, cure or relieve those who may be suffering from injury, deformity or disease of mind or body."

First Practice Act became effective in 1885; amended in 1887, February, 1892, and March 13, 1912. New law effective Feb. 29, 1916. Amendment approved March 15, 1919.

#### WASHINGTON

**Board.**—Under the new administrative code a Department of Licenses has been created which has among its functions the licensing of physicians. The director is Mr. Fred I. Dibble and the secretary is Mr. William Melville.

**Examining Board.**—The members of the examining board are: Charles C. Tiffin, M.D., Seattle; John B. McNerthney, Tacoma, and John W. Mowell, M.D., Olympia.

**Examinations.**—The board holds examinations alternately in Eastern and Western Washington, at such places as it may designate, on the first Tuesday of January and July. Special meetings may be held when necessary.

Fees.—Examination fee, \$25.00; registration of certificate, \$1.00. Reciprocal fee, \$25.00.

**Application for License.**—Applicants must present satisfactory evidence as to age, moral character, and graduation from a legally chartered medical college. The applicant is examined in anatomy, histology, gynecology, pathology, bacteriology, chemistry, toxicology, physiology, obstetrics, general diagnosis and hygiene, and other branches as the board may deem advisable, the examination being given in the English language only. At least ten questions are asked in each subject. Applicant must receive 60 per cent. in each subject. Five per cent. is allowed on the general average for each ten years of reputable practice. Only one form of certificate is provided for. To obtain a certificate to practice medicine and surgery applicant must hold a diploma from a medical college having requirements no less than those prescribed by the Association of American Medical Colleges at the time he graduated. This certificate authorizes the holder thereof to use drugs or what are known as medicinal preparations in or upon human beings and to sever or penetrate the tissues of human beings and to use any and all other methods in the treatment of diseases, injuries, deformities, or other physical or mental conditions. The board is authorized to issue certificates to practice medicine and surgery to persons who were legally practicing medicine and surgery in the state prior to 1890 and also to legal holders of a certificate from the National Medical Examining Board. Certificates must be registered with the county clerk of the county in which the applicant intends to practice. The board does not issue *temporary certificates*.

**College Standard.**—To obtain a certificate to practice medicine and surgery the applicant is required to be a graduate of a college having requirements as stated in the law, in no particular less than those of the Association of American Medical Colleges at the time of graduation. The standard of the college association are:

**Preliminary Education.**—Students matriculating after Jan. 1, 1914, in addition to a four-year high-school education, must have completed at least one year of work in an approved college of liberal arts or its actual educational equivalent. For students matriculating after Jan. 1, 1918, *two years* of such college work will be required. This preliminary year or years of college work must include courses in physics, chemistry, biology and German or French. **Medical Education.**—Four courses of at least thirty-two weeks of actual work in a well-equipped medical college.



*Hospital Internship.*—After July 1, 1919, applicant must have served for not less than one year as intern in a thoroughly equipped hospital which shall have at least twenty-five beds for each intern, devoted to the treatment of medical, surgical, gynecological and special diseases, and must have had six weeks in the maternity department of some hospital and must have participated in the attendance upon six confinements. Applicants who graduated prior to July 1, 1919, may offer two years' active practice, acquired prior to that date, in lieu of the internship.

*Exemptions.*—The act does not apply to services rendered in cases of emergency, nor to the administration of family remedies, nor to medical officers of the United States while in the discharge of their official duties, nor to physicians from other states so long as they do not "open an office or appoint a place of meeting patients or receive calls." Nor is the act "to discriminate against any particular school of medicine or surgery or osteopathy, or any system or mode of treating the sick or afflicted, nor to interfere in any way with the practice of religion." Special provision is made exempting treatment by prayer.

*Reciprocity.*—An applicant for registration by reciprocity is required to pay a fee of \$25 and to file with the secretary a copy of his license, accompanied by a certificate of the president or secretary of the board issuing the license, certifying that the same is a full true copy, and showing that the requirements of such board are equal to those of Washington. Applicants who have failed in an examination by the Washington board will not be registered without examination. Reciprocal relations on the basis of examination only have been established with Nevada, Pennsylvania and South Dakota and on the basis of diploma or examination with Alabama, California, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, Tennessee and Wyoming.

*Definition of Act.*—None.

Original act approved April 10, 1890; amended 1901. New law approved March 18, 1909; amended March 15, 1919.

## WEST VIRGINIA

The Public Health Council (formerly State Board of Health) consists of the commissioner of health and six other members who are appointed by the governor, by and with the consent of the Senate. Of the members, other than the

commissioner first appointed, three shall hold office for two years, and three for four years. Thereafter the term of service shall be four years.

**Council Members.**—Vincent T. Churchman, M.D. (1921), *President*, Charleston; Joseph L. Pyle, M.D. (1919), Chester; Edw. Herbert Thompson, M.D. (1921), Bluefield; Herbert Elias Sloan, M.D. (1923), Clarksburg; Hubert E. Gaynor, M.D. (1921), Parkersburg; W. T. Henshaw, M.D. (1923) *State Health Commissioner*, Martinsburg.

**Examinations.**—The council holds an examination for licensure in Charleston three times a year; namely, on the second Tuesday of January, July and October.

**Fees.**—Examination fee, \$10.00, with permission to take one other examination, in case of failure, within one year, without the payment of an additional fee; reciprocity fee, \$25.00; fee for certified copy of state license or certificate, \$3.00.

**Application for License.**—Applicants who show evidence of having completed the work of an accredited four-year high-school course and who are graduates of reputable medical colleges are examined in accordance with the following schedule, ten questions in each division: Chemistry and medical jurisprudence, materia medica and therapeutics, anatomy and embryology, obstetrics and gynecology, bacteriology and hygiene, physiology and histology, practice and pediatrics, surgery and special medicine, oral and practical examination. *Temporary licenses* are not granted by the Council.

**College Standard.**—The council has the authority to decide what colleges are reputable, but will not receive applicants from colleges rated below Grade B in the classification of the Council on Medical Education of the American Medical Association. After Jan. 1, 1921, every applicant prior to matriculation in a medical college must have completed at least two years of collegiate work, in addition to a standard four-year high school education.

**Exemptions.**—Commissioned officers of the United States Army, Navy and Public Health Service, when in the actual discharge of their duties, and qualified consultants are exempt.

**Reciprocity.**—An applicant who has previously failed at an examination conducted by the Public Health Council is not eligible for reciprocal registration in West Virginia unless he has passed an examination in another state whose requirements are fully equal to those of West Virginia. Reciprocal relations, on the basis of an examination only,

have been established with Illinois, Kansas, Louisiana, Minnesota, Mississippi, North Dakota, Pennsylvania, Texas, Vermont, Wisconsin and Wyoming and, on the basis either of an examination or of a diploma from a reputable medical college without an examination, if the diploma and the license were issued prior to May 23, 1895, with District of Columbia, Georgia, Indiana, Iowa, Kentucky, Maryland, Michigan, Missouri, Nebraska, Nevada, Ohio, Oklahoma, South Carolina, Utah and Virginia. A certificate issued in another state on the basis of reciprocity is not acceptable for reciprocal registration in West Virginia. Since April, 1918, the board has ceased to reciprocate with boards of other states who recognize graduates of medical colleges rated in Class C by the Council on Medical Education of the American Medical Association. The applicant must have been in practice in the state through which he seeks reciprocity for at least one year subsequent to receiving the license on which registration in this state is sought and for two years if from states having like requirements.

**Definition of Act.**—The law provides that "the term practice of medicine and surgery shall be construed to be treatment of any human ailment or infirmity by any method. To open an office for such purpose or to announce to the public in any way the readiness to treat the sick or afflicted shall be deemed to engage in the practice of medicine and surgery."

**Penalties.**—Any person practicing or attempting to practice medicine, surgery or obstetrics without first being registered is deemed guilty of a misdemeanor and subject to a fine of not less than \$50.00 or more than \$500.00, and imprisonment for not less than one month or more than twelve months, or to both fine and imprisonment. Any person filing or attempting to file as his own the certificate of another, or who shall file or attempt to file a forged affidavit of his identity, or who shall swear falsely to any question propounded to him, on conviction, shall be imprisoned for one to three years or fined from \$100.00 to \$500.00, in the discretion of the court.

Act in effect 1882; amended in 1889, 1895, 1907, 1915 and 1921.

#### WISCONSIN

**Board.**—The Wisconsin State Board of Medical Examiners consists of eight members appointed by the governor from lists of ten names each presented by the Wisconsin State Medical Society, Homeopathic Medical Society and Eclectic Medical Society, and five names presented by the Wisconsin State Osteopathic Association. The term of service is four

years. Three members of the board are regulars, two are homeopaths, two eclectics and one is an osteopath.

**Board Members.**—Oscar Lotz, M.D. (1921), *President*, Milwaukee; G. H. Ripley, M.D. (1923), Kenosha; C. W. Rodecker, M.D., Holcombe; F. C. Haney, M.D. (1921), Watertown; Fay T. Clark, M.D. (1921), Waupun; Henry W. Abraham, M.D. (1923), Appleton; Edward Murphy, D.O. (1921), Eau Claire; John M. Dodd, M.D. (1923), *Secretary*, 220 E. Second St., Ashland.

**Examinations.**—Regular examinations are held on the second Tuesday in January at Madison, and on the last Tuesday in June at Milwaukee.

**Fees.**—Examination and license fee, \$25.00; reciprocal license fee, \$50.00; county recording fee, 50 cents; for endorsing reciprocal licenses to other states, \$2.00.

**Application for License.**—All persons desiring to practice medicine, surgery or osteopathy in any of their branches shall apply to the board at the time and place designated for license so to practice, shall present satisfactory evidence of the completion of a preliminary education equivalent to graduation from an accredited high school of the state, a diploma from a reputable college of medicine and surgery or osteopathy and surgery, evidence of having taken charge of at least six obstetric cases, and shall pass the regular examination in the English language in anatomy, histology, physiology, obstetrics, gynecology, pathology, chemistry, toxicology, dietetics, physical and general diagnosis, hygiene and sanitation and public health laws. The examination in materia medica, therapeutics and practice shall be conducted by members of the board representing the school of practice which the applicant claims or intends to follow. The examination includes *practical tests* in physical diagnosis, chemical and microscopic urinalysis, bacteriology, pathology, histology and practical anatomy. The candidate must obtain a general average of 75 per cent. and must not fall below 60 per cent. in any branch. If he falls below 60 per cent. in only one branch, he may take another examination in that branch. After examination the board shall, if it find the applicant qualified, grant a license to practice medicine and surgery in all their branches in this state, or a license to practice osteopathy, which can only be granted by the consent of not less than six members of the board. Osteopaths, when so licensed, shall have the same rights and privileges and be subject to the same laws and regulations as practitioners of medicine and surgery, but shall not have the right to give or prescribe drugs or to perform surgical operations. Osteo-

paths may also be licensed to practice surgery if they pass the regular examination of the board in surgery. Licenses must be recorded with county clerk of the county in which the applicant desires to practice. *Temporary licenses* are not granted. *Refusal and Revocation of License.*—The board has the authority to refuse a license for immoral, dishonorable or unprofessional conduct. The law provides that where a physician is convicted of any offense involving moral turpitude the judgment shall include a revocation of his license. For failure to recognize dangerous contagious diseases, a physician's license may be revoked for a year.

*College Standard.—Preliminary Education.*—Applicants of 1919 and thereafter must have completed, in addition to a course equal to graduation from an accredited high school of Wisconsin, *two years* of collegiate work, including courses in physics, chemistry, biology and German or French, the equivalent of a two years' premedical course at the University of Wisconsin. *Medical Education.*—Four courses of eight months each.

*Exemptions.*—Commissioned surgeons of the United States Army, Navy and Public Health Service, legally qualified consultants; chiropractors, providing they do not represent themselves to be or hold themselves out as registered or licensed; and provided there is conspicuously displayed in the offices or places where they practice their profession a sign or signs containing the words, "not registered or licensed in Wisconsin"; Christian Scientists, or any persons who administer to, or treat the sick or suffering by mental or spiritual means, are exempt. Further, the act does not apply to the gratuitous prescribing and administering of family remedies or treatment rendered in an emergency.

*Reciprocity.*—Any practitioner of medicine or osteopathy holding a license from any other state board imposing requirements equal to those established by the Wisconsin board may, on presentation of the same with a diploma from a reputable medical or osteopathic college, be admitted to practice without an examination, at the discretion of the board, provided said license was issued after an examination in the state through which the applicant seeks reciprocal registration.

The board will not license through reciprocity an applicant who has previously failed at one of its examinations. Wisconsin has established reciprocal relations, on the basis of an examination only, with Alabama, Arkansas, California, Colorado, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Missis-

sippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia and Wyoming. The applicant must have been in active practice for at least one year subsequent to receiving the license on which registration in this state is sought.

Any honorably discharged surgeon of the army or navy or the Public Health Service of the United States may be granted a license without examination by the board, by filing a sworn and properly authenticated copy of his discharge and paying a fee of \$50.00, provided he is a graduate of an accredited school.

**Definition of Act.**—Every person shall be regarded as practicing medicine, surgery or osteopathy within the meaning of this act who shall append to his or her name the words or letters, "Doctor," "Dr.," "Specialist," "M.D.," or "D.O.," or any other title, letters, combination of letters or designation which in any way represents him or her, or may tend to represent him or her, as engaged in the practice of medicine, surgery or osteopathy, in any of its branches.

Act approved May 22, 1903; amended by act approved Aug. 19, 1915.

#### WYOMING

**Board.**—The State Board of Medical Examiners consists of five members, and is appointed by the governor to hold office for four years.

**Board Members.**—C. E. Stevenson, M.D., *President*, Sheridan; Albert G. Hamilton, M.D., Thermopolis; A. B. Tonkin, M.D., Cheyenne; C. O. Edgington, D.O., Laramie; J. D. Shingle, M.D., *Secretary*, Cheyenne.

**Examinations.**—Examinations are held each year in February, June and October, at such places as the board may select.

**Fees.**—Examination or reciprocity fee \$25.00. Failing to pass the examination, the applicant may present himself for reexamination within one year, without payment of additional fee.

**Application for License.**—The applicant must present to the board, for verification, a diploma issued by a regularly chartered college, recognized by the State Board of Health or the State Board of Medical Examiners of the state in which it is located. On approval of the diploma, he is required to take an examination, legibly written in the English language, in the following subjects: Anatomy, physiology, chemistry and toxicology, pathology, physical diagnosis, gynecology,

principles of surgery, obstetrics, hygiene and bacteriology, and such other branches as are necessary to complete the system of which he is a practitioner. An average grade of 75 per cent. in all branches is required, and not less than 60 per cent. in any one branch. Certificates issued to persons who successfully pass these examinations must be recorded in the office of the county clerk of the county in which such persons desire to practice. *Temporary licenses* are not issued.

**College Standard.**—Recognition by examining boards of the state in which the college is located.

**Exemptions.**—The act does not prohibit gratuitous service in case of emergency; nor does it apply to commissioned surgeons of the United States Army or Navy, nor to medical examiners of relief departments of railroad companies while so employed, nor to legally qualified consultants, nor to physicians and surgeons residing on the border of a neighboring state.

**Reciprocity.**—Reciprocal relations, on the basis of an examination only, have been established with California, District of Columbia, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Minnesota, Nebraska, New Hampshire, Ohio, Pennsylvania, South Carolina, Tennessee, Utah, Vermont, Virginia, West Virginia and Wisconsin.

Applicant for reciprocity must furnish information on blanks furnished by the board and must furnish two recently taken, unmounted photographs of himself, having on the back his autograph signature sworn to before a notary public.

**Definition of Act.**—Any person is regarded as practicing medicine who in any manner holds himself out to the public as being engaged in the diagnosis and treatment of diseases or injuries or deformities of human beings, or who suggests, recommends, or prescribes, any form of treatment for the intended palliation, relief or cure of any physical or mental ailment of any person, with the intention of receiving therefor, either directly or indirectly, any fee, gift, or compensation; or who maintains an office for the reception, examination and treatment of any person suffering from disease or injury of body or mind; or who attaches the title of "M.D.," surgeon, doctor or any other word or abbreviation to his name indicating that he is engaged in the practice of medicine.

Act approved Feb. 15, 1905.

## MEDICAL REGISTRATION IN FOREIGN COUNTRIES

---

### Note Regarding Requirements Abroad

The statements given regarding the requirements in foreign countries are based on the best available information, and an effort has been made to secure recent and official verification. The date when the information was revised is mentioned at the end of the statement. Before making a final decision, however, physicians contemplating registration in any foreign country are advised to confer regarding the matter either with that country's diplomatic or consular representative in this country or with the American embassy, legation or consulate in the country in which registration is sought.

---

### CANADA AND NEWFOUNDLAND

**Dominion Registration.**—Canada has established the Medical Council of Canada. Passing the examination conducted by this board will qualify the physician to practice in any province of the Dominion. The candidate must be either a licensed practitioner of some province of Canada, or, not being so, must present to the Registrar a certificate from a Provincial Registrar that he has fulfilled all the requirements for examination for the Provincial license. Candidates who hold diplomas outside of Canada are required to present certificates from a Provincial medical council, similar to those required of graduates of the Canadian Universities. The examination consists of a written examination (in English or French) in pathology and bacteriology, surgery and medicine (including therapeutics), midwifery and gynecology, and hygiene and public health, and also (a) a clinical and oral examination in medicine and surgery and (b) an oral examination in pathology and bacteriology, midwifery and gynecology, and hygiene and public health. The passing grade is 60 per cent. A candidate who fails in not more than two subjects may present himself at a subsequent examination for the subjects in which he failed. The fee of \$100.00, with papers, etc., must be deposited with the Registrar at least two weeks before the date set for examination. In



case of failure requiring reexamination the fee is \$50.00, except where only one or two subjects are required to be taken in the reexamination, in which case the fee is \$25.00. Examinations are held semi-annually at such time and place as the Council may select. Dates of examinations are arranged early in June of each year. The Registrar is Dr. R. W. Powell, 180 Cooper St., Ottawa, Ontario, to whom all communications should be addressed. (Revised June, 1921.)

**Alberta.**—The Medical Council, which has charge of the registration of physicians, consists of one member from each of seven electoral districts, elected for a term of four years by the members of the College of Physicians and Surgeons, which is the body corporate of the legally licensed physicians of the province.

The council admits to the register any one who presents a certificate from the Registrar of the University of Alberta, showing that the holder is duly qualified. A standard high-school education and a four years' course in a recognized medical college are required. For those graduating after June 1, 1913, the preliminary education required must be equivalent to matriculation in the University of Alberta and a five-year medical course. For osteopaths the preliminary requirements and the examinations in all the common subjects are the same as for physicians. The examination, which is both oral and written, covers the subjects of anatomy, physiology, pathology and bacteriology, medicine, including therapeutics, midwifery and gynecology, surgery and hygiene and public health. Examinations are held in May and September of each year. Application for examinations should be made to the Registrar of the University of Alberta, Edmonton. Examination fee, \$50.00; registration fee, \$50.00; annual assessment, \$5.00; intern license, \$5 extra.

The Registrar of the council is Dr. John Park, Edmonton, Alberta. (Revised June, 1919.)

**British Columbia.**—All candidates for registration by examination except osteopaths and homeopaths are required to take the examination of the Medical Council of Canada, which has been substituted for the examination of the Medical Council of the College of Physicians and Surgeons of British Columbia. Candidates may take this examination in any center of Canada where the Medical Council of Canada is holding its examinations. The fee for this examination is \$100, and for subsequent registration in British Columbia after examination the fee is \$50. The fee for all candidates registering in British Columbia without examination is \$100.

Application for examination, together with certificate of qualification and the fee, must be deposited with the Registrar at least two weeks before the date fixed for the examination. The applicant must produce a diploma of qualification from a college or school of medicine and surgery requiring at least a four-year course of study and must pass an examination before the board of examiners testing his fitness and capacity to practice medicine as a physician and surgeon. Those who began the study of medicine subsequent to Jan. 1, 1912, must have graduated from a college or school of medicine and surgery which requires at least four years of study. The subjects of the written examination are (a) hygiene and public health; (b) pathology and bacteriology; (c) obstetrics and gynecology; (d) surgery; (e) medicine, including therapeutics; there are also chemical and oral examinations in medicine and surgery and also oral examination in hygiene, public health, pathology, bacteriology, obstetrics and gynecology.

Homeopaths and osteopaths must make application for examination at least four weeks prior to the date set for the examination and are alike required to pass examinations in anatomy, physiology, chemistry, pathology, bacteriology, obstetrics, gynecology and hygiene. Homeopaths must take examinations also in clinical diagnosis, materia medica, and principles and practice of medicine and surgery, while osteopaths must pass additional examinations in toxicology, histology, neurology, physical diagnosis, minor surgery, medical jurisprudence and principles and practice of osteopathy. A homeopath and an osteopath will be appointed by the Board of Examiners to prescribe the examinations, respectively, for homeopaths in materia medica and principles and practice of medicine, and for osteopaths in the principles and practice of osteopathy. Homeopaths and osteopaths are to limit their practice, respectively, to homeopathy and osteopathy.

Arrangements for the examination of the Medical Council of Canada should be made with Dr. R. W. Powell, Registrar, 180 Cooper St., Ottawa, Ontario. For examination or registration in British Columbia arrangements should be made with Dr. A. P. Proctor, Registrar of the College of Physicians and Surgeons of British Columbia, 402 Pender St., Vancouver, B. C. (Verified July, 1921.)

**Manitoba.**—The College of Physicians and Surgeons, which is composed of all the medical practitioners whose names are duly entered on the Manitoba Medical Register, is neither a teaching nor an examining body, but is the sole licensing body in medicine in the province. The University of Manitoba is the sole examining body.

Only graduates in medicine of the University of Manitoba, and licentiates of the Medical Council of Canada are admitted without examination. Licentiates, by examination, in Great Britain, in good standing, may register in Manitoba on presenting the British certificate of registration and paying the registration fee, \$100. A graduate of any other medical school must send his diploma before March 1 to the Registrar of the College of Physicians and Surgeons, and, if the credential is found satisfactory, he will be reported to the University of Manitoba as eligible to write at the examination. Each candidate must hold a degree from a medical college which gives a full five-year course. This means the candidate must have taken the five-years' course or must show a fifth year taken from an approved college to supplement an approved four-years' course in case he graduated before the five-years' courses were in vogue.

A graduate of any medical college in the United States or other foreign country is required to send to the Registrar of the College of Physicians and Surgeons of Manitoba, Winnipeg, in addition to his diploma, detailed and authoritative information regarding his medical training. At the same time that he sends his credentials the applicant should send \$15.00 examination fee in a separate communication addressed to the Registrar of the University. This will be returned to the applicant in case he is not permitted to take the examination. If the credentials furnished show that the applicant has had a training at least the equivalent of the medical course offered by the University of Manitoba (a course of five years, the first of which is devoted to physics, chemistry, zoology, histology and anatomy) the applicant is declared eligible to take a written examination in materia medica, therapeutics, medicine, surgery, obstetrics, pediatrics and gynecology, and clinical examination in medicine, surgery, ophthalmology, otology and laryngology. A percentage of 50 in each branch is required to pass.

Examinations are conducted by the University of Manitoba beginning at 9 o'clock a. m. on the third Monday of April of each year. The examination fee is \$15.00, payable to the Registrar of the University. The fee for license is \$100.00, payable to the Registrar of the C. P. and S., Dr. J. E. Coulter, 604 Boyd Bldg., Winnipeg. (Revised June, 1921.)

**New Brunswick.**—The Council of Physicians and Surgeons of New Brunswick is composed of nine legally qualified practitioners, four of whom are appointed by the governor in council and five by the New Brunswick Medical Society.

Applicants for licensure must have passed the preliminary examination prescribed by the council with the following

exemptions: the council recognizes (1) the matriculation examinations for an undergraduate course in arts of any chartered university or college approved by the council; (2) the examinations for grammar, superior or first class school license from the board of education of New Brunswick, with the addition of Latin and Greek or French.

Applicants must have studied medicine during five years, and must have passed the professional examination, irrespective of any diploma they may possess. The examination is held twice yearly, beginning the fourth Tuesday in June and the fourth Tuesday in January, at St. John. The fees are as follows: Matriculation, on certificate, \$10; on examination, \$15; professional examination, \$30; registration, \$40. The Registrar is Dr. Stewart Skinner, St. John. (Revised June, 1921.)

**Nova Scotia.**—The Provincial Medical Board consists of fifteen practitioners of at least seven years' standing, nine of whom are appointed for life by the Government, and six for three years by the Medical Society of Nova Scotia.

**Students.**—No person can begin the study of medicine for the purpose of qualifying for practice in the province until he has passed the preliminary examination prescribed by the board, or a recognized equivalent. The matriculation requirements for Class A medical colleges in the United States are accepted for so much. Preliminary examinations are held at Halifax twice a year beginning on the fourth Tuesday in September, and on the third Tuesday in May.

All students must be registered. Fee for examination and registration, \$25.00. **Practitioners.**—No person can practice legally unless he is registered by the board. Except as hereinafter no person can be registered until he passes the prescribed examinations and secures the board's qualification (License in Medicine and Surgery, Provincial Medical Board of Nova Scotia). The following may register without examination on payment of prescribed fee: Persons registered in Great Britain and persons registered by the Medical Council of Canada.

Candidates for license must show that they have satisfied the preliminary examination requirements; that they have studied for at least five collegiate sessions of at least eight months' duration each (or the equivalent) at some university, college or medical school recognized by the board, and that they have passed the professional examinations as follows:

First professional examination taken at the end of the second year; fee, \$25.00; second professional examination,

taken at the end of the third year; fee, \$25.00; and the third professional examination, taken at the end of the fifth year; fee, \$45.00.

Applicants for registration who are not graduates of "regular" schools of medicine must satisfy the requirements of the board in respect of the preliminary examination and of attendance upon lectures, hospital attendance, etc., and must pass an examination in such professional subjects as may from time to time be determined by the board, provision being made for the examination of such applicants, in other than the basic subjects, by exponents of the particular cult concerned.

*Exemptions.*—Certificates from recognized colleges are accepted for the first and second examinations. Persons who began study previous to July 1, 1908, may be admitted to the final examination after an approved course of four years.

*Fees.*—Fee for the final examination under these conditions, \$75.00. No additional fee for registration. Fee for registration only, without examination, as above, \$50.00.

Professional examinations are held twice each year, beginning on the fourth Tuesday in April and the fourth Tuesday in September, and are written, oral and clinical. The final examination includes: Medicine and therapeutics; clinical medicine; surgery, including surgical anatomy and diseases and injuries of the eye, ear, throat and nose; clinical surgery; obstetrics and diseases of women and of new-born children. The secretary is Dr. W. H. Hattie, Provincial Health Dept., Halifax. (Revised June, 1921.)

*Ontario.*—The Council of the College of Physicians and Surgeons of Ontario (the name adopted by the medical profession of the province in its corporate capacity) is empowered to enact laws for the regulation of all matters connected with medical education, and to fix the terms on which practitioners of medicine, duly qualified in other countries, may be admitted as members of the college, this being the only mode in which they can become legally entitled to practice medicine in the province.

Graduates in medicine from recognized colleges outside the Dominion of Canada who desire to qualify themselves for registration must complete fully the practical and clinical curriculum required by the council, and must pass the written, oral and clinical examinations prescribed by the council. Each applicant graduating from any one of certain specified medical colleges in the United States must submit a certificate from the state licensing board that he is fully qualified for admission to the examination of the board. Certificates

will be accepted from state boards which accept similar certificates from the Council and whose standards are regarded by the Council as equivalent to those of the Council.

Professional examinations are held at Toronto, Kingston and London, annually, at such time as shall be fixed by the annual by-law; and a supplemental examination is given in Toronto in the fall of each year for candidates who have failed in one or more subjects at the annual examination. The examination and registration fee is \$75.00. Fee for eligibility certificate to the Medical Council of Canada, \$25.00.

Ontario has established reciprocal relations with Great Britain for registration of licentiate standing, and with the State of Pennsylvania, U. S. A., for admission to final qualifying examinations.

The Registrar is Dr. H. Wilberforce Aikins, 170 University Ave., Toronto. (Revised June, 1919.)

**Prince Edward Island.**—The Council of the Medical Society is composed of seven members elected by the society every alternate year. Every applicant for registration must satisfy the council that he has passed a preliminary or matriculation examination on the subjects specified in the by-laws of the council and had his name placed on the medical students' register; that he has studied medicine five years in a university or medical college of good standing, and that he has satisfactorily passed a professional examination before the council. The fee for registration in the medical registrar is \$50.00, for the matriculation examination, \$10.00, and for registration in the medical students' registrar, \$2.00. The examination is held each year beginning the last Wednesday of July at Charlottetown. The subjects of the examination are physiology, pathology, materia medica, therapeutics, obstetrics, diseases of children, surgery, gynecology, medical jurisprudence, toxicology, hygiene and practice. Persons holding the license of the Medical Council of Canada will be registered without examination on paying the registration fees. There is reciprocity between Great Britain and Prince Edward Island and also between the latter and New Brunswick. The Registrar is Dr. James Warburton, Charlottetown. (Revised June, 1919.)

**Quebec.**—Licenses are granted only at the regular meeting of the medical board of the College of Physicians and Surgeons. Meetings are held once a year alternately in Quebec and in Montreal the last Wednesday of September. Application, accompanied by the required fee, must be received by the Registrar at least fifteen days preceding the meeting.

The fees are: For preliminary examination (required of graduates of all foreign colleges), \$25.00, and for the professional examination, \$50.00. Exchange of federal license, \$100.00.

Every candidate for a license to practice medicine, surgery, and midwifery, in this province, desiring to be registered, and who has not obtained a degree or diploma from any of the institutions specified by the law, must pass the preliminary and professional examinations before the board and submit satisfactory evidence of having complied with all the other requirements of the board.

A person graduating from any recognized college outside of Great Britain and her provinces and who has obtained a license to practice must pass the preliminary examination or show that he has already passed an equivalent examination. The subjects for this examination are arithmetic, algebra, geometry, chemistry, physics, philosophy, botany, zoology, Latin, literature, history, geography and English or French.

For information write to the Registrar, Dr. Joseph Gauvreau, St. Denis Building, 294 Ste. Catherine St. East, Montreal. (Revised June, 1921.)

**Saskatchewan.**—The Medical Council, which has charge of the registration of physicians, consists of one member from each of the seven electoral districts elected for a term of three years by the members of the College of Physicians and Surgeons, the corporate name applied to the medical profession of the province.

The council admits to the register any person who holds a certificate of registration from the registrar of the Medical Council of Canada, or from the registrar of the General Medical Council of Great Britain, or any person who has been certified by the registrar of the University of Saskatchewan as having satisfactorily passed the prescribed licensing examination. Application forms for the examination are furnished by the Registrar, University of Saskatchewan, Saskatoon. Examination fee, \$50. Persons holding such certificates will be registered upon furnishing satisfactory proof of identity and good character and payment of the registration fee of \$50.00; annual assessment, \$2.00. The Province of Saskatchewan now has reciprocal relations with Great Britain. The registrar is Dr. G. A. Charlton, Regina, Saskatchewan. (Revised August, 1919).

**Dominion of Newfoundland.**—The Newfoundland Medical Board consists of seven members, elected by the registered medical practitioners and who shall hold office during good behavior. Four members are required to be residents of St. John's.

In order to have his name entered on the Newfoundland Medical Register, each candidate must satisfy the board that he holds a diploma (not honorary) from a regular medical college having not less than a five years' course of study satisfactory to the board; must show that he has passed an examination in preliminary education satisfactory to the board; must furnish satisfactory evidence of identification and good moral character, and must pass the board's examination touching his fitness and capacity to practice as a physician and surgeon. Graduates of homeopathic, osteopathic and similar schools are debarred from practice in Newfoundland.

Examinations are held regularly in St. John's on the first Tuesday of September each year, and the board is authorized in its discretion to hold other special examinations. The subjects of the examination are medicine (including therapeutics), midwifery (including gynecology and the diseases of children), and surgery (including anatomy and pathology). Any person desiring to take the examination must give to the Registrar of the board at least fourteen days' notice in writing of his intention to do so, and with such written notice must pay a fee of \$25.00 for the examination. Another fee of \$25.00 may be paid at the time of registration, which entitles the physician to have his license renewed annually during his life and good conduct, or a fee of \$1.00 must be paid before January 15 of each year.

Any person holding a medical degree from a medical school of the United Kingdom, Dominion of Canada, or the British Colonies who has qualifications as outlined above and which are satisfactory to the board and who is already registered in a British possession, may be registered without further examination on paying a fee of \$25.00 and on producing a certificate of good standing from the profession at his previous location.

The Registrar of the board is Dr. T. Mitchell, St. John's. (Revised June, 1919.)

---

#### CENTRAL AMERICA, MEXICO AND WEST INDIES

**Mexico.**—The preparatory or professional studies for the profession of Doctor of Medicine and Surgery, or a specialist in medical sciences, which have been taken in foreign states or countries, may be revalidated by the Secretary of Instruction and Fine Arts, provided the certificates, diplomas and other documents are examined by the National School of Medicine and are found to be equivalent to those prescribed by the laws of the Federal District.



All persons who hold diplomas from other official schools of the Republic or from foreign universities and who desire to obtain from the National School of Medicine a diploma in any of the professions covered by this plan, will be required to pass an examination in each of the subjects in which they desire a diploma, and will also be required to submit a thesis, in order to obtain a diploma under the same circumstances as a graduate of the school; they will not, however, be required to be examined in the subject-matter if they prove they have completed these studies, according to existing laws, nor will they have to undergo partial examinations in any regular order. (Revised June, 1916.)

**Yucatan.**—A foreign physician must present a diploma from a recognized medical school and pass the examination of the Board of Medical Examiners at Merida. Before taking the examination his diploma must have been certified by the dean of the college, the county clerk, the Mexican consul, the secretary of state of the state in which the medical school is located, the Secretary of State, Washington, D. C., and finally, by the consul general of Mexico or an ambassador from that country. The examination is given in Spanish (or through an interpreter), is oral and may cover from one-half to three hours; in addition, the applicant is required to diagnose and prescribe for a certain number of patients in a hospital. (Verified December, 1919.)

**Costa Rica.**—An applicant from the United States must be a graduate of an allopathic college of medicine; must make a deposit of 300 colones (legal exchange value of the colon is 0.465—today much lower); and must take an examination in writing covering his entire course, lasting from 7 a. m. to 5 p. m., and an oral examination lasting from 5 p. m. until 10 p. m., and in hospital work, covering all phases of practical hospital work, laboratory work, Wassermann reaction, etc. All examinations are conducted in the Spanish language. The preliminary education required is that demanded for entrance to a reputable medical school in the United States. (Verified October, 1919.)

**Cuba.**—Graduates of foreign institutions must present their degree to the Department in Charge of Public Instruction, and this degree must be registered by the University of Havana, providing it has been issued by an authorized institution, one which fully authorizes professional practice in the country, state or territory wherein the degree was issued; that the signatures thereto are duly legalized; each of these requirements to be proved by a certificate properly attested.

After having furnished such proofs, the department grants permission for an examination, the petitioner to be properly identified. The fee for the examination is about \$50.00, American gold. The examination is theoretical, and consists of a clinical examination of one patient, description of the method of performing a prescribed operation, and a thesis, five hours being allowed for the writing of this thesis. All examinations, both written and oral, are held in Spanish, or through an interpreter; the interpreter to be chosen by the department, the applicant to pay \$15.00 for his services. Re-examination after six months without extra charge is permitted. (Verified October, 1919.)

**Santo Domingo.**—Until Jan. 1, 1921, any graduate of medicine from any foreign school having a course equivalent to the corresponding course in the University of Santo Domingo (Class A and Class B schools, in the United States) may obtain a license without examination. After Jan. 1, 1921, applicants must pass an examination in Spanish, with privilege of having an interpreter. In every case applicant must present to the faculty of the University of Santo Domingo (1) diploma or license obtained under requirements equivalent to those of Santo Domingo, and (2) certificate showing applicant to be of good moral character and more than twenty-one years of age. All these papers should be legalized before a notary public and endorsed by a Dominican consul in the applicant's country. Graduates of homeopathic and eclectic schools of medicine may obtain from the Secretary of Sanitation a conditional certificate good until provision is made for professional examination of such practitioners. The fee for all certificates is \$5.00. Examination fee is \$80.00. The country is said to be in need of medical practitioners and pharmacists. Spanish speaking persons have an advantage as little English is spoken. (Revised November, 1919.)

**Guatemala.**—A foreign physician cannot practice without first passing an examination both general and technical. All examinations are conducted in the Spanish language. (Verified October, 1919.)

**Haiti.**—Licentiates of foreign countries desiring to practice in Haiti are required to present a diploma and evidences of their preparation and licensure, and may also be required to pass an examination. Application should be made to the National School of Medicine (L'Ecole Nationale de Medicine), Port au Prince, Haiti. (Revised October, 1919.)

**Honduras.**—A six-year course in medicine is required. A foreign physician must present his diploma authenticated

by the Honduras consul in the United States. He is also required to pass a verbal or written examination, not necessarily in the Spanish language, which varies from diagnosis of a case or two to a very long and severe one, depending on the influence of the applicant. Reciprocity. (Revised November, 1919.)

**Nicaragua.**—Official communication states that those seeking the right to practice in Nicaragua must be graduates of reputable medical colleges. The signatures on the diplomas must be acknowledged before a notary public, and the notary's signature and seal be certified to by the United States secretary of state. The signature of the secretary of state must in turn be certified to by the diplomatic or consular officer of Nicaragua in the United States. The diploma must then be sent to the authorities at Managua for approval, and then, if the diploma is approved, the practitioner is registered. If these requirements are carried out, it is stated, no examination is required. (Verified November, 1919.)

**Panama.**—Registration to practice medicine is under the control of the National Board of Health. Each applicant must have a diploma acceptable to the board. A registration fee of \$200.00, payable in the currency of the country, is at the present time worth \$100.00 gold. There is also an examination fee, payable to the examining board, of \$45.00 gold. The examination is oral, written and clinical, and in either Spanish or English. The law, however, says that the examination shall be in the form and according to the program established by the board in each case. The President of the National Board of Health is Dr. C. L. Urriola, Panama. This law does not apply to the zone controlled by the United States government. (See Canal Zone, page 27.) Verified October, 1919.)

**San Salvador.**—A foreign physician must pass a public and private examination before the Medical Board; present an assigned thesis, and pay the necessary examination fees in order to obtain a diploma. This diploma, together with papers showing citizenship, must be presented to the authorities, who, through diplomatic and consular agents, make an investigation regarding the identity of the applicant and his public and private conduct in any places in which he has resided during the previous two years. The fee for this investigation is 500 pesos. San Salvador has one medical school, the medical department of the Universidad Nacional, located at San Salvador. (Verified, February, 1917.)

## SOUTH AMERICA

**Argentine Republic.**—Elementary education extends between the ages of 6 and 14, and secondary education between the ages of 12 and 18, thereby overlapping the elementary by two years. Twelve years of study, therefore, lead to the medical course, which covers six years, including preliminary work in physics, chemistry and biology. The complete course requires at least eighteen years and a minimum age at the completion of the course is 24. Physicians from foreign countries are required to pass the full series of examinations (in the Spanish language) required by the Faculty for Argentine students. Diplomas from colleges in the United States must be duly legalized by the Department of State, at Washington, D. C., and must be viséd by the Argentine Minister, or the Argentine Consul for the state where the diploma was issued. The examinations are held in March, July and December. The fee is \$637. (Revised September, 1915.)

**Bolivia.**—The course in medicine at the Universities of La Paz and Sucre covers six years and a bachelor's degree is required prerequisite for admission. Foreign candidates for license to practice must take an examination conducted in the Spanish language in all medical branches. The same license permits him to become registered without further examination in Argentine, Chile, Colombia, Ecuador, Paraguay and Peru, with which countries reciprocal treaties have been established. The examining board is composed of Bolivian practitioners, who, it is said, are not favorable to allowing foreign applicants to pass. Examination fee, 600 Bolivians (about \$230). (Revised November, 1919.)

**Brazil.**—Elementary education extends between the ages of 7 and 15, overlapping the work of the gymnasium by three years, the latter extending between the age of 12 and 19. Elementary work may be begun at the age of 6 years, and in such cases students may finish the gymnasium at 18. Twelve years of work lead to medicine, where six years of work are required, including two years devoted largely to preliminary courses in physics, chemistry and biology. The time required to complete the entire course is at least eighteen years and the usual age at completion is 25. There are three government medical schools, located, respectively, at Bahia, Porto Alegre and Rio de Janeiro. Unless the foreign physician has been a professor in a university medical school or is the author of an important medical book, the requirements to qualify for the practice of medicine are said to be almost prohibitive. After securing the endorsement of his credentials he must undergo examinations in Portuguese (interpreters not

allowed) in all the branches of the medical curriculum, for which the fees amount to about \$85.00. The applicant's diploma must be officially endorsed by some authority in the country whence it is issued, and that signature recognized by the minister of foreign affairs. (Revised July, 1912.)

**Chile.**—Foreign physicians and surgeons presenting degrees from medical schools recognized by the Bureau of Education in Chile are considered equal to licentiates of the Faculty of Medicine and Pharmacy of the University of Chile and are required to take a practical examination before they can obtain the right to practice. This examination, which is in the Spanish language, covers anatomy, pathology, theory and practice of medicine, surgery, obstetrics, gynecology, ophthalmology and diagnosis. The fee is 200 pesos (approximately \$40). Foreign physicians and surgeons from medical schools not recognized in Chile are required to take the final examinations prescribed for graduates of medicine and pharmacy of the University of Chile. (Verified November 14, 1914.)

**Colombia.**—An applicant from a foreign country must submit a diploma from a college well known for the thoroughness of its course, which diploma must carry the certificate of the minister or of a consul general accredited by the Republic of Colombia. He must submit to a clinical examination and present a printed thesis on some national medical theme. (Revised September, 1919.)

**Ecuador.**—To secure the legal right to practice medicine at Ecuador a physician from the United States must present to the university (Universidad Central del Ecuador) his diploma certified by the Secretary of State of the state in which the university from which he graduated is located and by the Secretary of State of the United States, whose signature must be legalized by the Ecuadorian Minister at Washington. He will then be required to take a series of seven short examinations in the usual medical and surgical subjects corresponding to the seven annual examinations taken by students of the university during the entire course, and a longer examination, which confers on him the degree of licensed physician. He then takes a practical examination in hospital work and a final examination which confers on him the degree of doctor of medicine and entitles him to practice in Ecuador. The fees amount to about \$164.00. Ecuador has reciprocity with Bolivia, Chile, Colombia, Spain, Peru and Venezuela. All examinations must be taken in the Spanish language. (Revised November, 1919.)

**Peru.**—Completion of six years of elementary instruction, four years of secondary education and two more years' study in the Department of Natural Sciences are required for admission to the seven-year medical course. After finishing the medical course, at about the age of 25 or 27, and on presentation of an acceptable thesis the candidate secures the degree of Doctor of Medicine. Hospital attendance is required throughout the entire course. To secure the right to practice a series of five examinations, covering all the branches studied in the seven years, must be passed. Graduates of all medical schools outside of South America are required to pass an examination in the Spanish language. All candidates must present a certificate of vaccination, and diploma legalized by diplomatic agent in the country where granted. According to report the examinations are quite severe and the total fees are approximately \$500.00. Inquiry should be made to the dean of the faculty of medicine of the University of Lima, Peru. By special agreement graduates of medical schools of all South American countries are privileged to practice medicine in any part of the continent without special permission being required. Peru has reciprocity with Bolivia and Ecuador. (Revised September, 1919.)

**Uruguay.**—Elementary education extends between the ages of 6 and 14 years, leading to the secondary, which extends from the 14th to the 18th year. A six-year medical course follows, which includes preliminary work in physics, chemistry and biology. The time to complete the entire work is at least eighteen years, and the minimum age at completion is 24. Foreign candidates must have graduated from medical colleges having courses equal to that given at the University of Montevideo in order to be admitted to the examination, which is conducted in Spanish. (Revised June, 1912.)

**Venezuela.**—An applicant who is a graduate of a foreign college must present his diploma, which must be validated by a Venezuelan diplomatic or consular official under seal, and must take final examinations in sixteen or more subjects studied by medical students in the University of Caracas. He must also take a general examination. These examinations, which are oral, written and practical, must be taken in the Spanish language, and the total cost is approximately \$45. Foreign doctors have found it extremely difficult to pass the examinations. (Verified November, 1919.)

## EUROPE, ASIA AND AFRICA

---

### AUSTRIA

Before the study of medicine can be undertaken an entrance examination called "matura" must be passed, comprising a knowledge of Greek and Latin, besides arithmetic and geometry, geography and history, the natural sciences (physics and chemistry), religion and philosophy. Drawings must be produced. Foreign candidates are required to present credentials showing the completion of the above courses before admission to the "matura" examination. In Austria elementary education extends between the ages of 6 and 14, overlapping the gymnasium course by four years, the latter extending between the ages of 10 and 18. Twelve years of study, therefore, admit to medicine. The medical course covers nearly six years and includes preliminary courses in physics, chemistry and biology. The total time required is at least 18 years and the minimum age at completion is 24. Since all medical schools are attached to public hospitals and are owned and governed by the state, teaching is practically on a uniform scale. Five and one-half years (eleven semesters) is the minimum period of study in the laboratories and hospital wards. Final examinations are then passed and diploma granted.

Foreign diplomas are recognized only after all examinations are passed. Women are admitted to the profession. Naturalization as an Austrian subject is necessary before right to practice is given. (Revised July, 1912.)

---

### BELGIUM

Elementary education extends between the ages of 6 and 14, overlapping the work in the Royal Athénées, the secondary schools, by three years, the latter extending between the ages of 11 and 18. The time spent in the primary and secondary schools is, therefore, twelve years. An additional year devoted to physics, chemistry and biology in a college of science admits to the five-year medical course. The time necessary to complete the work is at least eighteen years and the minimum age at completion is 24.

After completing the courses of the Faculty of Science the student must pass an examination in (1) logic; (2) experimental physics; (3) elementary zoology; (4) general chemistry; (5) elementary botany; (6) elementary notions of mineralogy, geology and (7) physical geography, besides passing a practical test in chemistry and making a microscopic demonstration. Having thus secured the diploma of candidate of science, the student is required to pursue *medical study* in the following courses: (1) embryology; (2) human anatomy, systemic and topographic; (3) histology, general and special; (4) elementary comparative anatomy; (5) psychology and (6) physiology.

He must also pass practice tests in macroscopic and microscopic demonstrations. To complete the above subjects requires two years, or three years if coupled with the work for the candidate of science. Three years are necessary in the study of (1) general pathology and therapeutics; (2) elementary pharmacology and pharmaco-dynamics; (3) morbid anatomy; (4) medical pathology and special therapeutics of internal and mental disease; (5) surgical, general and special pathology; (6) theoretical midwifery; (7) hygiene, public and private; (8) forensic medicine; (9) clinical medicine; (10) clinical surgery; (11) theory and practice of surgical operations; (12) ophthalmology, didactic and clinical, and (13) clinical obstetrics. Candidate must also pass practical tests in macroscopic and microscopic demonstrations of pathologic anatomy and demonstrations of regional anatomy. Diplomas may be granted by a state university, a free university, or by juries appointed by the government. Four universities grant medical degrees, two of which, at Liège and Ghent, are state institutions, the so-called free universities being at Brussels and Louvain. A diploma is required for authority to practice. Doctors from foreign countries must pass an examination before a special jury, which must be first ratified by a special commission at Brussels.

Foreign practitioners must obtain permission to practice through a duly appointed medical board whose requirements are so stringent as to be practically prohibitive. (Verified October, 1919.)

---

### BULGARIA

Practice of medicine is restricted to legally qualified medical men and is under the control and supervision of the minister of the interior, assisted by a medical council, which meets at Sofia and consists of six medical men selected by the government.



Every person who desires to practice medicine must show that he obtained his medical degree after a regular course of study and that he has previously passed an examination in arts, after which he must pass an examination in medicine and surgery, conducted in the Bulgarian language, for which he must pay an examination fee of 100 francs (about \$19.00). Subsequent registration of certificate by the medical council costs another 100 francs.

---

### DENMARK

Elementary education extends between the ages of 6 and 12, leading to the "laerdeskoler," the secondary schools, which extends between the ages of 12 and 18, a total of twelve years. The medical course covers six years, including preliminary courses in the natural sciences. Time to complete the work is eighteen years and the minimum age at completion is 24.

The prescribed educational course for medical students embraces not only lectures and training in the subjects for examination, but also courses in (1) dissection; (2) physiologic chemistry; (3) practical physics, and clinical courses of (4) medicine; (5) surgery; (6) dermatology and venereal diseases; (7) ophthalmology; (8) otolaryngology; (9) epidemic diseases; (10) psychiatrics; (11) obstetrics and pediatrics, and further courses in (12) topographic anatomy and (13) vaccination. The medical examination is divided into two parts, which must be absolved within a space of time not exceeding six years. The first part embraces oral examination in (1) anatomy; (2) physiology; (3) physics; (4) chemistry, and practical trials of (5) dissection and (6) inorganic qualitative analysis. The character for physiology is reckoned double, and for the trials of chemistry and physics is given one common character, thus making the aggregate number of characters for this part of the examination five. The second part embraces written theses in (1) general pathology; (2) surgery, and (3) medicine; practical trial in (4) clinical medicine; (5) clinical surgery and (6) surgical operation; oral trial in (7) general pathology; (8) pathologic anatomy; (9) forensic medicine; (10) surgery; (11) medicine; (12) obstetrics, and (13) pharmacology. Medical graduation examination is the only legal title to practice excepting in obstetrics, for which a supplementary course must be passed at the Royal Lying-In Hospital. Women physicians are on an equality with men. Foreign graduates must pass the examination. (Statements verified July, 1912. A change in the requirements is said to be quite probable in a year or two.)

## EGYPT

Any graduate of a recognized medical school who holds a license to practice medicine and surgery in his own country or state is allowed to practice on presentation of his diploma and license.

---

## FRANCE

The only legal qualification to practice medicine is the degree of doctor of medicine granted by the state after examinations by a recognized faculty of medicine. The same regulation applies to Algiers.

Before commencing the study of medicine the candidate must produce a diploma of bachelor of secondary classical education in letters or philosophy and a certificate of study of physics, chemistry and natural science; or four certificates of higher studies obtained from a faculty of science in physics, chemistry, botany, zoology or general physiology or embryology.

Elementary education in France extends between the ages of 6 and 13 or 14. The majority of students entering the secondary schools, however, obtain their elementary work from tutors or in special preparatory courses connected with the lycées. The secondary school, the lycée, has a nine-year course divided into two cycles of five and four years, respectively, and extends between the ages of 11 and 18. From age 6, therefore, twelve years of training are required to complete the primary and secondary work. An additional year devoted to the natural sciences which must be taken in a college of science admits to the five-year medical course. The entire course therefore requires at least seventeen years and the minimum age at completion is 23.

The examinations for the degree of doctor in medicine are as follows: The *first examination* to be taken between the sixth and eighth trimesters, consisting of a practical test in dissection and oral examination in anatomy, excluding regional anatomy; the *second examination*, to be taken between the eighth and tenth trimesters, covering histology, physiology, including biologic physiology and biologic chemistry; the *third examination*, between the thirteenth and sixteenth trimesters, consists of (1) a practical test in operative surgery and regional anatomy and an oral examination in regional anatomy, external pathology and midwifery; and (2) a practical test in pathologic anatomy and an oral examination in general pathology, animal and vegetable parasites.

microbes and internal pathology; the *fourth examination*, to be taken after the sixteenth trimester, consists of oral examinations in therapeutics, hygiene, forensic medicine, materia medica, pharmacology, with illustrations of physical and natural science, and the *fifth examination* covering clinical courses in surgery, midwifery and medicine. The period of medical study extends over four or five years, including the preliminary science requirement.

The French laws have been revised during the past fifteen years and are comprised within three general statutes enacted Nov. 30, 1892; July 25, 1893, and a governmental decree dated Feb. 4, 1894.

Graduates of foreign schools can practice only by obtaining the diploma of doctor of medicine in France and conform to the ordinances which apply to French students. Advanced standing will not be allowed under any circumstances for more than the first three examinations. Application must be made to the minister of public instruction to whom must be submitted all degrees and qualifications. Diplomas must be registered at the prefecture or a subprefecture and at the office of the clerk of the civil tribunal of the district in which holder resides before he is legally entitled to practice.

It is reported that the regulations regarding practice by foreign physicians have been almost prohibitive. Exemptions are more reasonable for those who seek the French diplomas but not the right to practice. (Verified November, 1919.)

---

## GERMANY

Elementary study extends between the ages of 6 and 14, overlapping the gymnasium by four years, the latter extending between the ages of 10 and 18. Then follows a six-and-a-half-year course which includes preliminary courses in the natural sciences. The last year must be spent in hospital work. This gives the right to practice, but additional work is required, and a severe examination, the "examen rigorosum," must be passed to secure the license. At least eighteen years of work lead to medical practice or nineteen and one-half years to the doctorate, and at the age of completion is at least 25 or 26. Altogether there are seven examinations, for which the total cost in fees charged is 200 marks (\$48).

In exceptional cases credit is allowed for work at schools or universities outside the German Empire, but a previous examination must be passed, to be immediately followed by at least four half-years' study at a German university. After

the first five half-year terms of study a preliminary examination must be passed in anatomy, physiology, physics, chemistry, zoology and botany. The applicant must also have had at least two half-years in medical, surgical and midwifery clinics; must have personally attended four labor cases; must have had a half-year's practice in clinics in the diseases of the eye, ear, nose and throat, mental diseases, skin and venereal diseases and pediatrics. He must also have been instructed in vaccination and acquired dexterity in its practice.

The examination comprises anatomy, physiology, general pathology, pathologic anatomy, surgery, medicine, obstetrics, gynecology, ophthalmology and hygiene. In the clinical part of the examination in medicine and surgery, the candidate on two succeeding days has to examine a patient in the presence of the examiner, giving the etiology, diagnosis, prognosis and treatment, immediately after which he draws up a report, which is countersigned by the examiner. On the same day he prepares a critical report at home, which is presented to the examiner next morning, with the date and the candidate's signature affixed. For the next week he has to visit both patients once or twice daily. He must keep an accurate account of the progress and treatment of the disease, and in case the patient dies within the seven days he must give a written opinion of the cause of death. Somewhat similar clinical examinations are required in ophthalmology, obstetrics, pediatrics and mental diseases. Passing in these qualifies the candidate to enter on the work of his "practical year" in a hospital. Not till this is completed does his qualification become effective. No candidate can enter for an examination after two rejections except in very special cases. Graduation from a German university giving the degree of doctor is not essential to practice, but is a prerequisite to the examination in state medicine and also gives a higher professional standing. In order to graduate applicant must present evidence of having passed the qualifying medical examination. The examination for the degree of doctor may be taken before or after the year of hospital service, but the degree is not conferred until after the hospital year has been completed. Those wishing to obtain appointments as health officers or forensic physicians are also required to pass an examination in state medicine and psychology, which is very stringent. This examination cannot be taken until two years after qualification and is limited to those having the doctor's degree, who, in the qualifying examination, obtained a marking of "good" or "very good," and who have had at least three months' experience as attendant in an asylum of not less

than 150 beds and not less than 150 yearly admissions. The examination is limited entirely to state medicine. Foreign graduates must pass the qualifying examination. (Revised August, 1912.)

---

### GREAT BRITAIN

Education provided by government is given in public elementary schools from 6 to 14, and then has to be supplemented by evening classes up to the age of eighteen. Those who gain scholarships in the elementary schools may be sent to public secondary schools provided or recognized by the State. Education is also given at private elementary or preparatory schools, and is very generally supplemented by further years at the great "public schools," e. g., Eton Winchester, Rugby, etc. The usual ages for education extend from about 6 to 8 to 18. A system is now coming into use under which those whose education has been continuous may obtain a school leaving certificate. This is proof of good education and practically admits to all professions. The minimum age of which students of medicine may register as such is 16. There are various ages at which the student may enter the medical schools, the minimum age fixed by the General Medical Council being 16. The time spent in elementary and secondary education, therefore, ranges from ten to thirteen years. Work must then be taken in physics, chemistry and biology either in a college of science or in the medical college as a part of the regular five-year medical course. Authorities agree that only a small proportion of students enter the medical school before the eighteenth year and few graduate in medicine before the age of 23. Most of the twenty-two universities and other bodies which examine and graduate medical students exceed the strict requirements of the General Medical Council. Thus it requires eight years of university study to obtain the A.B. and the M.B. degrees at Oxford; Cambridge requires six years of medical study for the M.B. degree, and the University of London requires five and one-half years. Since the promotion from one grade to another depends entirely on the passing of an examination, the time to complete the medical course and obtain the M.B. degree, which entitles the holder to register, usually requires six or more years.

The regulations governing registration as a medical student, preliminary examination and medical education are as follows:

Every medical student must be registered as such by the General Medical Council or must pass a preliminary examina-

tion before the Conjoint Board *at the beginning* of his medical course. In order to register, each must show satisfactory proof of being at least 16 years of age and must have passed a *preliminary examination* which includes the following: (a) English grammar, paraphrasing, composition, questions on English history and geography; (b) Latin (grammar, translation into English from unprescribed Latin books, translation into Latin of a continuous English passage and a short idiomatic English sentence); (c) mathematics (arithmetic, algebra, including easy quadratic equations; geometry, including the subject-matter of Euclid i, ii, iii and simple deductions); (d) one of the following subjects: (1) Greek (grammar, translation into English from unprescribed Greek books; translation into Greek of short idiomatic English sentences); or (2) a modern language (grammar, translation into English from unprescribed books; translation of a continuous English passage and of short idiomatic English sentences). A degree of any university recognized by the council will be accepted as a sufficient testimonial of proficiency. The period of professional study between the date of registration as a medical student and the date of final examination must be not less than five years. (The majority of students spend more than six years, many as much as seven, owing largely to the severity of examinations.) The course of *medical study* and examinations must include the following subjects: (1) Physics, including the elementary mechanics of solids and fluids and the rudiments of heat, light and electricity; (2) chemistry, including the principles of the science and the details which bear on the study of medicine; (3) elementary biology; (4) anatomy; (5) physiology; (6) materia medica and pharmacy; (7) pathology; (8) therapeutics; (9) medicine, including medical anatomy and clinical medicine; (10) surgery, including surgical anatomy and clinical surgery; (11) midwifery, including diseases peculiar to women and newborn children; (12) theory and practice of vaccination; (13) forensic medicine; (14) hygiene; (15) mental disease; anaesthetics. The first year may have been taken in a university acceptable to the General Medical Council which offers satisfactory courses in physics, chemistry and biology. The next three years must be spent in recognized schools of medicine, but the fifth year is devoted to clinical work in public hospitals of dispensaries, although half of this year may be spent as a pupil to a registered practitioner who is satisfactory to the Medical Council.

The laws permit one to practice without registration, although such are forbidden to take the title of a licensed

physician, cannot use the courts for the recovery of his charges and cannot give valid certificates of death.

To obtain a license a graduate of an American medical college which is recognized by the General Medical Council must pass the qualifying examinations. The Triple Qualification Board of Scotland or the Conjoint Board of London are known to give fair yet thorough examinations. Reciprocity exists between the United Kingdom and practically all of its dominions and colonies, and with Italy, Belgium and Japan. (Revised June, 1921.)

---

### GREECE

Elementary education is given in the "Demotic" schools between the ages of 6 and 10 and in the "Hellenic" schools between the ages of 10 and 13, leading to the secondary schools or gymnasia, which occupy the time between the ages of 13 and 17. Eleven years are occupied, therefore, by elementary and secondary education. One year of work in the university devoted to botany, chemistry, physics, mineralogy, geology and zoology must be completed as a part of the five-year medical course for the degree of doctor. To secure the right to practice medicine nine months of postgraduate work in a hospital must be completed. The total time required, therefore, to secure the right to practice medicine is nineteen years, and the minimum age at completion of course is 24.

A physician of any foreign country wishing to practice medicine in Greece is required to present a diploma from some foreign medical school of recognized standing. The diploma must be stamped with a Greek revenue stamp which costs about \$75. He must pass an examination before the Medical Faculty of the University of Athens in the Greek or the French language in pharmacology, obstetrics, surgery, medical jurisprudence, hygiene, clinical pathology, clinical surgery. The examination fee is about \$19. (Revised November, 1919.)

---

### HUNGARY

Elementary education extends between the ages of 6 and 12 years, overlapping secondary education, which extends between the ages of 10 and 18, and finishes by the "matura" examination. The twelve years' work thus completed leads to the five-year medical course. Three examinations must be undergone. The *first* is taken during the course and includes physics, chemistry (each theoretical only), biology and anatomy (each theoretical and practical). The second and third

examinations are taken after the medical course is completed. The subjects of the *second* examination are: Pathologic anatomy (theoretical and practical), general pathology and therapeutics, pharmacology, hygiene and legal medicine (each theoretical only). The subjects of the *third* examination are: Internal medicine, surgery, obstetrics, gynecology, diseases of the eye (each theoretical and practical) and a special branch of medicine (alternately mental diseases or pediatrics or dermatology and syphilis). Having succeeded in these examinations the applicant has to undergo a year of compulsory hospital practice either at the university clinics or in public hospitals. The time for the entire course, therefore, is eighteen years, and the minimum age at completion is 24.

Foreign diplomas are recognized only after all examinations are passed. Women are admitted to the profession. Naturalization as a Hungarian subject is necessary before right to practice is given. The Hungarian ministry for education has recently ordered that the holders of diplomas gained abroad (Austria included) can apply for the right to practice only under the condition that they produce proofs of having passed examinations absolutely equivalent to those required from a medical student in Hungary (knowledge of Latin, Greek, an equal curriculum, and the same subjects as are required in Hungary). The fees for the examination are 295 kronen (about \$60). (Revised July, 1912.)

---

### ITALY

To enter the courses of medicine at the Italian universities one must follow a five-year course of elementary education and undergo secondary education, viz., five years in the *ginnasio* and three years in the *liceo*. The student is admitted to the six-year course of medicine on presentation of the license from the *liceo*.

The degree of Doctor may be obtained in the sixteen royal universities or in the Royal Institutes of Milan (*Instituti Clinici di Perfezionamento*) and of Florence; the degree is an indispensable requisite for practice. The course lasts six academic years; it has twenty-three obligatory subjects and the student must pass an examination in each subject before the final examination for the "*Laurea in Medicina e Chirurgia*."

The propedeutic lectures (the order of which the student is at liberty to choose) are zoology, comparative anatomy and physiology, botany, chemistry, physics, descriptive human anatomy, topographic human anatomy, physiology, *materia medica* and general pathology. Afterwards (as a rule in the



second term of three years) the student must follow the lectures on special medical pathology, special surgical pathology, pathologic anatomy, medical clinic, surgical clinic, surgical medicine, hygiene, clinic of nervous and mental diseases, ophthalmology, obstetrics, dermatology, syphilis, pediatric clinic and legal medicine.

The academic year begins on October 16 and the lectures end on June 15. The second half of October and the second half of June are occupied by the examinations. There are holidays of about a fortnight each at Christmas and Easter, so that the lectures extend over about twenty-seven weeks. The obligatory lectures last, as a rule, one year. Those on pathology, anatomy and physiology last two years; those on human anatomy, medical and surgical clinic, three years. Besides the obligatory lectures, supplementary courses and free lectures are delivered by private tutors.

The professors are named by royal decree on the proposal of a special commission of the Superior Council of Public Education. They cannot be transferred, except for misconduct or at their personal request.

The final examination consists of one written and several oral theses, all selected by the student. Failure is very rare. The M.D. must be registered at the "prefettura" and at the "Ordine dei Medici" of the province in which the applicant resides. This procedure must be repeated in case of change of residence.

Registration without examination is open only to those foreigners that have diplomas from a school of a foreign country which reciprocates with Italy. At the present time the states that so reciprocate are England and Japan, and, therefore, an American diploma is not recognized. To an American physician the only way open is to take before an Italian University the general examination of "Laurea," provided he shows that he obtained a diploma from an American university of greater rank. Any diploma of Laurea secured in this way would allow him to practice his profession in the kingdom. To that end he must make application to the president of the university (Rettore) and submit his titles and birth certificate, legalized by the Italian consul of the country or state in which they were issued and by the Italian Ministry of Foreign Affairs. In addition, said documents must bear the stamps required by the Italian law on "Bollo." The candidate must pay the matriculation fee of \$15.00, and if compelled to follow the courses for one or more years, the annual and examination fee of \$35.00 per year. The fees for the final examination amount to \$30. (Revised November, 1919.)

### JAPAN

Ordinary elementary education extends between the ages of 6 and 12 years and leads to the "middle school," which extends between the ages of 12 and 17 years. Completing the work of the middle school admits to the medical course in all medical schools except those connected with the Imperial Universities at Tokyo, Sendai and Kyoto, and the Osaka Prefectural College of Medicine at Osaka, which require three additional years of higher preliminary education. The medical course covers four years. The entire course of training for the medical degree, therefore, may be completed at the minimum age of 21 years, or in the university medical schools at the age of 24 years.

According to a law passed May, 1906, Japan requires certain qualifications and a license from the minister of the interior before an outsider can practice medicine. An examination in the Japanese language in all the branches of the medical curriculum is required. Four years of medical study are the minimum requirement, and the right is reserved to refuse or revoke a license in case the applicant is a minor, or deaf, dumb or blind, has been imprisoned or has been fined for medical malpractice. The law provides that each physician must keep a record of all his patients, with name, age, residence, occupation, disease and treatment. This record must be preserved for ten years. The law further prohibits false announcements in regard to a physician's ability, and it also prohibits advertising of secret remedies by physicians. (Verified July, 1912.)

---

### LUXEMBURG

In order to practice medicine in Luxemburg the practitioner must be a Luxemburg subject by birth or by naturalization; he must be a graduate of the Luxemburg high schools and must pass the different examinations before a commission of physicians nominated for special cases by the government. (Verified November, 1919.)

---

### MONACO

In the principality of Monaco, qualifications equal to the French diploma of medicine are required. Application, enclosing certified credentials, must be made to the counsel of the principality or to the mayor of Monaco.

## NETHERLANDS

Elementary education extends through six years between the ages of 6 and 12 years; then the student must choose between the gymnasium, a course of six years with classical requirements, or the city high schools, offering a course of five years without requirements in Latin and Greek but with more extensive requirements in mathematical and natural sciences. Admission in both cases is then secured to the medical course, which lasts about seven years and which includes work in the natural sciences. All examinations for students of either category are the same.

After passing an examination in practical medicine, surgery and midwifery, the medical student is given the title of "arts" and the right to practice, but not the title of "doctor," which is a purely scientific one and is obtained only by writing a scientific thesis and defending it before the medical faculty of the university. Only those may try for the title of "doctor" who have had a thorough training in classical scholarship and have graduated from the gymnasium, or passed an equivalent examination. The diploma of "arts" must be recorded in the office of the chief inspector of public health and shown to the burgomaster of the commune before the holder may practice. Foreign graduates are required to pass the examination before they can practice medicine in the Netherlands. Government universities are located at Leyden, Utrecht and Groningen; at Amsterdam there is a municipal Athanaeum Illustre, of which the diploma is equivalent to those of the other universities. The admission fee is 200 florins (\$80) annually. (Revised November, 1919.)

## NORWAY

Elementary education extends between the ages of 6 and 12 years, overlapping the secondary, which extends between the ages of 9 and 18 years. Secondary education is divided into a six-year middle school and a three-year gymnasium. The completion of the course of the gymnasium admits to the six-year medical course, which includes work in physics, chemistry and biology. The time is at least eighteen years and the minimum age at completion is 24. This gives the right to practice with the title of physician. The degree of doctor requires extra work and the passing of special examinations.

Physicians from foreign countries wanting to practice medicine in Norway must present their credentials to the Medical Faculty in Christiania, who will act on each special

application. As a rule it will be required that they follow the practical medical courses at the State Hospital in Christiania for one and one-half to two years, and then submit to examination in the different branches of medicine. Only the allopathic school is recognized in Norway. There is said to be a shortage of country physicians (district physicians.) (Revised October, 1919.)

---

### PORTUGAL

Elementary education extends between the ages of 6 and 12 years, thus overlapping the work of the lyceum, which extends between the ages of 9 and 16. This is followed by a course of one or two years in a faculty of philosophy (Coimbra) or in the polytechnic schools (Lisbon and Oporto) and then five years in medicine for the degree of licentiate in medicine and a sixth year for the degree of doctor. The time for the entire course is at least eighteen years and minimum age at completion 24. For Board of Health service a special course in sanitary medicine is required; for Army and Navy service, a further course is required in bacteriology, parasitology, hygiene, climatology and tropical diseases.

The medical course covers a period of five years, extending each year from October to July. Matriculates must have had seven years of preliminary education, including Latin, French, and German, and in addition must have studied physics, chemistry (inorganic, organic and chemical analysis), zoology, and botany, and in one of the three medical schools, mathematics. Foreign applicants may be admitted for the examination if they submit satisfactory evidence that they have taken a complete course in medicine in some school of high scientific reputation. After completing the state examination the applicant may get a degree of Doctor in Medicine and Surgery by submitting a thesis prepared especially for this purpose and approved by the faculty. The fees aggregate about \$300. (Revised November, 1919.)

---

### ROUMANIA

To become qualified to practice medicine, the candidate who having first passed his baccalaureate or examination in arts, must present full credentials and pass the state examination. Having passed the various examinations he is admitted to the examination for the degree of doctor. This, if obtained, gives him authority to practice. Graduates of foreign schools must study medicine for five years in a medical faculty.

### RUSSIA

Elementary education in the church or parish schools extends for three years between the ages of 7 or 8 and 11. Secondary education in the gymnasium, extends through eight classes between the ages of 9 and 17. Completion of the secondary work or passing the final examinations of the gymnasium admits to the five-year medical course, which includes preliminary work in the natural sciences extending through the first two years along with other subjects. The total time is at least fifteen years and the minimum age at completion is 22, but the average age of completion of the medical course is 24 or 25. American physicians wishing to practice in Russia would have to pass the examination at a gymnasium in the Russian language before being allowed to take the final medical examinations at the university. Exceptions to this rule are very scarce and are made by special permission to the minister of education. (Revised June, 1912.)

---

### SERBIA

There being hitherto no university in Serbia, students desiring to study medicine have been obliged to study abroad. Serbia recognizes only medical diplomas acquired at the universities of Paris, Vienna and Berlin. Degrees from universities of other countries are recognized only after an examination has been passed before a commission. Only Servian subjects may practice. (Revised June, 1912.)

---

### SIAM

There are no legal restrictions to the practice of medicine. Opportunities are not good for private practice. (Verified July, 1912.)

---

### SPAIN

Elementary education extends between the ages of 6 and 14 years, overlapping the work of the gymnasium, the secondary schools, which conduct work between the ages of 10 and 17. After completing the work of the gymnasium, one year of "preliminary study" must be taken, devoted to chemistry and natural science. Six years more gives the degree of licentiate in medicine and one more that of doctor. The doctor's year is not required to practice medicine but is optional with the physician. The complete course, therefore,

requires at least eighteen years of study and the minimum age at completion is 24. The official curriculum for the degree of licentiate includes the following courses:

Descriptive anatomy, normal histology and histo-chemistry, anatomical technic, embryology, physiology, general pathology with clinical attendance, materia medica and therapeutics, morbid anatomy, medical and surgical pathology, obstetrics and gynecology, pediatrics, clinical medicine and surgery, diseases of the nose, ear and larynx; regional anatomy and operations, hygiene, with statistics and sanitary legislation; forensic medicine, dermatology and syphilography. For the degree of doctor the course includes also the following courses: Critical history of medicine, chemical analysis, biological chemistry, anthropology, experimental psychology. Students may pursue their study when and where they choose so long as they can pass the examination. The government, on advice of the Council on Public Instruction, may recognize medical work done abroad or may grant the temporary right to practice. At the present time, foreign medical men must qualify in the same way as Spaniards. Foreign physicians should be careful not only to have their diplomas legalized before a Spanish consul in the United States, but should also have similarly legalized a statement of the studies which have been pursued. It would also be well to have a similarly legalized statement from the secretary of state of the state in which the college is located showing the right of the institution to grant degrees. The examination fee for licentiate is \$112. There is no fee for the doctor's degree unless he takes a diploma, which will cost \$280. (Revised June, 1912.)

---

### SWEDEN

Elementary education extends over three years between the ages of 6 and 9. Secondary education consists of a five-year lower modern course and a four-year higher gymnasium course, the two courses being attended by students between the ages of 9 and 18. Nine years more of study gives the degree of licentiate in medicine, which carries with it the right to practice provided he has passed all the qualifying examinations. To secure the degree of doctor requires more work and the passing of special examination. Promotion to each succeeding grade depends on the passing of an examination, and the medical course often extends to nine or more years. The entire course, therefore, includes: Elementary work, 3 years; lower modern school, 5 years; higher gymnasium, 4 years; college of philosophy, 1 year, and medicine,

7 years, a total of 20 years. The physician in Sweden, therefore, seldom begins the practice of medicine before he reaches the age of 28 or 30.

Graduates of foreign medical schools must pass a severe state examination, although some reduction in curriculum may be granted. (Revised October, 1919.)

---

### SWITZERLAND

The cantons differ somewhat in the length of their secondary courses, but all agree in regard to the preliminary work for admission to medicine and the length of the medical course. Taking the canton of Zürich as an example, the elementary work extends over six years, between the ages of 6 and 12. The secondary schools, known as gymnasia (realschulen or lycea), have courses covering seven years, students attending between the ages of 11 and 18. Graduation from the gymnasium admits to the five-year medical course, which includes preliminary courses in physics, chemistry and biology. The entire course, therefore, requires: Elementary work, 5 years; gymnasium, 7 years, and medicine, 5 years, a total of 17 years. The minimum age at completion is 23. The degree of doctor is not essential to practice, but may be obtained by writing a special thesis and taking certain courses without necessarily requiring a longer course.

A qualified foreign practitioner, even if he desires to practice only among his own countrymen, is required to pass the federal and "maturity" examinations, which may be passed at Basel, Fribourg, Zürich or Berne in German, and at Geneva, Neuchatel or Lausanne in French. The applicant is advised to call on or address Professor Courvoisier, president of the Federal Medical Examining Board at Basel. We are informed that every information would be afforded, and that no difficulties are placed in the way of candidates. Three examinations are required. At the University of Zürich, as a rule, these are held as follows: The first and second at the latter part of January or the middle of September, and the third early in January or October, or the latter part of May. At Geneva the examinations are held in the third week in October and in the second week in July. At Lausanne the first and second examinations are held in April and October; the third in February, March, June and July. The examination fees are approximately \$45. (Verified October, 1919.)

### TURKEY

Elementary education extends over four years during the ages of 6 to 10 years; intermediate studies occupy the next four years from the ages of 10 to 14 years, and secondary studies occupy the three years from the ages of 14 to 17 years. A diploma from the secondary school admits to the six-year medical course, which may be completed at the age of 23. The six-year medical course includes preliminary courses in physics, chemistry and biology, and four examinations must be passed before admission is gained to the sixth-year course, which must be taken in the general hospitals of Constantinople. Two theses have to be presented at the fourth examination. There are two foreign provincial schools, the French and American medical schools at Beirut, which now have the privilege of granting degrees and the consequent right to practice. The examinations are conducted by a commission from the Constantinople School of Medicine, so that their degrees are equivalent to the latter. A foreigner must present a diploma from a recognized medical college and a license to practice in one of the states of the United States, and these documents must be legalized by a Turkish consul in the United States; must show his passport, which must have been countersigned by his consular authority, and must then pay 20 lira (\$88) and pass a very strict oral examination, the "colloquium," after which on a further payment of 5 lira (\$22), he is given permission to practice.

---

### SOUTH AFRICA

**Cape Colony.**—Medical practice is under the control of the Colonial Medical Council. Admission to the register is given on any diploma covering five years' study, if the diploma entitles the holder to practice in the country wherein it was granted. The working of the law, however, practically excludes all but British diplomas. Application for registration and license to practice should be addressed to the secretary, Colonial Medical Council, University Buildings, Queen Victoria Street, Cape Town. With this letter should be forwarded the original diplomas or certificates held by the applicant, a postal or money order for 5 pounds, and declarations sworn before a justice of the peace: (a) of personal identity; (b) of the authenticity of the said diplomas and certificates; (c) of the fact that they are entitled to practice as qualified medical practitioners in the countries where the said diplomas and certificates were granted, and that they have never been debarred from practice in any



country by reason of misdemeanor or professional misconduct; (d) that to the best of their knowledge and belief no proceedings involving a charge of misdemeanor or professional misconduct are pending against them in any country at the present time. The letter should also state the place, if known, at which the applicant proposes to practice. If the diploma is satisfactory the council recommends the holder to the colonial secretary, who in due course records the applicant and forwards his license. Applicants who have already been registered in the United Kingdom produce only a certificate from the registrar of the General Council of Medical Education and Registration together with a sworn declaration of identity and authenticity. Graduates of American medical schools should secure a license from one of the licensing bodies of Great Britain, such as that of the Triple Qualification Board of Scotland or the Coryund Board of London. A medical practitioner can compound and dispense medicines prescribed by himself or his partner, principal or assistant upon obtaining an annual dispenser's license for which a fee of 2 pounds 10 shillings is payable. (Revised June, 1921.)

**Madagascar.**—A medical degree granted by the French government is required before the right to practice medicine is conferred by the inspector general of health.

**Natal.**—Only such diplomas as are registrable in the United Kingdom are acceptable for registration to practice, and the requirements are about the same as in Cape Colony. Medical affairs in charge of the Natal Medical Council. (Revised September, 1912.)

**Orange River Colony.**—Diplomas from such medical colleges as are satisfactory to the Colonial Medical Council are acceptable for registration. The applicant must also hold a license to practice medicine in the state or country from which he comes. The law is well enforced. The examination fee is \$25. An annual license fee of about \$40 must be paid by every practitioner. (Revised September, 1912.)

**Rhodesia.**—Registration is required and such degrees as would be acceptable for license in Great Britain are recognized. A license to practice costs about \$25. (Verified, September, 1912.)

**Transvaal.**—Medical practice is under control of the Transvaal Medical Council in Johannesburg. Medical practitioners who are entitled to registration in Great Britain are entitled to be registered in the Transvaal. Holders of foreign diplomas and certificates are not entitled to registration unless (a) the diploma or degree entitles the holder

to practice as a medical practitioner in the country or state in which it was granted, (b) there is full reciprocity in regard to medical practice between that country and Great Britain, and (c) the standards are not lower than those of the General Council of Medical Education of the United Kingdom. An exception is, however, made in the case of a student born or domiciled in South Africa, who is a British subject and goes outside the country for his studies. He may under certain conditions be registered on foreign qualifications even though clause (b) as above is not fulfilled. The fee for registration is £10 (about \$50). (Revised August, 1919.)

---

### AUSTRALIA

**New South Wales.**—The candidate for registration is required to communicate with the secretary of the Medical Board of New South Wales at least five days before a monthly meeting, which is held on the second Wednesday in every month, and to submit his diploma or other certificate of qualification. The candidate is required to prove to the satisfaction of the board, (1) that he is a doctor or bachelor of medicine of some university, or a physician or surgeon licensed or admitted as such by some college of physicians or surgeons in Great Britain or Ireland; or (2) that he has passed through a regular course of study of not less than five years' duration in a school of medicine, and that he has received from some university, college, or other body duly recognized for that purpose in the country to which such university, college, or other body may belong, a diploma, degree, or license, entitling him to practice medicine in that country; or (3) that he is a member of the Company of Apothecaries of London or of the Apothecaries' Hall, Dublin; or (4) that he is a medical officer of His Majesty's sea or land service; or (5) that he is a person placed upon the separate register under Section 8 of the Act (Nov. 29, 1912). The penalty for using the title of physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine is about \$250, and in case of continuing offense, \$25.00 a day from the date of the first offense or imprisonment for a term not exceeding twelve months. (Verified April, 1919.)

**Queensland.**—The candidate for registration must submit his diploma or other certificate for approval to the Medical Board of Queensland, Home Secretary's Department, Brisbane, Queensland. The board meets on the first Thursday in every month. A candidate must have passed through a

regular course of medical study in a school of medicine and received from some college, university, or other body, duly recognized for that purpose in the country to which such university, college or other body may belong, a diploma or license entitling him to practice medicine in that country; or who is, or has been, a medical officer, duly appointed and confirmed, of His Majesty's sea or land service. In dealing with diplomas and certificates of qualification the essential point is that the board must be satisfied. Penalty, similar to that of New South Wales. (Verified April, 1919.)

**South Australia.**—Any person who wishes to be registered as a medical practitioner must give to the secretary of the Medical Board of South Australia, Adelaide, at least three days' notice of his intention to apply. This board meets on the second Thursday in every month. He must submit his diploma and produce a declaration, signed before a justice of the peace, to the effect that he is the person whose name appears on the diploma. The fee for registration is about \$5.

The applicant must have a medical degree, diploma or license to practice, granted by a university, college or licensing body of any British colony or possession or by any foreign university, college or licensing body, which in the opinion of the medical board is equal to the qualification entitling the holder to be registered in the United Kingdom. He must satisfy the board that he has passed through a regular graded course of medical study of not less than four years' duration in a British or foreign school of medicine and has received from such college, school or university or body duly recognized for that purpose in the country to which such institution may belong, a medical diploma or degree certifying to his ability to practice. (Verified April, 1919.)

**Tasmania.**—No one is deemed a legally qualified medical practitioner who is not the holder of a certificate of qualification from the Medical Council of Tasmania, Department of Public Health, Hobart, Tasmania. Applicant shall present to the council (which meets on the first Tuesday in every month) the testimonium, diploma, license, or certificate from some university, college or other body duly recognized for such purposes in the country to which such university, college or other body may belong. Subject to the foregoing qualifications the council may register duly certified holders of British registrable degrees. The registration fee is about \$15.00. (Verified April, 1919.)

**Victoria.**—The office of the Medical Board of Victoria is the Chief Secretary's Department, Spring St., Melbourne, Victoria, and the monthly meeting for registration takes place on the first Tuesday of every month. To be entitled to

registration an applicant must have passed through a regular course of medical and surgical study of five or more years' duration. Persons holding British registrable degrees may be registered. No university or college or other body in any country other than the United Kingdom or a British possession is recognized by the board unless registered legally qualified medical practitioners of Victoria are, by virtue of being so registered, and without further examination, entitled to practice their profession in such country, either on registration or otherwise. The fee for registration is about \$15.00. Penalty, similar to that of New South Wales.

**Western Australia.**—The applicant must submit his degree, diploma, certificate or other proof to the Medical Board of Western Australia, Public Health Department, Perth, West Australia, together with proof of good character and qualification, skill, and ability to practice medicine or surgery. Only persons holding British, Australian, Tasmanian or New Zealand qualifications and those holding the registration certificate of the General Medical Council of Great Britain can be registered. (Verified April, 1919.)

---

#### NEW ZEALAND

In order to be registered the applicant must cause at least one month's notice of his intention to apply to be published in the *Gazette*, and also in some newspaper circulating in the district in which the applicant intends to practice; and at least one month before the date of his application for registration he must deposit his diplomas or other evidence of qualification, or a true copy thereof certified as correct, in the office of the registrar nearest to the place where he intends to register. The applicant may then apply to the Registrar-General, Wellington, New Zealand, for registration, forwarding with his application a copy of the advertisement and *Gazette* notice. The applicant must satisfy the board that he is (1) a graduate in medicine and surgery of the University of New Zealand, or (2) registered on the register of medical practitioners in the United Kingdom, or (3) eligible for registration on such, or (4) the holder of a diploma approved by the board. The board may refuse to approve any diploma unless the graduates in medicine and surgery of the University of New Zealand are by virtue of such graduation, and without further examination, entitled to be registered in the country in which is situated the university or other institution by which this diploma has been granted. No person is entitled to be registered if he has been convicted of any offense punishable by imprisonment

with hard labor for a term of two years or upwards or is otherwise not of good character.

A fee of about \$15.00 is payable when the diploma or other evidence of qualification is deposited. There is a slight charge for a certificate of registration or for alteration or addition of qualifications to register. The act took effect March 1, 1915. (Verified April, 1919).

---

### MINOR BRITISH COLONIES

**Africa, East and West Coasts.**—No regulations. Government efforts exerted toward stopping dangerous practices of native medicine men and witch doctors.

**Bahama Islands.**—Registration is required and penalties are provided for practicing without first being duly registered. No examination is required where applicant presents to the Colonial Secretary, Nassau, N. P., Bahamas, satisfactory credentials of graduation from a recognized medical school and a statement of his experience. (Revised October, 1919.)

**Bermuda Islands.**—Registration is required of all applicants before the right to practice is conferred. Application should be made to the Colonial Secretary at Hamilton, accompanied by diploma, and proof of moral character and identity. (Revised October, 1919.)

**British Guiana.**—Has a thorough medical organization. Only medical men who are already registered in the United Kingdom are admitted to the register. (Verified November, 1919.)

**British Honduras.**—Registration is required of all practitioners. Medical affairs are in charge of a medical committee.

**British New Guinea.**—Has no medical acts.

**Ceylon.**—Under an ordinance approved July, 1905, registration is required to practice and any one not so qualified who proposes to practice or hold himself as ready and willing to treat patients is liable to prosecution. The register is in charge of the Ceylon Medical College and no foreign degrees or qualifications are acceptable unless the foreign state or country recognizes the certificate of Ceylon.

**Cyprus.**—Registration is required and any person may secure it who holds qualifications which permit him to practice where such qualifications were obtained.

**Falkland Islands.**—Medical act of the United Kingdom considered to be in force, but there is no special local medical act.

**Fiji Islands.**—Now provides medical education for natives. Medical practice now controlled by government and registration is required. Any one entitled to practice in the United Kingdom or British Colonies may claim admission.

**Gibraltar.**—Registration is required, and there are moderately stringent regulations. Permission to practice is entirely in the hands of the governor. (Verified November, 1919.)

**Grenada.**—Graduates of medical schools in the United States recognized by the Grenada Medical Board and who are legally entitled to practice medicine in the United States are eligible for registration.

**Hongkong.**—The conditions imposed on all practitioners render the admission of non-British graduates very difficult. (Verified, September, 1912.)

**Jamaica.**—In order to secure the legal right to practice medicine and surgery in the Island of Jamaica, a physician—unless he is on the British register—should make application in writing to the governor of Jamaica, requesting him to appoint a board of examiners to pass on his qualifications. He would then have to appear before this board and present a diploma from a faculty of medicine and a license to practice in some state, both of which should be duly authenticated. The physician would then be examined in the various branches of medicine, surgery and midwifery. The examination usually lasts about a week and is both oral and written. The fee must be deposited beforehand with the secretary of the Medical Council of Kingston. This fee amounts to about 12 guineas (English money), or about \$65. No specified dates are fixed for examinations, these being held as occasion for them arises. (Verified October, 1919.)

**Leeward Islands.**—Has an act regulating medical practice, passed in 1903, limiting practice to persons who would be entitled to practice in the United Kingdom.

**Malta.**—Registration is required. There is a schedule of qualifications and a Medical Board controlling medical education. There is a medical school located there. (Verified June, 1912.)

**Mauritius and St. Helena.**—Registration is required and a heavy fine for unregistered practice, but there is no medical act.

**Seychelles Island.**—Those holding qualifications acceptable to the chief medical officer are admitted to the register.

Straits Settlements, Singapore, (Malaya).—Registrable qualification recognized in Great Britain are required to practice and any one not so qualified who professes to practice or who holds himself ready and willing to treat patients is liable to prosecution. There is a medical school at Singapore.

Windward Islands.—There is a medical act in force and registration is required.

## FOREIGN MEDICAL COLLEGES

This list has been prepared from data collected by the Council on Medical Education:

### ARGENTINE REPUBLIC

*Buenos Ayres.*—Universidad Nacional de Buenos Aires.

*Cordova.*—Universidad Nacional de Cordoba.

*La Plata.*—Universidad Nacional de La Plata.

### AUSTRALIA

*Adelaide.*—University of Adelaide.

*Melbourne.*—University of Melbourne.

*Sydney.*—University of Sydney.

### AUSTRIA

*Gras, Styria.*—K. K. Karl Franzens Universität.

*Innsbruck, Tyrol.*—K. K. Leopold Franzens Universität.

*Prague, Bohemia.*—K. K. Deutsche Karl Ferdinands Universität.

*Prague, Bohemia.*—C. K. Česká Universita Karlo-Ferdinandova.

*Vienna, Nether Austria.*—K. K. Universität.

### BELGIUM

*Brussels.*—Université Libre de Bruxelles.

*Ghent.*—Université de l'Etat de Gand.

*Liege.*—Université de Liège.

*Louvain.*—Université Catholique.

### BOLIVIA

*La Paz.*—Universidad de La Paz.

*Sucre.*—Universidad de Sucre.

### BRAZIL

*Bahia.*—Faculdade de Medicina, Cirurgia e Pharmacia.

*Bello Horizonte, Minas.*—Faculdade de Medicina e Cirurgia.

*Estado de Amazonas.*—Da Universidade de Monoas.

*Porto Alegre.*—Escola de Medicina e Odontologia de Porto Alegre.

*Porto Alegre.*—Faculdade Livre de Medicina e Pharmacia.

*Rio de Janeiro.*—Faculdade de Medicina, Cirurgia e Pharmacia.

*Sao Paulo.*—Faculdade de Medicina e Cirurgia.

### CANADA

*Edmonton, Alberta.*—University of Alberta, Faculty of Medicine.

*Halifax, Nova Scotia.*—Dalhousie University.

*Kingston, Ontario.*—Queen's University.

*London, Ontario.*—Western University.

*Montreal, Quebec.*—McGill University.

*Montreal, Quebec.*—Montreal School of Medicine.

*Quebec, Quebec.*—Université Laval.

*Toronto, Ontario.*—University of Toronto.

*Winnipeg, Manitoba.*—University of Manitoba (Manitoba Medical Colleges).

## CHILE

*Santiago*.—Universidad de Chile.

## CHINA

- | City            | Province         | College  |
|-----------------|------------------|--|
| <i>Canton</i>   | <i>Kwangtung</i> | —Chung-fa Medical College.                           |
| <i>Canton</i>   | <i>Kwangtung</i> | —Hackett Medical College (Women).                    |
| <i>Canton</i>   | <i>Kwangtung</i> | —Kung Yee Medical College.                           |
| <i>Canton</i>   | <i>Kwangtung</i> | —Kwangtung Provincial Medical College.               |
| <i>Canton</i>   | <i>Kwangtung</i> | —Kwang Wa Medical College.                           |
| <i>Canton</i>   | <i>Kwangtung</i> | —Liang Yueh Medical College.                         |
| <i>Changsha</i> | <i>Hunan</i>     | —Hunan-Yale College of Medicine.*                    |
| <i>Chengtzu</i> | <i>Szechuan</i>  | —West China Christian University School of Medicine. |
| <i>Foochow</i>  | <i>Fukien</i>    | —Union Medical College.                              |
| <i>Hangchow</i> | <i>Chekiang</i>  | —Chekiang Provincial Medical College.                |
| <i>Hangchow</i> | <i>Chekiang</i>  | —Hangchow Medical Training College.                  |
| <i>Hankow</i>   | <i>Hupei</i>     | —Union Medical College.                              |
| <i>Hongkong</i> | <i>Hongkong</i>  | —Hongkong University School of Medicine.             |
| <i>Mukden</i>   | <i>Manchuria</i> | —Mukden Medical College.*                            |
| <i>Peking</i>   | <i>Chihli</i>    | —Board of Education Medical College.                 |
| <i>Peking</i>   | <i>Chihli</i>    | —Union Medical College.*                             |
| <i>Peking</i>   | <i>Chihli</i>    | —Union Medical College for Women.                    |
| <i>Shanghai</i> | <i>Kiangsu</i>   | —German School of Medicine.                          |
| <i>Shanghai</i> | <i>Kiangsu</i>   | —Pennsylvania St. John's Medical School.*            |
| <i>Soochow</i>  | <i>Kiangsu</i>   | —Elizabeth Blake Medical Training College.           |
| <i>Soochow</i>  | <i>Kiangsu</i>   | —Kiangsu Provincial Medical College.                 |
| <i>Soochow</i>  | <i>Kiangsu</i>   | —Woman's Medical College.                            |
| <i>Tientsin</i> | <i>Chihli</i>    | —Army Medical College.                               |
| <i>Tientsin</i> | <i>Chihli</i>    | —Navy Medical College.                               |
| <i>Tsinanfu</i> | <i>Shantung</i>  | —Shantung Christian University School of Medicine.*  |

The five colleges indicated by an asterisk (\*) are eligible to membership in the Association of Medical Colleges of China. Membership in that association is limited to such colleges as provide a four-year medical course, preceded by adequate college courses, with laboratory work, in physics, chemistry and biology, based on high school graduation.

## COLOMBIA

- Bogota*.—Universidad de Bogota.  
*Cartagena*.—University of Cartagena.

## COSTA RICA

- San Jose*.—Escuela de Medicina y Pharmacia.

## CUBA

- Havana*.—Universidad de la Habana.

## DENMARK

- Copenhagen*.—Kjobenhavns Universitet.

## ECUADOR

- Cuenca*.—Universidad del Azuay.  
*Guayaquil*.—Universidad del Guayas.  
*Quito*.—Universidad Central de Ecuador.

## EGYPT

- Cairo*.—Kasr il Aini (School of Medicine).



## ENGLAND

- Birmingham*.—University of Birmingham.  
*Bristol*.—University of Bristol.  
*Cambridge*.—University of Cambridge.  
*Durham*.—Durham University (Durham College of Medicine).  
*Leeds*.—University of Leeds.  
*Liverpool*.—University of Liverpool.  
*London*.—University of London (including the following Medical Schools: (a) St. Bartholomew's Hospital, (b) Charing Cross Hospital, (c) St. George's Hospital, (d) Guy's Hospital, (e) King's College, (f) London Hospital, (g) St. Mary's Hospital, (h) Middlesex Hospital, (i) St. Thomas Hospital, (j) University College, (k) Westminster Hospital, and (l) Royal Free Hospital (School of Medicine for Women)).  
*Manchester*.—Victoria University (Owen's College, founded in 1851, was merged into Victoria University in 1905).  
*Oxford*.—University of Oxford.  
*Sheffield*.—University of Sheffield.

## FRANCE

- Faculties of Medicine* (to degree of doctor in medicine, including the five required examinations).  
*Bordeaux*.—Université de Bordeaux.  
*Lille*.—Université de Lille.  
*Lyon*.—Université de Lyon.  
*Montpellier*.—Université de Montpellier.  
*Nancy*.—Université de Nancy.  
*Paris*.—Université de Paris.  
*Strasbourg*.—Université de Strassbourg.  
*Toulouse*.—Université de Toulouse.  
*Preparatory Schools of Medicine*.—Graduates of the 16 following schools are allowed to take the first two examinations if they are presided over by some member of a medical faculty:  
 (a) "Full Exercise," or complete course (covering the work of 16 trimesters).  
*Algiers (Africa)*.—Académie d'Alger.  
*Marseilles*.—Université d'Aix Marseille.  
*Nantes*.—Ecole de Plein Exercice de Médecine et de Pharmacie (part of the University of Rennes).  
*Rennes*.—Université de Rennes.  
 (b) *Reorganized Schools*.—(Completing the first 12 trimesters).  
*Amiens*.—Ecole Préparatoire de Médecine et de Pharmacie (part of the University of Lille).  
*Angers*.—Ecole Préparatoire de Médecine et de Pharmacie (part of the University of Rennes).  
*Besancon*.—Université de Besancon.  
*Caen*.—Université de Caen.  
*Clermont*.—Université de Clermont.  
*Dijon*.—Université de Dijon.  
*Grenoble*.—Université de Grenoble.  
*Limoges*.—Ecole de Médecine et de Pharmacie (part of the University of Poitiers).  
*Poitiers*.—Université de Poitiers.  
*Reims*.—Ecole Préparatoire de Médecine et de Pharmacie (part of the University of Paris).  
*Rouen*.—Ecole de Médecine et de Pharmacie (part of the University of Caen).  
*Tours*.—Ecole Préparatoire de Médecine et de Pharmacie (part of the University of Poitiers).

## GERMANY

- Berlin, Prussia.*—Königliche Friedrich-Wilhelm Universität.  
*Bonn, Prussia.*—Rheinische Friedrich-Wilhelms-Universität.  
*Breslau, Prussia.*—Königliche Universität.  
*Erlangen, Bavaria.*—Königliche Friedrich-Alexanders Universität.  
*Freiberg, Baden.*—Grossherzogliche Badische Albert-Ludwigs-Universität.  
*Giessen, Hesse.*—Grossherzogliche Hessische Ludwigs-Universität.  
*Göttingen, Prussia.*—Königliche Georg-August-Universität.  
*Greifswald, Prussia.*—Königliche Universität.  
*Halle, Prussia.*—Vereinigte Friedrichs-Universität, Halle-Wittenberg.  
*Heidelberg, Baden.*—Grossherzogliche Ruprecht-Karls-Universität.  
*Jena, Thuringia.*—Grossherzogliche und Herzogliche Sächsische Gesamt-Universität.  
*Kiel, Prussia.*—Königliche Christian-Albrechts-Universität.  
*Königsberg, Prussia.*—Königliche Albertus-Universität.  
*Leipzig, Saxony.*—Universität.  
*Marburg, Prussia.*—Universität.  
*Munich, Bavaria.*—Königliche Bayr. Ludwig-Maximilians-Universität.  
*Rostock, Mecklenburg.*—Universität.  
*Tübingen, Württemberg.*—Königliche Eberhard-Karls-Universität.  
*Würzburg, Bavaria.*—Königliche Julius-Maximilians Universität.

## GREECE

- Athens.*—National University.

## GUATEMALA

- Guatemala.*—Facultad de Medicina y Cirugia.

## HAITI

- Port au Prince.*—L'Ecole Nationale de Médecine.

## HONDURAS

- Tegucigalpa.*—Facultad de Medicina.

## HUNGARY

- Budapest.*—Budapesti Királyi Magyar Tudomány-Egyetem (Royal Hungarian University).  
*Pressburg.*—Royal Hungarian University.

## ICELAND

- Reykjavik.*—Loeknaskoli (School of Physicians).

## INDIA

- Allahabad.*—University of Allahabad.  
*Bombay.*—University of Bombay (Grant Medical College).  
*Calcutta.*—University of Calcutta (Medical College of Bengal).  
*Lahore.*—Punjab University (Lahore Medical College).  
*Madras.*—University of Madras (Madras Medical College).  
*Ceylon (Columbo).*—The Ceylon Medical College.

NOTE.—The colleges named above are accredited by the Examining Board in England. There is another medical college at Calcutta (Belgachia Medical College) a private enterprise managed by Bengali medical men. There is also, at Lucknow, the King George's Medical College. These are not reported as recognized by the Examining Board in England. Minor medical colleges, which are also not accredited are located at Agra, Ahmedabad, Dacca, Dibragarh, Hyderabad, Lahore, Poona, Rangoon, Rayapuram, Tanjore and Vizagapatam. In 1916 the first college for women in India, known as the Hardinge Women's Medical College, was opened at Delhi.

## IRELAND

*Belfast.*—Queen's University.

*Dublin.*—National University of Ireland (including University College, Dublin; University College, Cork; University College, Galway).

*Dublin.*—University of Dublin (The School of Physic in Ireland, Trinity College).

*Dublin.*—Royal College of Surgeons in Ireland Schools of Surgery.

## ITALY

*Bologna.*—Regia Università degli Studi.

*Cagliari, Sardinia.*—Università degli Studi.

*Camerino.*—Libera Università degli Studi. Gives only the first four years of the six-year medical course and does not grant degrees.

*Catania.*—Regia Università degli Studi di Catania.

*Ferrara.*—Libera Università degli Studi di Ferrara.

*Florence.*—Regia Istituto di Studi Superiori, Practici e di Perfezionamento.

*Genoa.*—Regia Università degli Studi.

*Messina.*—Regia Università degli Studi.

*Milan.*—Regia Università degli Studi.

*Modena.*—Regia Università degli Studi.

*Naples.*—Regia Università degli Studi.

*Padua.*—Regia Università degli Studi.

*Palermo.*—Regia Università degli Studi.

*Parma.*—Regia Università degli Studi.

*Pavia.*—Regia Università degli Studi.

*Perugia.*—Università Libera degli Studi.

*Pisa.*—Regia Università degli Studi.

*Rome.*—Regia Università degli Studi.

*Sassari.*—Regia Università degli Studi.

*Siena.*—Regia Università degli Studi.

*Turin.*—Regia Università degli Studi.

## JAPAN

*Chiba.*—Chiba Special Medical School.

*Fukuoka.*—Kyushu Imperial University, Medical College.  
(Formerly a part of Kyoto Imperial University.)

*Kanazawa.*—Kanazawa Special Medical School.

*Kumamoto.*—Kumamoto Special Medical School.

*Kumamoto.*—Shunu Medical College (extinct in 1896).

*Kyoto.*—Kyoto Imperial University, Medical College.<sup>1</sup>

*Kyoto.*—Kyoto Prefecture, Special Medical School.

*Mukden.*—South Manchuria Medical School.

*Nagasaki.*—Nagasaki Special Medical School.

*Nagoya.*—Aichi Prefecture, Special Medical School.

*Niigata.*—Niigata Special Medical School.

*Okayama.*—Okayama Special Medical School.

*Osaka.*—Osaka Prefecture, Higher Medical School.<sup>1</sup>

*Sendai.*—Tohoku Imperial University, Medical College.<sup>1</sup>

*Tansui, Taiwan.*—Taiwan (Formosa) Medical School.<sup>2</sup>

*Tokyo.*—Nippon Special Medical School.<sup>3</sup>

*Tokyo.*—Sai Sei Medical College (Extinct August, 1903).

*Tokyo.*—Tokyo Charity Hospital Special Medical School.

*Tokyo.*—Tokyo Imperial University, Medical College.<sup>1</sup>

*Tokyo.*—Tokyo Woman's Special Medical School.<sup>3</sup>

1. For admission require graduation from the "Third Department of the Higher Schools," which covers three years of premedical training following graduation from the Middle Schools.

2. A medical school conducted by the Japanese Government, primarily for the aborigines of Taiwan (Formosa) Only a common school education required for admission. Graduates licensed to practice in Tansui only.

3. Graduates not licensed by the Japanese Government unless they pass a special examination.

## JAVA

*Batavia*.—Schoot Tot Opleiding van Inl. Artsen.

## KOREA

*Seoul*.—Severance Union Medical College.

## MADAGASCAR

*Tananarive*.—L'Ecole de Médecine.

## MALAYA

*Singapore*.—King Edward VII Medical School.

## MALTA

*Malta*.—University of Malta Medical School.

## MEXICO

*Guadalajara*.—Escuela de Medicina y de Farmacia de Guadalajara.

*Mexico*.—Escuela Nacional de Medicina.

*Mexico*.—Escuela Homeopatico Nacional.

*Mexico*.—Escuela Medico Militar.

*Monterey*.—Escuela de Medicina.

*Morelia*.—Escuela de Medicina del Estado de Michoacan de Ocampo.

*Oaxaca*.—Escuela de Medicina.

*Puebla*.—Colegio del Estado Escuela de Medicina.

*San Luis Potosi*.—Instituto Literario y Cientifico (Escuela de Medicina de San Luis Potosi).

*Yucatan*.—Escuela de Medicina y de Farmacia de Yucatan.

## NETHERLANDS

*Amsterdam*.—Universiteit van Amsterdam.

*Groningen*.—Rijks-Universiteit te Groningen.

*Leyden*.—Rijks-Universiteit.

*Utrecht*.—Rijks-Universiteit.

## NEW ZEALAND

*Dunedin*.—University of Otago (This is the recognized school of medicine among the four affiliated colleges which constitute the University of New Zealand. The first year in medicine may be taken at any of the other three affiliated colleges.)

## NICARAGUA

*Leon*.—Universidad de Nicaragua.

## NORWAY

*Christiania*.—Kongelige Frederiks Universitet.

## PARAGUAY

*Asuncion*.—Universidad Nacional.

## PERSIA

*Urumia*.—Urumia College Medical Department.

## PERU

*Lima*.—Universidad Mayor de San Marcos.

## POLAND

*Cracow*.—University of Cracow.

*Lemberg*.—University of Lemberg.

*Warsaw*.—University of Warsaw.

## PORTUGAL

*Coimbra*.—Universidade de Coimbra.

*Lisbon*.—Escola Medico-Cirurgica.

*Oporto*.—Escola Medico-Cirurgica.

## ROUMANIA

*Bukharest*.—Universitatea din Bucuresti.

*Jassy*.—Universitatea din Jasi.

*Klausenburg*.—Kolozsvári Magyar Királyi Ferencz-József Tudomány-Egyetem (Royal Hungarian Franz-Joseph University).

## RUSSIA

*Helsingfors, Finland*.—Kejsrerliga Alexanders Universitet.

*Jurjev (formerly Dorpat)*.—Imperatorski Jurjevskij Universitet.

*Kazan*.—Imperatorskij Kasanskij Universitet.

*Kharkov*.—Imperatorskij Charkovskij Universitet.

*Kief*.—Imperatorskij Universitet Sv. Vladimira.

*Moscow*.—Imperatorskij Moskovskij Universitet.

*Odessa*.—Imperatorskij Novorossijskij Universitet.

*Tomsk, Siberia*.—Tomskij Universitet.

## SANTO DOMINGO

*Santo Domingo.*—University of Santo Domingo Fac. of Med. and Natural Sciences.

## SAN SALVADOR

*San Salvador.*—University of San Salvador.

## SCOTLAND

*Aberdeen.*—University of Aberdeen.

*Dundee.*—University of St. Andrews (University College).

*Edinburgh.*—University of Edinburgh.

*Edinburgh.*—School of Medicine of the Royal Colleges (including the Surgeons' Hall School).

*Glasgow.*—University of Glasgow (including Queen Margaret College).

*Glasgow.*—Anderson's College Medical School.

*Glasgow.*—St. Mungo's College and Glasgow Royal Infirmary.

*Glasgow.*—Western Medical School (closed 1915).

## SIAM

*Bangkok.*—Chulalongkorana University.

## SOUTH AFRICA

*Cape Town.*—South African Medical College.

*Johannesburg.*—University College Medical School.

## SPAIN

*Barcelona.*—Universidad de Barcelona.

*Cadix.*—Facultad de Medicina.

*Granada.*—Universidad de Granada.

*Madrid.*—Universidad Central de Espana.

*Salamanca.*—Universidad.

*Santiago.*—Universidad.

*Saragossa.*—Universidad.

*Seville.*—Universidad de Sevilla. (To this university also belongs the Medical Faculty at Cadiz.)

*Valencia.*—Universidad.

*Valladolid.*—Universidad.

## SWEDEN

*Lund.*—Kungl. Karolinska Universitetet.

*Stockholm.*—Karolinska Institutet (Medico-Chirurgical Institute).

(This institute has the same chancellor as the universities at Lund and Upsala, and is guided by a similar constitution.)

*Upsala.*—Kungl. Universitetet i Upsala.

## SWITZERLAND

*Basel.*—Universität.

*Berne.*—Kantonale Universität.

*Fribourg.*—Universität.

*Geneva.*—Université de Genève.

*Lausanne.*—Université de Lausanne.

*Neuchatel.*—Université de Neuchatel.

*Zurich.*—Universität.

## SYRIA

*Beirut.*—American University Medical School.

*Beirut.*—Université Saint Joseph de Beyrouth.

## TURKEY

*Constantinople.*—University of Constantinople. (Another medical department of this university is located at Damascus.)

## URUGUAY

*Montevideo.*—Universidad.

## VENEZUELA

*Caracas.*—Escuela de Medicina de Caracas.

*Caracas.*—Universidad Central de Venezuela (closed 1913).

*Merida.*—Universidad de Merida.

*Note.*—Medicine is taught at the two active institutions but the M.D. degree is conferred by the Secretary of Public Instruction.

## WALES

*Cardiff.*—University of Wales (Cardiff School of Medicine).

(Gives only the first three years of the medical course.)

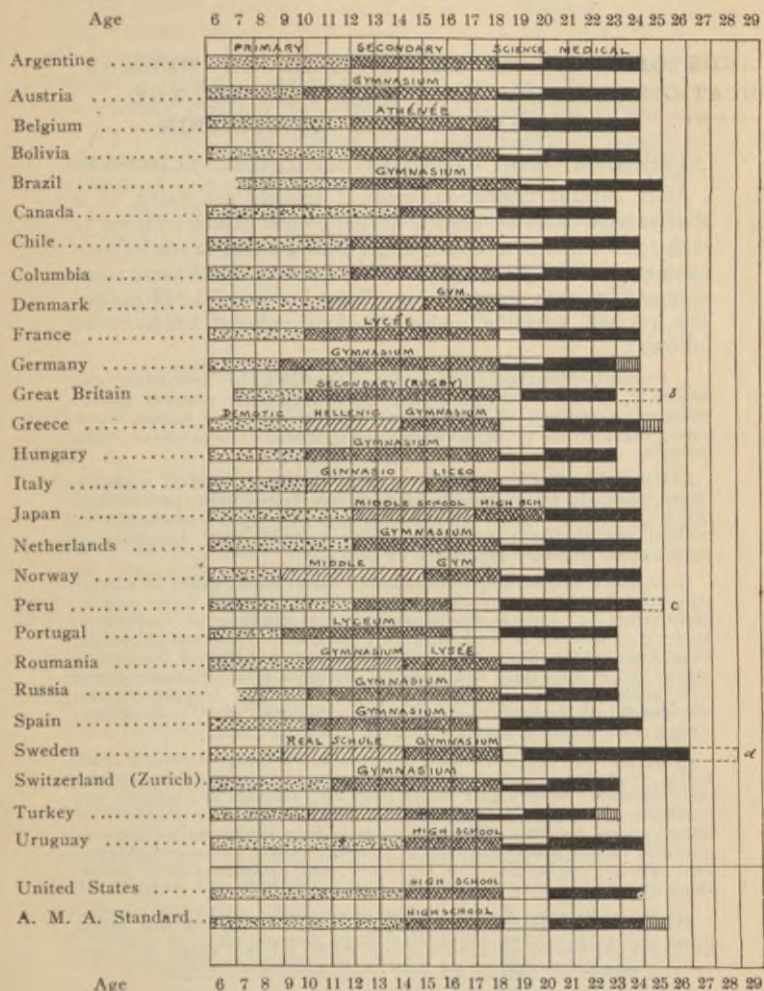
## MEDICAL COLLEGES OF THE WORLD

Nation.	Colleges	Nation.	Colleges
Argentine .....	3	Korea .....	1
Australia .....	3	Madagascar .....	1
Austria .....	5	Malaya .....	1
Belgium .....	4	Malta .....	1
Bolivia .....	2	Mexico .....	10
Brazil .....	7	Netherlands .....	4
Canada .....	9	New Zealand .....	1
Chile .....	1	Nicaragua .....	1
China .....	25	Norway .....	1
Colombia .....	2	Paraguay .....	1
Costa Rica .....	1	Persia .....	1
Cuba .....	1	Peru .....	1
Denmark .....	1	Poland .....	3
Ecuador .....	3	Portugal .....	3
Egypt .....	1	Roumania .....	3
England .....	21	Russia .....	8
France .....	8	San Salvador .....	1
Germany .....	19	Santo Domingo .....	1
Greece .....	1	Scotland .....	8
Guatemala .....	1	Siam .....	1
Haiti .....	1	South Africa .....	2
Honduras .....	1	Spain .....	10
Hungary .....	2	Sweden .....	3
Iceland .....	1	Switzerland .....	7
India .....	20	Syria .....	2
Ireland .....	4	Turkey .....	1
Italy .....	21	Uruguay .....	1
Japan .....	20	United States .....	83
Java .....	1	Venezuela .....	2
		Wales .....	1

Total medical colleges in all countries..... 353

There are also about 20 sectarian schools in the United States, the graduates of which treat diseases, giving this country a total of.....103

CHART 1.—PRELIMINARY AND MEDICAL EDUCATION AT HOME AND ABROAD



= Primary.       = Secondary.       = Medical.  
 = Intermediate.       = Collegiate.       = Hospital Year.  
 = Natural Sciences with Med. Course.

*b* = Average time required to complete the medical course is 6 or 6½ years.

*c* = One report says medical course covers seven years.

*d* = Average time to complete medical course is 8 or 9 years.

# STANDARDS OF THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION

## SCHEDULE FOR GRADING MEDICAL SCHOOLS

After careful inspection, medical schools are rated on a civil service basis on a scale of 100 points. Data relating to each school will be grouped under four general heads in such manner that the groups will have as nearly equal importance as possible, each group being allowed a possible 25 points. The revised schedule under the four general heads is as follows:

1. **FACULTY.**—Number; qualifications (standing in profession, evidences of special training, teaching experience, etc.); research ability; efficiency; proportion of time to teaching; proportion to student enrolment; organization of departments; completeness of department staffs, including dieners, employees, etc.; esprit de corps.

2. **PRODUCT.**—Qualifications of students admitted; student organizations; esprit de corps; records of graduates before state and national boards; research; articles written; excellence as teachers; membership in medical organizations; reputation in profession; other evidences of character of training; reputation of college.

3. **ADMINISTRATION AND SUPERVISION.**—Curriculum: grade of course; sequence of subjects; arrangement of subjects in class roster and by departments in annual announcements; completeness of curriculum. Division of students in sections, ward classes, etc. Efficiency of routine. Faculty meetings. Supervision of entrance requirements, of teaching in college and in dispensary and hospital. Records: entrance requirements; class grades; promotion of students; dispensary and hospital records; attendance of teachers and students; conditions, etc.; completeness. Budget: use made of funds; proportion to salaries, etc.

4. **BUILDINGS AND EQUIPMENT.**—College building, including class rooms, laboratories, library, museum, storage rooms, animal houses and their contents. Dispensary: rooms used for; accessibility; number and regularity of staff; quantity and use of clinical material; character of histories and records. Hospital: accessibility; ownership or control; quantity, variety and use of clinical material. Other equipment. Apparatus. Funds: in addition to students' fees; endowed chairs, fellowships, etc.

Medical schools containing 70 per cent. or above are rated in Class A, those obtaining from 50 to 70 per cent. in Class B, and those obtaining 50 per cent. or less in Class C.

### MEANING OF CLASSES A, B AND C

Class A Colleges are those which are acceptable; Class B, those which, under their present organization, give promise of being made acceptable by general improvements, and Class C those



(a) Which require a complete reorganization to make them acceptable.

(b) Which do not keep satisfactory records of their students in regard to entrance requirements, attendance, grades in courses, division into classes and reasons for promotion.

(c) Which do not enforce their requirements in regard to admission (including those admitted to advanced standing), promotion and graduation.

(d) Which give the major portion of their instruction after 4 o'clock in the afternoon.

(e) Which are privately owned and conducted for profit.

(f) Which for other specific reasons are not eligible for inclusion in Class B.

## ESSENTIALS OF AN ACCEPTABLE MEDICAL COLLEGE

Revised to Aug. 1, 1921

1. The minimum requirement for admission to an acceptable medical college is a four-year high school education or its full equivalent and two years of work in a college of arts and sciences approved by the Council on Medical Education and Hospitals, as follows:

### I. HIGH SCHOOL REQUIREMENTS

(a) For admission to the two-year premedical college course, students shall have completed a four-year course of at least fifteen units in a standard accredited high school or other institution of standard secondary school grade, or have the equivalent as demonstrated by examinations conducted by the College Entrance Examination Board, or by the authorized examiner of a standard college or university approved by the Council on Medical Education and Hospitals. A detailed statement of attendance at the secondary school, and a transcript of the student's work, should be kept on file by the college authorities. This evidence of actual attendance at the secondary schools should be obtained, no matter whether the student is admitted to the freshman or to higher classes.

(b) Credits for admission to the premedical college course may be granted for the subjects shown in the following list and for any other subject counted by a standard accredited high school as a part of the requirements for its diploma, provided that at least eleven units must be offered in Groups I-V:

SCHEDULE OF SUBJECTS REQUIRED OR ACCEPTED  
FOR ENTRANCE TO THE PREMEDICAL  
COLLEGE COURSE

Subjects	Units *	Required
<b>GROUP I, ENGLISH—</b>		
Literature and composition.....	3-4	3
<b>GROUP II, FOREIGN LANGUAGES—</b>		
Latin .....	1-4	2†
Greek .....	1-3	
French or German.....	1-4	
Other foreign languages.....	1-4	
<b>GROUP III, MATHEMATICS—</b>		
Elementary algebra .....	1	1
Advanced algebra .....	½-1	..
Plane geometry .....	1	1
Solid geometry .....	½	..
Trigonometry .....	½	..
<b>GROUP IV, HISTORY—</b>		
Ancient history .....	½-1	1
Medieval and modern history.....	½-1	
English history .....	½-1	
American history .....	½-1	
Civil government .....	½-1	
<b>GROUP V, SCIENCE—</b>		
Botany .....	½-1	..
Zoology .....	½-1	..
Chemistry .....	1	..
Physics .....	1	..
Physiography .....	½-1	..
Physiology .....	½-1	..
Astronomy .....	½	..
Geology .....	½-1	..
<b>GROUP VI, MISCELLANEOUS—</b>		
Agriculture .....	1-2	..
Bookkeeping .....	½-1	..
Business law .....	½	..
Commercial geography .....	½-1	..
Domestic science .....	1-2	..
Drawing, freehand and mechanical.....	½-2	..
Economics and economic history.....	½-1	..
Manual training .....	1-2	..
Music: Appreciation or harmony.....	1-2	..

\* A unit is the credit value of at least thirty-six weeks' work of four or five recitation periods per week, each recitation period to be not less than forty minutes. In other words a unit represents a year's study in any subject in a secondary school constituting approximately a quarter of a full year's work. A satisfactory year's work in any subject cannot be accomplished under ordinary circumstances in less than 120 sixty-minute hours, or their equivalent.

† Both of the required units of foreign language must be of the same language, but the two units may be presented in any one of the languages specified.

Of the fifteen units of high school work, eight units are required, as indicated in the foregoing schedule; the balance may be made up from any of the other subjects in the schedule.

## II. PREMEDICAL COLLEGE COURSE

(c) The minimum requirement for admission to acceptable medical schools, in addition to the high school work specified above, will be sixty semester hours of collegiate work, extending through two years, of thirty-two weeks each, exclusive of

holidays, in a college approved by the Council on Medical Education and Hospitals. The subjects included in the two years of college work should be in accordance with the following schedule:

SCHEDULE OF SUBJECTS OF THE TWO-YEAR PREMEDICAL COLLEGE COURSE

Sixty Semester Hours\* Required

Required Subjects:	Semester Hours
Chemistry (a) .....	12
Physics (b) .....	8
Biology (c) .....	8
English composition and literature (d).....	6
Other nonscience subjects (e).....	12
<b>Subjects Strongly Urged:</b>	
A modern foreign language (f).....	6-12
Advanced botany or advanced zoology.....	3-6
Psychology .....	3-6
Advanced mathematics, including algebra and trigonometry	3-6
Additional courses in chemistry.....	3-6
<b>Other Suggested Electives:</b>	
English (additional), economics, history, sociology, political science, logic, mathematics, Latin, Greek, drawing.	

\* A semester hour is the credit value of sixteen weeks' work consisting of one lecture or recitation period per week, each period to be not less than fifty minutes net, at least two hours of laboratory work to be considered as the equivalent of one lecture or recitation period.

SUGGESTIONS REGARDING INDIVIDUAL SUBJECTS

(a) *Chemistry*.—Twelve semester hours required of which at least eight semester hours must be in general inorganic chemistry, including four semester hours of laboratory work. In the interpretation of this rule work in qualitative analysis may be counted as general inorganic chemistry. The remaining four semester hours may consist of additional work in general chemistry or of work in analytic or organic chemistry. After Jan. 1, 1922, organic chemistry will be required.

(b) *Physics*.—Eight semester hours required, of which at least two must be laboratory work. It is urged that this course be preceded by a course in trigonometry.

(c) *Biology*.—Eight semester hours required, of which four must consist of laboratory work. This requirement may be satisfied by a course of eight semester hours in either general biology or zoology, or by courses of four semester hours each in zoology and botany, but not by botany alone.

(d) *English Composition and Literature*.—The usual introductory college course of six semester hours, or its equivalent, is required.

(e) *Nonscience Subjects*.—Of the sixty semester hours required as the measurement of two years of college work, at least eighteen, including the six semester hours of English, should be in subjects other than the physical, chemical or biologic sciences.

(f) *Foreign Language.*—A reading knowledge of a modern foreign language is strongly urged. French and German have the closest bearing on modern medical literature. If the reading knowledge in one of these languages is obtained on the basis of high school work, the student is urged to take the other language in his college course. It is not considered advisable, however, to spend more than twelve of the required sixty semester hours on foreign languages.

*Recognition.*—This two-year premedical course in both quantity and quality must be such as to make it acceptable as the equivalent of the first two years of the course in reputable, approved colleges of arts and sciences leading to the degree of Bachelor of Science.

#### APPROVED COLLEGES OF ARTS AND SCIENCES

A tentative list of colleges of arts and sciences approved by the Council on Medical Education and Hospitals has been prepared, and will be occasionally revised. By an approved college (of arts and sciences) is meant one whose standing has been vouched for by some standardizing agency in whose methods the Council has confidence.

#### PREMEDICAL COURSES IN MEDICAL COLLEGES— JUNIOR COLLEGES

Premedical college courses given in or by medical schools, by normal schools, or advance years taken in high schools, will not be considered as acceptable unless they have been investigated and approved by some association of colleges and secondary schools or other approved agency having to do with the standardizing of liberal arts colleges, and unless they are found to be a full equivalent of the first two years of the course leading to the Bachelor of Science degree.

### III. THE MEDICAL SCHOOL

#### ADMINISTRATION OF ENTRANCE REQUIREMENTS

2. The admission of students to the medical school must be in the hands of a responsible committee or examiner whose records shall always be open for inspection. Documentary evidence of the student's preliminary education should be obtained and kept on file. When the medical school is an integral part of the university, this work usually devolves on the university examiner. Unless the university examiner and his records are closely accessible, however, some officer at the medical school should obtain and keep on file documentary evidence of each student's preliminary education, including both high school and collegiate work. The records should

show especially that the required amount of work in the premedical sciences, including laboratory experiments, has been completed.

#### OTHER MEDICAL SCHOOL REQUIREMENTS

3. The college should require that students be in actual attendance in the college *within the first week* of each annual session and thereafter.

4. Actual attendance at classes should be insisted on except for good cause, such as for sickness, and no credit should be given for any course where the attendance has been less than 80 per cent. of the full time.

5. (a) Full advanced standing may be granted to students only for work done in other acceptable medical schools, and in granting advanced standing there should be no discrimination against the college's full-course students. Official verification of the student's previous medical work should be obtained by direct correspondence with the college previously attended, and his preliminary qualifications should also be verified and recorded the same as for freshman students.

(b) In *exceptional cases* students who possess the required premedical qualifications and who have completed three or more years of work in Class B medical schools may be given advanced standing but not higher than *entrance* to the third year (junior) class, and no credit should be given in any subject except on recommendation of the head of the department teaching that subject. (c) In *exceptional cases* also students who possess the required premedical qualifications and who have completed three or more years of work in Class C colleges may be given advanced standing but not higher than *entrance* to the second year (sophomore) class, and then only after thorough examinations in all first year subjects have been passed.

#### SUPERVISION, EQUIPMENT, TEACHERS

6. There should be careful and intelligent supervision of the entire school by the dean or other executive officer who holds, and has sufficient authority to carry out fair ideals of medical education as determined by the present day knowledge of medicine.

7. There should be a good system of records showing conveniently and in detail the credentials, attendance, grades and accounts of the students, by means of which an exact knowledge can be obtained regarding each student's work. Records should also be kept showing readily the attendance

of patients at the teaching hospitals and dispensaries; the maternity cases attended by students, and the postmortem cases used in teaching.

8. The college curriculum should be fully graded and should cover four sessions of at least thirty-two weeks each, exclusive of time required for matriculation and holidays, and at least thirty hours per week of actual work. The courses offered in the various subjects should be set forth by departments (anatomy, physiology, etc.) in the annual announcement, showing for each course its number, subject, content, character (lecture, recitation, laboratory or clinic), length of time, when, where, and by whom given, and the amount of credit allowed. The courses for each class should also be clearly set forth in a printed class schedule, for the guidance of the students.

(a) The college should give two years of work consisting largely of laboratory work in well equipped laboratories of anatomy, histology, embryology, physiology, physiologic chemistry, bacteriology, pathology, pharmacology, therapeutics and clinical diagnosis. Present-day medical knowledge makes it essential that these subjects be in charge of full-time, well-trained teachers.

(b) Two years of clinical work, largely in hospitals and dispensaries, with courses in medicine (including physical diagnosis, pediatrics, nervous and mental diseases), surgery (including surgical anatomy and operative surgery on the cadaver), obstetrics, gynecology, laryngology, rhinology, ophthalmology, otology, dermatology, hygiene and medical jurisprudence. With the higher entrance requirements time is now available in the latter part of the second year for beginning courses in physical diagnosis and the principles of surgery.

(c) As soon as conditions warrant, relations should be established with a number of approved hospitals so that a fifth undergraduate year may be required to be spent by the student as an intern under the continued supervision of the medical school.

#### FACULTY

9. (a) The college should provide at least *eight expert thoroughly trained professors in the laboratory branches*, salaried so that they may devote their entire time to instruction and to that research without which they cannot well keep up with

the rapid progress being made in their subjects.<sup>1</sup> For colleges having *sixty students or less* in each class, there should be at least one full-time salaried assistant each in the departments of (1) anatomy, (2) physiology, (3) pathology and bacteriology, and (4) physiologic chemistry and pharmacology. There should be also one additional assistant provided in each of these departments for *each additional thirty students enrolled*. This represents a low average of the full-time assistants already employed by the acceptable medical colleges.

(b) The faculty should be made up of graduates of institutions recognized as medical colleges and who have had a training in all departments of medicine. Nonmedical men should be selected as teachers in medical schools only under exceptional circumstances and only when medical men of equal special capacity are not available. The faculty should be organized, each department having its head professor, its associate professor, assistant professor, instructor, etc., each having his particular subjects for the teaching of which he is responsible to the head of the department.

#### CLINICAL FACILITIES AND INSTRUCTION

10. (a) The college should own or entirely control a hospital in order that students may come into close and extended contact with patients under the supervision of the attending staff. This hospital should be in close proximity to the college and have a daily average (for senior classes of 100 students or less) of not less than 200 patients who can be utilized for clinical teaching, these patients to be of such character as to permit the students to see and study the common variety of surgical and medical cases as well as a fair number in each of the so-called specialties. In the use of this material *bed-side and ward clinics* should be developed for sections of from five to ten students, and for the seniors, a certain number of patients in medicine, surgery and the specialties should be assigned to each student under a well supervised clinical clerk system. The treatment and care of these patients should be particularly observed and recorded by the student under the strict supervision of the intern, or the attending staff of the hospital.

---

1. These professors should have a definite responsibility in the conduct of the college, and their first and chief interest should be the training of medical students. It is suggested that four of these professors be placed at the head of the departments of (a) anatomy, (b) physiology and physiologic chemistry, (c) pathology and bacteriology, and (d) pharmacology and therapeutics. The other four might with advantage be assigned, one each, to (e) histology and embryology, under the department of anatomy, and to the department of (f) pathology and bacteriology, and (g) physiology and pharmacology, and to the departments of (h) either internal medicine or surgery.

(b) The college should also have ample hospital facilities for children's diseases, contagious diseases and nervous and mental diseases.

(c) The college should own or control a dispensary, or out-patient department, the attendance to be a daily average of 100 patients (visits) (for senior classes of 100 students *or less*), the patients to be carefully classified, good histories and records of the patients to be kept and the material to be well used. The attending staff should be made up of good teachers, should be well organized and be prompt and regular in attendance.

(d) At least six maternity cases should be provided for each senior student, who should have actual charge of these cases under the supervision of the attending physician. Careful records of each case should be handed in by the student.

(e) Facilities should be provided for at least thirty necropsies (for senior classes of 100 students *or less*) during each college session which are attended and participated in by senior students. These, as a rule, should be in the teaching hospital controlled by the medical school and performed by the professor of pathology. The so-called clinical-pathologic conferences should be more widely developed in connection with the postmortems.

#### OTHER TEACHING FACILITIES AND FINANCES

11. The college should have a working medical library, to include the more modern text and reference books with the *Index Medicus*, the Surgeon-General's Index and other serviceable indexes. The library should receive regularly thirty or more leading medical periodicals, the current numbers of which should be in racks or on tables easily accessible to the students. At the end of each year these periodicals should be bound and added to the files of bound periodicals. The library room should be properly lighted and heated, and open during all or the greater part of the day; it should be equipped with suitable card indexes as well as with tables and chairs, and have a competent librarian in charge.

12. There should be a working medical museum having its various anatomic, embryologic, pathologic and other specimens carefully prepared, labeled and indexed so that any specimen may be easily found and employed for teaching purposes. It is suggested that so far as possible with each pathologic specimen coming from postmortems there also be kept the record of the postmortem, the clinical history of the patient on whom the necropsy was held and microscopic slides showing the minute structures of the disease shown in the gross speci-



men. The museum furnishes an excellent means of correlating the work of the department of pathology with that of the clinical departments.

13. There should be sufficient dissecting material to enable each student individually to dissect at least the lateral half of the human cadaver, to provide cross-sections and other demonstration material and to allow of a thorough course for each senior in operative surgery on the cadaver.

14. For modern experimental laboratory work in physiology, pharmacology and bacteriology as well as for medical research, a supply of animals—frogs, turtles, rabbits and guinea-pigs, if not also cats and dogs—is essential. Proper provision, also, is necessary for the housing and care of such animals. In any use made of animals every precaution should be taken to prevent needless suffering, and work by students should be carefully supervised.

15. Each college should have a supply of such useful auxiliary apparatus as a stereopticon, a reflectoscope, carefully prepared charts, embryologic or other models, manikins; dummies for use in bandaging, a roentgen-ray and other apparatus now so generally used in medical teaching.

16. The college should show evidences of thorough organization and of reasonably modern methods in all departments, and evidences that the equipment and facilities are *being intelligently used* in the training of medical students.

17. A clear statement of the college's requirements for admission, tuition, time of attendance on the classes, sessions, courses offered and graduation should be clearly set forth, together with complete classified lists of its matriculants and latest graduating class in regular annual catalogues or announcements.

18. Statistics show<sup>2</sup> that modern medicine cannot be acceptably taught by a medical school depending solely on the income from students' fees. No medical school should expect to secure admission to, or be retained in Class A, therefore, which does not have an annual income of at least \$25,000 in addition to the amount obtained from students' fees.

---

2. See "Medical College Finances," J. A. M. A., April 8, 1916, p. 1115.

## CLASSIFICATION OF MEDICAL COLLEGES

Revised to July 1, 1921

## CLASS A—ACCEPTABLE MEDICAL COLLEGES

## ARKANSAS

University of Arkansas Medical Department\*<sup>1</sup>...Little Rock

## CALIFORNIA

Leland Stanford Junior Univ. School of Med...San Francisco

University of California Medical School.....San Francisco

## COLORADO

University of Colorado School of Med.....Boulder-Denver

## CONNECTICUT

Yale University School of Medicine.....New Haven

## DISTRICT OF COLUMBIA

Georgetown University School of Medicine.....Washington

George Washington University Medical School..Washington

Howard University School of Medicine<sup>2</sup>.....Washington

## GEORGIA

Emory University School of Medicine<sup>3</sup>.....AtlantaUniversity of Georgia Medical Department<sup>4</sup>.....Augusta

## ILLINOIS

Loyola University School of Medicine<sup>5</sup>.....Chicago

Northwestern University Medical School.....Chicago

Rush Medical College (University of Chicago).....Chicago

University of Illinois College of Medicine.....Chicago

## INDIANA

Indiana Univ. School of Med.....Bloomington-Indianapolis

## IOWA

State University of Iowa College of Medicine....Iowa City

## KANSAS

University of Kansas School of Med.....Lawrence-Rosedale

## KENTUCKY

University of Louisville Medical Department<sup>6</sup>....Louisville

## LOUISIANA

Tulane Univ. of Louisiana School of Med.....New Orleans

\* Gives only the first two years of the medical course.

1. Raised to Class A, June 9, 1919.

2. Rating raised to Class A June 6, 1910.

3. Rating raised to Class A Feb. 24, 1914; formerly the Atlanta Medical College.

4. Class A rating restored Feb. 24, 1913.

5. Rating raised to Class A March 1, 1920.

6. Rating raised to Class A June 6, 1910

## MARYLAND

Johns Hopkins University Medical Department....Baltimore  
 University of Maryland School of Medicine and  
 the College of Physicians and Surgeons.....Baltimore

## MASSACHUSETTS

Boston University School of Medicine.....Boston  
 Medical School of Harvard University.....Boston  
 Tufts College Medical School.....Boston

## MICHIGAN

Detroit College of Medicine and Surgery<sup>7</sup>.....Detroit  
 University of Michigan Medical School.....Ann Arbor  
 University of Mich. Homeopathic Med. School....Ann Arbor

## MINNESOTA

University of Minnesota Medical School.....Minneapolis

## MISSISSIPPI

University of Mississippi School of Medicine\*.....Oxford

## MISSOURI

St. Louis University School of Medicine.....St. Louis  
 University of Missouri School of Medicine\*.....Columbia  
 Washington University Medical School.....St. Louis

## NEBRASKA

John A. Creighton Medical College<sup>8</sup>.....Omaha  
 University of Nebraska College of Medicine.....Omaha

## NEW HAMPSHIRE

Dartmouth Medical School\*.....Hanover

## NEW YORK

Albany Medical College.....Albany  
 Columbia Univ. Coll. of Phys. and Surgs....New York City  
 Cornell University Medical College.....New York City  
 Long Island College Hospital<sup>9</sup>.....Brooklyn  
 Syracuse University College of Medicine.....Syracuse  
 University and Bellevue Hospital Med. Coll..New York City  
 University of Buffalo Department of Medicine.....Buffalo

## NORTH CAROLINA

University of North Carolina School of Med.\*...Chapel Hill  
 Wake Forest College School of Medicine\*...Wake Forest

## NORTH DAKOTA

University of North Dakota School of Medicine\*..University

\* Gives only the first two years of the medical course.

7. Class A rating restored June 21, 1914.

8. Class A rating restored Feb. 4, 1917.

9. Class A rating restored June 21, 1914.

## OHIO

Ohio State University College of Medicine.....Columbus  
 University of Cincinnati College of Medicine.....Cincinnati  
 Western Reserve University School of Medicine....Cleveland

## OKLAHOMA

Univ. of Oklahoma School of Med.<sup>10</sup>..Norman-Oklahoma City

## OREGON

University of Oregon Medical School.....Portland

## PENNSYLVANIA

Hahnemann Medical College and Hospital.....Philadelphia  
 Jefferson Medical College of Philadelphia.....Philadelphia  
 University of Pennsylvania School of Med.....Philadelphia  
 University of Pittsburgh School of Medicine<sup>11</sup>....Pittsburgh  
 Woman's Medical College of Pennsylvania.....Philadelphia

## SOUTH CAROLINA

Medical College of the State of South Carolina<sup>12</sup>..Charleston

## SOUTH DAKOTA

University of South Dakota College of Medicine\*..Vermilion

## TENNESSEE

University of Tennessee College of Medicine<sup>13</sup>.....Memphis  
 Vanderbilt University Medical Department.....Nashville

## TEXAS

Baylor University College of Medicine<sup>14</sup>.....Dallas  
 University of Texas Department of Medicine.....Galveston

## UTAH

University of Utah School of Medicine\*.....Salt Lake City

## VERMONT

University of Vermont College of Medicine.....Burlington

## VIRGINIA

Medical College of Virginia.....Richmond  
 University of Virginia Department of Med...Charlottesville

## WEST VIRGINIA

West Virginia Univ. School of Medicine\*<sup>15</sup>.....Morgantown

## WISCONSIN

Marquette University School of Medicine<sup>16</sup>.....Milwaukee  
 University of Wisconsin Medical School\*.....Madison

Total, 68.

\* Gives only the first two years of the medical course.

10. Rating raised to Class A March 1, 1920.

11. Rating raised to Class A June 6, 1910.

12. Class A rating restored Feb. 6, 1916.

13. Rating raised to Class A June 21, 1914.

14. Rating raised to Class A June 12, 1916.

15. Class A rating restored Feb. 4, 1917.

16. Rating raised to Class A Feb. 15, 1915.

CLASS B—COLLEGES NEEDING GENERAL  
IMPROVEMENTS TO BE MADE  
ACCEPTABLE

CALIFORNIA

College of Medical Evangelists<sup>17</sup>...Loma Linda-Los Angeles

ILLINOIS

Hahnemann Medical College and Hospital<sup>18</sup>.....Chicago

NEW YORK

New York Homeopathic Medical College and  
Flower Hospital<sup>19</sup>.....New York City

OHIO

Eclectic Medical College.....Cincinnati  
Ohio State Univ. Coll. of Homeopathic Med<sup>20</sup>.....Columbus

PENNSYLVANIA

Temple University Department of Medicine<sup>21</sup>...Philadelphia

TENNESSEE

Meharry Medical College<sup>22</sup>.....Nashville  
Total, 7.

CLASS C—COLLEGES REQUIRING A COMPLETE  
REORGANIZATION TO MAKE THEM  
ACCEPTABLE

ILLINOIS

Chicago Medical School<sup>23</sup>.....Chicago

MASSACHUSETTS

College of Physicians and Surgeons<sup>24</sup>.....Boston  
Middlesex College of Medicine and Surgery<sup>25</sup>....Cambridge

17. Rating raised to Class B Feb. 3, 1918.

18. Rating dropped to Class B June 3, 1912.

19. Rating dropped to Class B Feb. 15, 1915.

20. Rating raised to Class B Feb. 4, 1917.

21. Rating raised to Class B June 6, 1910.

22. Rating dropped to Class B Feb. 24, 1914.

23. Formerly the Chicago Hospital College of Medicine. Last inspected April 23, 1918.

24. Rated in Class C since 1907. Last inspected Jan. 7, 1918.

25. This is the medical department of the so-called "University of Massachusetts." It was rated in Class C, Feb. 4, 1918.

## MISSOURI

Kansas City University of Phys. and Surgs.<sup>26</sup>...Kansas City  
St. Louis College of Physicians and Surgeons<sup>27</sup>.....St. Louis

## TENNESSEE

University of West Tenn. Coll. of Med. and Surg..Memphis

## UNCLASSIFIED

University of Alabama School of Medicine.....Tuscaloosa

In 1920 this medical school was moved from Mobile to the campus of the University in Tuscaloosa where it is being reorganized as a two-year medical school. For the season of 1920-21 it enrolled only first year medical students for whom ample teachers, laboratories and equipment were provided. In the session for 1921-22 it is announced that both first-year and second-year students will be enrolled. The rating of the school is withheld until an inspection shall show that full provision for these two classes has been made.

Kansas City College of Medicine and Surgery...Kansas City

This college is an offshoot of another Class C institution, the Eclectic Medical University, which has since ceased to exist. The new college has refused to have inspections made, but an abundance of information on file indicates that no rating higher than Class C could be given it. It is reported as not recognized by the licensing boards of forty states, including its home state—Missouri.

## Entrance Requirements of Medical Colleges

Seventy-seven medical schools are now requiring, as a minimum for entrance, *two years* or more of work in a college of liberal arts in addition to a four-year high-school education, and voluntarily submit reports to the Council by which the enforcement of their published requirements may be verified. The years when each college puts into effect, respectively, the one-year and the two-year requirements, and the rating of each college, are as follows:

College	ALABAMA	One Year	Two Years	College Rating
University of Alabama School of Medicine.....		1914	1915	
	ARKANSAS			
University of Arkansas Medical Department.....		1915	1918	A

26. Formerly the Central College of Osteopathy; in 1917 under an amended charter took the name of Central College Medical Department; assumed present title in 1918. Rated in Class C March 15, 1918.

27. Rating dropped to Class C July 1, 1909. In 1915 it merged with the Medical Department of the National University of Arts and Sciences, but in 1917 it was reestablished. In 1918 reported not recognized by the Missouri State Board of Health.

TABLE 1—RECOGNITION OF MEDICAL COLLEGES

This table, based on official reports, shows in what states diplomas granted by certain medical colleges are not recognized as an acceptable qualification for the license to practice medicine.

Colleges marked (x) have been reported as not recognized by the states in the columns of which the letter appears

Table with columns for Marginal Number, COLLEGE, Classification by Council on Medical Education, and columns 1-50 representing states. Summary rows at the bottom show counts for 'Number of Medical Colleges reported not recognized...'.

\* Eleven medical colleges give only the first two years of the medical course.
+ Classification revised to April 15, 1921.
1. Formerly the Chicago Hospital College of Medicine. Has advertised also under the name of "Fort Dearborn Hospital School."

which during its existence was rated in Class C. The new college has refused inspection. It is reported as not recognized by the Missouri State Board of Health.
4. Formerly the Central College of Osopathy; in 1917 became the Central College Medical Department; present title in 1918. Report not recognized as a medical school by the Missouri State Board of Health.
(x) According to official reports the licensing boards of the states thus indicated do not grant full recognition to, or have taken action refusing to admit to their examinations graduates of, the colleges marked by this letter—x





COLLEGE ENTRANCE REQUIREMENTS 221

CALIFORNIA

College of Medical Evangelists.....	1914	1915	B
Leland Stanford Junior School of Medicine.....	....	1909	A
University of California Medical School.....	....	1905	A

Massachusetts." It was rated in Class C Feb. 4, 1918.

COLORADO

University of Colorado School of Medicine.....	....	1910	A
--	------	------	---

CONNECTICUT

Yale University School of Medicine.....	....	1909	A
---	------	------	---

DISTRICT OF COLUMBIA

Georgetown University School of Medicine.....	....	1912	A
George Washington University Medical School....	1914	1918	A
Howard University School of Medicine.....	1910	1914	A

GEORGIA

Emory University School of Medicine, Atlanta....	1914	1918	A
University of Georgia Medical Department.....	1914	1918	A

ILLINOIS

Loyola University School of Medicine.....	1915	1918	A
Hahnemann Medical College and Hospital.....	1914	1916	B
Northwestern University Medical School.....	1908	1911	A
Rush Medical College (University of Chicago)....	....	1904	A
University of Illinois College of Medicine.....	1913	1914	A

INDIANA

Indiana University School of Medicine.....	1909	1910	A
--	------	------	---

IOWA

State University of Iowa College of Medicine....	1909	1910	A
--	------	------	---

KANSAS

University of Kansas School of Medicine.....	....	1909	A
--	------	------	---

KENTUCKY

University of Louisville Medical Department.....	1914	1918	A
--	------	------	---

LOUISIANA

Tulane University of Louisiana School of Medicine	1910	1918	A
---	------	------	---

MARYLAND

Johns Hopkins University Medical Department....	....	1893	A
University of Maryland School of Medicine and College of Physicians and Surgeons.....	1914	1918	A

MASSACHUSETTS

Boston University School of Medicine.....	1914	1916	A
Medical School of Harvard University.....	....	1900	A
Tufts College Medical School.....	1914	1918	A

MICHIGAN

Detroit College of Medicine and Surgery.....	1914	1918	A
University of Michigan Medical School.....	....	1909	A
University of Michigan Homeopathic Medical School	1912	1916	A

## 222 COLLEGE ENTRANCE REQUIREMENTS

## MINNESOTA

University of Minnesota Medical School.....	....	1907	A
---	------	------	---

## MISSISSIPPI

University of Mississippi School of Medicine.....	1914	1918	A
---	------	------	---

## MISSOURI

St. Louis University School of Medicine.....	1910	1918	A
University of Missouri School of Medicine.....	1906	1910	A
Washington University Medical School.....	1910	1912	A

## NEBRASKA

John A. Creighton Medical College.....	1914	1918	A
University of Nebraska College of Medicine.....	1908	1909	A

## NEW HAMPSHIRE

Dartmouth Medical School.....	....	1910	A
-------------------------------	------	------	---

## NEW YORK

Albany Medical College.....	1914	1918	A
Columbia University College of Phys. and Surg....	....	1910	A
Cornell University Medical College.....	....	1908	A
Long Island College Hospital.....	1914	1918	A
New York Homeo. Med. Coll. and Flower Hospital.	1915	1919	B
Syracuse University College of Medicine.....	1909	1910	A
University and Bellevue Hospital Medical College..	1912	1918	A
University of Buffalo Department of Medicine.....	1914	1918	A

## NORTH CAROLINA

Wake Forest College School of Medicine.....	....	1908	A
University of North Carolina School of Medicine..	1910	1917	A

## NORTH DAKOTA

University of North Dakota School of Medicine... ..	....	1907	A
---	------	------	---

## OHIO

Eclectic Medical College.....	1915	1918	B
Ohio State University College of Medicine.....	1914	1915	A
Ohio State Univ. Coll. of Homeopathic Medicine..	1915	1916	B
University of Cincinnati College of Medicine.....	1910	1913	A
Western Reserve University School of Medicine... ..	....	1901	A

## OKLAHOMA

University of Oklahoma School of Medicine.....	1914	1917	A
--	------	------	---

## OREGON

University of Oregon Department of Medicine.....	1910	1915	A
--	------	------	---

## PENNSYLVANIA

Hahnemann Medical College and Hospital.....	1914	1917	A
Jefferson Medical College.....	1914	1917	A
Temple University Medical Department.....			B
University of Pennsylvania School of Medicine...	1909	1910	A
University of Pittsburgh School of Medicine.....	1911	1913	A
Woman's Medical College of Pennsylvania.....	1914	1915	A

## SOUTH CAROLINA

Medical College of the State of South Carolina...	1914	1916	A
---	------	------	---

## SOUTH DAKOTA

University of South Dakota College of Medicine..	1908	1909	A
--	------	------	---

## TENNESSEE

Meharry Medical College.....	1914	1918	B
Vanderbilt University Medical Department.....	1914	1918	A
University of Tennessee College of Medicine.....	1914	1918	A

## TEXAS

Baylor University College of Medicine.....	1913	1918	A
University of Texas Department of Medicine.....	1910	1917	A

## UTAH

University of Utah School of Medicine.....	1909	1910	A
--	------	------	---

## VERMONT

University of Vermont College of Medicine.....	1912	1918	A
--	------	------	---

## VIRGINIA

Medical College of Virginia.....	1914	1915	A
University of Virginia Department of Medicine...	1910	1917	A

## WEST VIRGINIA

West Virginia University School of Medicine.....	1911	1917	A
--	------	------	---

## WISCONSIN

Marquette University School of Medicine.....	1913	1915	A
University of Wisconsin Medical School.....	....	1907	A
Total, 76.			

The eight following medical colleges either have not announced the higher entrance requirements or such evidence as has been received does not show they have been enforced for all students enrolled:

## 224 SCHOLARSHIPS IN MEDICAL SCHOOLS

	Rating
Chicago Medical School.....	C
College of Physicians and Surgeons, Boston.....	C
Middlesex College of Medicine and Surgery, Cambridge, Mass...	C
Kansas City College of Medicine and Surgery.....	*
Kansas City University of Physicians and Surgeons.....	C†
St. Louis College of Physicians and Surgeons.....	C
Temple University Department of Medicine.....	C
University of West Tenn. Coll. of Med. and Surg., Memphis....	C

\* This college is an offshoot of the Eclectic Medical University; has refused to have an inspection made. It is reported not recognized by the Missouri State Board of Health and by licensing boards of 39 other states.

† This college was formerly the Central College of Osteopathy; in 1916 it assumed the title Central College Medical Department, and took its present name in 1918.

### Scholarships in Medical Schools

As evidence that provision is being made for worthy students, regardless of their financial status, 469 scholarships are reported this year in the following forty-five medical schools:

University of Alabama School of Medicine, Tuscaloosa.....	67
Leland Stanford Junior University Medical School,* San Francisco..	2
University of California Medical School,* San Francisco.....	6
University of Colorado School of Medicine,* Denver.....	1
Yale University School of Medicine,* New Haven.....	2
Georgetown University School of Medicine, Washington.....	2
Emory University Medical School,* Atlanta.....	11
Northwestern University School of Medicine,* Chicago.....	1
Rush Medical College, Chicago .....	7
University of Illinois College of Medicine, Chicago.....	84
Indiana University School of Medicine,* Bloomington and Indianapolis .....	12
State University of Iowa College of Medicine, Iowa City.....	1
University of Kansas School of Medicine,* Kansas City.....	1
Johns Hopkins University Medical Department, Baltimore.....	6
University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore .....	8
Boston University School of Medicine,* Boston.....	16
Medical School of Harvard University,* Boston .....	50
Detroit College of Medicine and Surgery, Detroit.....	8
University of Missouri School of Medicine,* Columbia.....	10
Washington University School of Medicine, St. Louis.....	2
University of Nebraska College of Medicine,* Omaha.....	6
Dartmouth Medical School,* Hanover, N. H.....	2
University of Buffalo Department of Medicine,* Buffalo.....	1
Columbia University College of Physicians and Surgeons, New York..	36
Cornell University Medical College,* New York.....	3
Syracuse University College of Medicine, Syracuse.....	1
University and Bellevue Hospital Medical College,* New York....	1
University of North Carolina School of Medicine, Chapel Hill.....	1
University of Cincinnati College of Medicine,* Cincinnati.....	12
University of Oregon Department of Medicine,* Portland.....	5
Hahnemann Medical College and Hospital of Philadelphia*.....	12
Jefferson Medical College, Philadelphia.....	3
Temple University Department of Medicine, Philadelphia.....	3
University of Pennsylvania School of Medicine,* Philadelphia....	4
University of Pittsburgh School of Medicine, Pittsburgh.....	3
Woman's Medical College of Pennsylvania,* Philadelphia.....	30
Medical College of the State of South Carolina, Charleston.....	8
University of Tennessee College of Medicine, Memphis.....	15

\* Have loan funds also.

Vanderbilt University Medical Department, Nashville, Tenn.....	4
University of Texas Department of Medicine,* Galveston.....	2
University of Vermont Medical School*.....	1
Medical College of Virginia, Richmond .....	10
University of Virginia Department of Medicine,* Charlottesville..	2
West Virginia University School of Medicine,* Morgantown.....	1
University of Wisconsin Medical School, Madison.....	.6

Total in 45 medical schools ..... 469

\* Have loan funds also.

### Loan Funds

Besides the twenty-four colleges marked by an asterisk (\*) in the above list which have loan funds for deserving but needy students, such funds are available also at the five following medical schools:

- College of Medical Evangelists, Loma Linda, Calif.
- Tulane University of Louisiana School of Medicine, New Orleans.
- University of Michigan Medical School, Ann Arbor.
- Wake Forest College School of Medicine, Wake Forest, N. C.
- University of North Dakota School of Medicine, University.

### Hospital Intern Year

Ten medical colleges have adopted the requirement of a fifth year to be spent by the student as an intern in an approved hospital or in other acceptable clinical work before the M.D. degree will be granted. These colleges and the years when the requirement became effective for matriculants and graduates are as follows:

	Affects Matriculants	Affects Graduates
University of Minnesota Medical School.....	1910-11	1915
Leland Stanford Junior Univ. School of Med....	1914-15	1919
Rush Medical College (University of Chicago)...	1914-15	1919
University of California Medical School.....	1914-15	1919
Marquette University School of Medicine.....	1915-16	1920
Northwestern University Medical School.....	1915-16	1920
University of Illinois College of Medicine.....	1917-18	1922
Loyola University School of Medicine .....	1917-18	1922
Columbia Univ. Coll. of Phys. & Surgs., New York.	1918-19	1923
Detroit College of Medicine and Surgery.....	1919-20	1924

The hospital intern year has been adopted as an essential qualification for the license to practice in ten states, becoming effective in different years, as follows:

State Board of	Affects Student Matriculants	Affects All Applicants
Pennsylvania .....	1909-10	1914
New Jersey .....	1911-12	1916
Alaska .....	1912-13	1917
Rhode Island .....	1913-14	1917
North Dakota .....	1913-14	1918
Washington .....	1914-15	1919
Illinois .....	1917-18	1922
Michigan .....	1917-18	1922
Iowa .....	1918-19	1923
Texas .....	1919-20	1924

## State Requirements of Preliminary Education

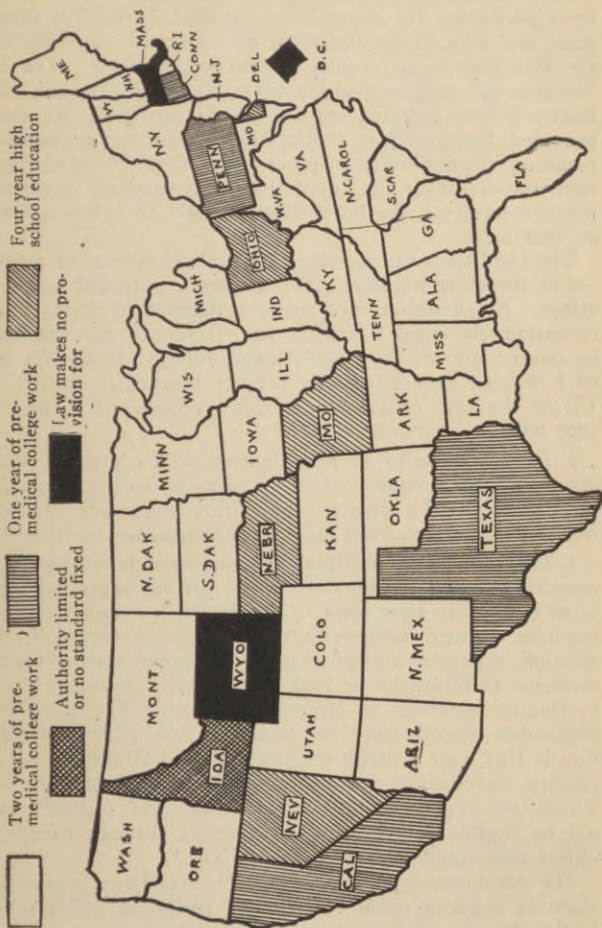
There are now forty-one states (counting Alaska Ter.) which have adopted requirements of preliminary education in addition to a standard four-year high school education. These states, the number of college years required and the time the higher requirements became or become effective, are as follows:

State Examining Board of	One Year of College Work		Two Years of College Work	
	Affects Students Matriculating	Affects All Graduates	Affects Students Matriculating	Affects All Graduates
Alabama.....	.....	....	1915-16	1919
Alaska.....	1914-15	1918	1918-19	1922
Arizona.....	1914-15	1918	1918-19	1922
Arkansas.....	1915-16	1919	1918-19	1922
California.....	1915-16	1919	.....	.....
Colorado.....	1908-09	1912	1910-11	1914
Connecticut.....	1911-12	1915	.....	.....
Delaware*.....	.....	.....	.....	.....
District of Columbia†	.....	.....	.....	.....
Florida.....	1914-15	1918	1918-19	1922
Georgia.....	.....	....	1918-19	1922
Idaho*.....	.....	.....	.....	.....
Illinois.....	1915-16	1919	1918-19	1922
Indiana.....	1910-11	1914	1911-12	1915
Iowa.....	.....	.....	1911-12	1915
Kansas.....	1910-11	1914	1918-19	1922
Kentucky.....	1914-15	1918	1918-19	1922
Louisiana.....	1915-16	1919	1918-19	1922
Maine.....	1915-16	1919	1916-17	1920
Maryland.....	1914-15	1918	1918-19	1922
Massachusetts†.....	.....	.....	.....	.....
Michigan.....	1914-15	1918	1918-19	1922
Minnesota.....	.....	.....	1908-09	1912
Mississippi.....	1915-16	1919	1919-20	1923
Missouri*.....	.....	.....	.....	.....
Montana.....	1914-15	1918	1918-19	1922
Nebraska*.....	.....	.....	.....	.....
Nevada*.....	.....	.....	.....	.....
New Hampshire.....	1914-15	1918	1915-16	1919
New Jersey.....	1915-16	1919	1917-18	1921
New Mexico.....	1914-15	1918	1918-19	1922
New York.....	1917-18	1921	1918-19	1922
North Carolina.....	1914-15	1918	1918-19	1922
North Dakota.....	.....	.....	1908-09	1912
Ohio*.....	.....	.....	.....	.....
Oklahoma.....	1914-15	1918	1917-18	1921
Oregon.....	.....	.....	1920-21	1924
Pennsylvania.....	1914-15	1918	.....	.....
Rhode Island.....	1914-15	1918	1918-19	1922
South Carolina.....	.....	.....	1918-19	1922
South Dakota.....	1908-09	1912	1911-12	1915
Tennessee.....	1916-17	1920	1918-19	1922
Texas.....	1914-15	1918	.....	.....
Utah.....	1913-14	1917	1922-23	1926
Vermont.....	1913-14	1917	1918-19	1922
Virginia.....	1914-15	1918	1917-18	1921
Washington.....	1914-15	1918	1918-19	1922
West Virginia.....	1917-18	1921	1920-21	1924
Wisconsin.....	.....	.....	1915-16	1919
Wyoming†.....	.....	.....	.....	.....

\* Require a four-year high school education or its equivalent.

† No fixed standard.

STATE REQUIREMENTS OF PRELIMINARY EDUCATION



## RECIPROCITY

By reciprocity is meant the arrangement between two or more states whereby an examining board may waive the written examination for an applicant formerly licensed in another state, and who, in the judgment of the board, can fully comply with their requirements to practice medicine. The term "reciprocity" implies that the State Examining Board whose license is thus accepted will return the courtesy. As usually provided, reciprocity is a discretionary and not a mandatory measure. In individual instances, therefore, where the applicant cannot satisfy the board that he is properly qualified to practice medicine, the board has the right to refuse a license on that basis.

The ideal basis for reciprocity would, of course, be uniform—and therefore equally high—standards enforced in all the states. As conditions now exist a number of states having comparatively equal standards have arranged for reciprocity on one or both of the two following bases: (1) On the basis of a written examination by a State Examining Board, and (2) on the basis of a diploma from a recognized medical college without examination.

1. **On the Basis of an Examination.**—This basis is acceptable to a larger number of states than the second. Applicant must have passed a written examination before another examining board and received his license to practice medicine.

2. **On the Basis of a Diploma.**—This basis is mostly for old practitioners and applies only where the applicant was registered in another state prior to the date when the state receiving him through reciprocity required an examination. For example, a physician of good repute was registered to practice medicine in Nebraska in 1880. For good reasons he desires to change residence to Minnesota. Taking for granted his credentials are otherwise acceptable, he is eligible to registration in that state through reciprocity, since Minnesota did not require examination of all applicants until Jan. 1, 1887. Those who registered in Nebraska since Jan. 1, 1887, would not be eligible to register in Minnesota through reciprocity unless they could register on Basis No. 1.

The accompanying reciprocity table has been prepared to show at a glance what states have reciprocity with others. If the state has reciprocity only on the basis of an examination it is indicated by the figure 1. The figure 2 indicates that the state reciprocates on both bases.

The table in reality shows more than the title would indicate, since a number of states accept certificates from others







regardless of reciprocity. The reader should also refer in the preceding pages to the portion in the law under "Reciprocity" of the state in which he is interested.

While the various states reciprocate, as stated in the table, most of them have other requirements. All of them require that the applicant must be of good moral character and that he shall hold credentials from a recognized medical college. Many require one or two years of reputable practice, and some require that he must have been a member of a county, state or national medical society for at least a year. Regarding these special requirements one should correspond with the secretary of the examining board of the state wherein he wishes to locate. A list of secretaries of the various state examining boards will be found on pages 9 and 10.

No RECIPROCITY.—The following states and territories do not reciprocate: Alaska, Connecticut, Florida, Hawaii, Massachusetts, Philippine Islands, Porto Rico and Rhode Island.

**Recognition of Government Examination**

The examination given under federal authority, which should be generally recognized by all state licensing boards as a qualification for license to practice medicine, is that given to medical officers of the United States Army, Navy, and Public Health Service. In fact, retired officers from the services mentioned are now eligible to receive licenses without further examination in

Alabama  
Arizona  
California  
Colorado

Illinois  
North Carolina  
Porto Rico

Utah  
Virginia  
Wisconsin

---

**Recognition of Examination of National Board of Medical Examiners**

The National Board of Medical Examiners was organized in 1915. It is a voluntary organization, the object of which is to conduct examinations of physicians so thorough as to prove without doubt their qualifications for the practice of medicine. The value of its certificates, aside from a qualification of merit, depends on the recognition given to it by state medical licensing boards. Such recognition has already been given, or assured, by the licensing boards of the following twenty-one states:

Alabama  
Arizona  
Colorado  
Delaware  
Florida  
Georgia  
Idaho

Iowa  
Kentucky  
Maryland  
Minnesota  
Nebraska  
New Hampshire  
New Jersey

North Carolina  
North Dakota  
Pennsylvania  
Rhode Island  
South Carolina  
Vermont  
Virginia

It is hoped that the certificate will eventually receive universal recognition.

A successful applicant may enter the Regular Corps of either the Army or Navy without further professional examination if his examination papers are satisfactory to a board of examiners of these services. The certificate of the National Board will also be accepted as qualification for admission to the Graduate School of the University of Minnesota, including the Mayo Foundation.

The board consists at present of fifteen members, including the three Surgeons-General of the United States Army, Navy and Public Health services and one other representative from

each of those services, two representatives of state licensing boards and seven members appointed at large. As soon as expirations of terms of office will permit, there are to be three representatives of state licensing boards and six members appointed at large. The three Surgeons-General serve as long as they hold their respective offices, and thereafter their places will be filled automatically by their successors. The other twelve members were divided by lot into three groups of four, their terms being two, four and six years. Hereafter all appointments will be for a term of six years. The personnel of the board at present is as follows:

Surgeon-General Merritte W. Ireland, United States Army; Surgeon-General Edward R. Stitt, United States Navy; Surgeon-General Hugh S. Cumming, United States Public Health Service; Commander Charles N. Oman; Colonel Jos. F. Siler; Surgeon George W. McCoy; Dr. Victor C. Vaughan; Dr. Horace D. Arnold; Dr. Austin Flint; Dr. Walter L. Bierring; Dr. Louis B. Wilson; Dr. Herbert Harlan; Dr. W. S. Carter; Dr. David Strickler; Mr. John G. Bowman; Dr. A. C. Eycleshymer; Dr. Eugene L. Opie; Dr. L. A. Connor; Dr. J. M. T. Finney.

The examinations of the board are held in Washington, D. C., and other large cities. The subjects of the examination and their values are: anatomy, 100; physiology, 75; chemistry and physics, 75; pathology and bacteriology, 100; materia medica, pharmacology and therapeutics, 75; medicine, 200; surgery, 200; obstetrics and gynecology, 100; hygiene and sanitation, 50; medical jurisprudence, 25. The passing grade is 75 per cent.

The first two examinations were held in Washington, D. C., Oct. 16-20, 1916, and June 13-21, 1917, respectively. The third examination was held in Chicago, Oct. 10-18, 1917, and the fourth in New York City, Jan. 9-17, 1918. The only fee is \$5.00 for registration. There is no examination fee.

The educational requirements of applicants are (a) a four-year high school course; (b) two years of acceptable college work, including courses in physics, chemistry, biology and a modern language; (c) graduation from a medical school rated in Class A by the American Medical Association; and (d) a year spent in an acceptable hospital as an intern or in a laboratory. These requirements apply to graduates of medical schools in 1912 and thereafter. The board may accept equivalent credentials of applicants who graduated prior to 1912. Credentials must be presented to the board prior to the examination sufficiently early to permit of investigation.

For further particulars address Dr. J. S. Rodman, secretary, 1310 Medical Arts Building, N. W. Cor. Sixteenth and Walnut Sts., Philadelphia, Pa.

### Medical Practice in National Parks and on Government Reservations

No business for profit can be conducted on government lands without special permission from the Department of the Interior, Washington, D. C. In order that medical service may be available for tourists and others, however, physicians are granted permits by the department to practice in several of the national parks. A nominal fee is exacted for these permits, which are granted only to those who are duly licensed under the laws of the state in which the park is located. This relates chiefly to the Yellowstone National Park in Wyoming.

At the Hot Springs reservation, Arkansas, physicians who desire to prescribe the waters must register in the office of the supervisor. This requires the passing of a medical examination prescribed by the secretary of the interior. No fee is exacted for registration, but the applicant must be a physician registered under the laws of the state of Arkansas.

In the various Indian reservations contract physicians and full-time physicians are employed. Contract physicians are employed after bids have been obtained from reputable licensed physicians practicing in the vicinity where any vacancy occurs. Such physicians are employed only after approval has been granted by the Civil Service Commission. Full-time physicians are employed only after certification from the Civil Service Commission, who from time to time conduct examinations of physicians for the Indian Service.

---

### TENTATIVE SCHEDULE OF ESSENTIALS IN A HOSPITAL APPROVED FOR INTERNS

Prepared by the Council on Medical Education and  
Hospitals of the American Medical Association

---

#### I. THE STAFF OF THE HOSPITAL

1. There must be an organized staff composed of physicians of unquestionable integrity both professionally and morally, and proficient in the special fields in which they work in the hospital.

2. They should give personal attention to the patients under their charge, some member of each department visiting the hospital every day, and every member of the staff should visit the hospital at least once each week.

3. They should assume an obligation to direct and supervise the training of the interns admitted to the staff.

4. (a) A clinical conference of the attending staff and the interns should be organized and held at frequent intervals at least monthly, at which new cases and the problems they present should be discussed. (b) There should also be clinical and pathologic conferences, for the attending staff and interns where the antemortem clinical picture is presented and compared with the necropsy findings. (c) There should be a hospital medical society at which staff members and interns could be encouraged to present cases which have been worked up from the clinical point of view and on which they have read up the available literature.

## II. THE EQUIPMENT OF THE HOSPITAL

1. A pathologic department equipped with facilities for necropsies, this work to be in charge of an expert, who may be a member of the staff skilled in such work.

2. One or more small clinical laboratories in the hospital for work by the intern in direct connection with the wards for the routine examination of blood, urine, stools and gastric contents. Within the hospital, also, there should be a clinical laboratory in charge of an expert who shall be responsible for the more technical chemical, bacteriologic and serologic work and examinations.

3. A roentgen-ray department in charge of an expert roentgenologist and equipped to do roentgenographic, fluoroscopic and therapeutic work.

4. A working medical library containing a fair supply of modern standard text and reference books, the better medical journals, and suitable charts and models. Bound volumes of the better medical journals for recent years constitute a very satisfactory part of a hospital medical library.

5. Adequate provision for the housing and recreation of interns.

## III. HISTORIES AND RECORDS

1. Complete histories should be taken, giving the patient's complaint, physical examination at time of admission to hospital, laboratory findings, description of operation, if any, daily record of case, condition and date when discharged from the hospital, end-results, and, in case of death, necropsy findings if necropsy is performed.

2. The histories should show, by signatures or initials, the persons writing them or parts of them. This will show not only the work of the intern, but also the supervision over it by members of the attending staff. In hospitals where senior

medical students act as clinical clerks, it should be the duty of the interns to supervise and correct the histories written by the students and the records they keep.

3. The records should be carefully kept and placed in charge of a trained historian. This will not only guarantee better records and better care from the patient's point of view, but also will actually protect the hospital itself, especially in any medico-legal cases.

4. The records should include an alphabetical index of the patients, another arranged by diagnoses, and, for surgical cases, one arranged from the standpoint of the regional part involved. For the alphabetical index cards might be used which would show the end-results, sometimes referred to as the "summary" of the case.

#### IV. THE WORK OF THE INTERN

1. The hospital should have a set of printed rules and regulations defining the rights, duties and privileges of the interns which should be furnished to each intern or posted in a conspicuous place.

2. All of the work of the interns should be under the careful supervision of staff physicians. This is essential, not only to correct errors—such as may be expected from his lack of experience—and thereby protect the patient, but also that the intern may receive instruction through his errors and be able to avoid their repetition.

3. The writing of histories in connection with the examination of patients. (See III, 2, above.)

4. Clinical laboratory work. This work might well be divided into two portions, the first to be obtained in the ward laboratory work in connection with the examination and care of patients, the other portion to be obtained in the general laboratory in assisting the expert pathologist in the more technical, chemical, bacteriologic and serologic work. (See II, 2.)

5. Roentgen-ray work: The intern should receive a reasonable amount of instruction in the therapeutics of the roentgen ray and also in the interpretation of roentgen-ray plates and fluoroscopic findings by an expert roentgenologist or a qualified member of the hospital staff.

6. Anesthetics: The intern should obtain experience in the administering of various kinds of anesthetics under expert supervision.

7. Dietetics: The intern should be given instruction by a trained dietitian, or qualified staff member, in the feeding of both infants and adults as required in various diseases or conditions.



8. **Maternity work:** Before finishing his intern service, the intern should have had experience under supervision not only in the delivery of normal maternity patients but also in the more common abnormal cases.

9. **Necropsies:** The intern should obtain an experience in making necropsies either under the direction of or by assisting the hospital pathologist.

10. In his progress through his junior and senior service, the intern should assume, under careful supervision, an increasing responsibility in the diagnosis, daily observation, care and treatment of the patients under his service. This experience and responsibility should be in connection with as large a variety of cases as possible and include at least such diseases as are commonly met with by the average practitioner of medicine.

11. The intern should obtain a practical experience in the applying of surgical dressings in connection with the care and treatment of patients. As he progresses in his surgical intern service he should be authorized under careful supervision to perform not only minor surgical operations but also some of the more common major operations. In major operations, the attending surgeon should stand by, or assist the intern. Experience in connection with accident service is, likewise, highly desirable.

12. The number of patients assigned to each intern and the routine work required of him should not demand more than eight (at most, ten) hours daily. He must have ample time to study and read up on his cases both in the interest of his patients and for his own educational progress.

13. The intern service should extend through at least twelve months, and may to great advantage be continued through eighteen months or two years.

#### V. MISCELLANEOUS

1. Prominent educators are about equally divided in favoring the rotating and nonrotating services for interns. It is evident, however, that each may represent an extreme which should be avoided. If the intern's work is limited to either medical or surgical services, the intern should be encouraged to remain an additional year so as to complete both services. Special hospitals, such as maternity, pediatric or orthopedic hospitals; or those for diseases of the eye, ear, nose and throat, etc., should select their interns from those who have already completed a service in a general hospital.

2. Where the internship is being taken as a prerequisite to graduation, the evaluation and grading of his hospital work should be done by the medical school from which he is to secure his M.D. degree, either by direct conference with his resident superior, or indirectly, through a series of reports furnished for this purpose by the hospital.

3. The hospital should have at least 100 beds, of which at least 75 per cent. should be constantly occupied so as to provide a satisfactory rotating service for three or more interns.

4. In hospitals having four or more interns, the interns should begin their work at different times and pass through junior and senior service, or, better yet, the services should be subdivided into first and second junior and first and second senior services. Such an arrangement keeps in the hospital a constant supply of experienced interns. This not only insures better care of the patient, but also enables senior interns to instruct juniors.

5. In hospitals having 100 beds or more, in addition to the interns, there should be a full-time resident physician, who has had at least one year's intern experience. It would be his duty to supervise the work of the interns, particularly at times when no staff physicians are in attendance at the hospital.

#### VI. OBJECT

It is believed that an internship obtained under the provisions herein made will prove to be for the best interests not only of the intern and of the hospital, but also of the patients and of the public at large.

**Essential Features of State Laws and Conditions  
Surrounding Medical Licensure**

State	Examinations only— Graduation not essential	Preliminary Education			Reciprocity			Examining Boards Separate	Examination Fee	Intern Year Required
		Diploma and Examination	Law Provides For	Years in High School Required	Years in a College of Arts §	Has Reciprocity with Other States	One or More Years of Practice Required			
Alabama.....	Yes	Yes	4	2	Yes	2	\$50	.....	\$10	.....
Alaska.....	Yes	Yes	4	2	Yes	.....	25	.....	25	Yes*
Arizona.....	Yes	Yes	4	2	.....	.....	100	.....	25	.....
Arkansas.....	Yes	Yes	4	2	Yes	†	50	Yes	15	.....
California.....	Yes	Yes	4	1	Yes	Yes	100	.....	25	.....
Canal Zone.....	Yes	.....	.....	.....	No	.....	.....	.....	5	.....
Colorado.....	Yes	Yes	4	2	Yes	†	25	.....	25	.....
Connecticut.....	Yes	Yes	4	1	No	.....	15	Yes	15	.....
Delaware.....	Yes	Yes	4	.....	Yes	Yes	50	Yes	10	.....
Dist. of Columbia.....	Yes	.....	.....	.....	Yes	Yes	10	Yes	10	.....
Florida.....	Yes	Yes	4	2	No	.....	.....	.....	15	.....
Georgia.....	Yes	Yes	4	2	Yes	No	50	.....	20	.....
Hawaii.....	Yes	.....	.....	.....	No	.....	.....	.....	10	.....
Idaho.....	Yes	Yes	.....	.....	Yes	Yes	50†	.....	25	.....
Illinois.....	Yes	Yes	4	2	Yes	Yes	25‡	.....	10	Yes
Indiana.....	Yes	Yes	4	2	Yes	Yes	50	.....	25	.....
Iowa.....	Yes	Yes	4	2	Yes	Yes	50	.....	10	Yes
Kansas.....	Yes	Yes	4	2	Yes	Yes	15‡	.....	15	.....
Kentucky.....	Yes	Yes	4	2	Yes	Yes	50	.....	10	.....
Louisiana.....	Yes	Yes	4	2	Yes	Yes	50	Yes	25	.....
Maine.....	Yes	Yes	4	2	Yes	No	15	.....	15	.....
Maryland.....	Yes	Yes	4	2	Yes	Yes	25	Yes	15	.....
Massachusetts.....	Yes	.....	.....	.....	No	.....	.....	.....	20	.....
Michigan.....	Yes	Yes	4	2	Yes	No	50	.....	25	Yes
Minnesota.....	Yes	Yes	4	2	Yes	No	50	.....	10	.....
Mississippi.....	Yes	Yes	4	2	Yes	Yes	50‡	.....	10	.....
Missouri.....	Yes	Yes	4	.....	Yes	Yes	25	.....	15	.....
Montana.....	Yes	Yes	.....	2	Yes	.....	25	.....	25	.....
Nebraska.....	Yes	Yes	4	.....	Yes	Yes	25	.....	25	.....
Nevada.....	Yes	Yes	4	.....	Yes	Yes	25	.....	25	.....
New Hampshire.....	Yes	Yes	4	2	Yes	Yes	20	.....	20	.....
New Jersey.....	Yes	Yes	4	2	Yes	No	100	.....	25	Yes
New Mexico.....	†	Yes	4	2	Yes	Yes	25	.....	25	.....
New York.....	Yes	Yes	4	2	Yes	Yes	25	.....	75	.....
North Carolina.....	Yes	Yes	4	2	Yes	Yes	50	.....	15	.....
North Dakota.....	Yes	Yes	4	2	Yes	Yes	25	.....	25	Yes
Ohio.....	Yes	Yes	4	.....	Yes	Yes	50	.....	25	.....
Oklahoma.....	Yes	Yes	4	2	Yes	Yes	35	.....	15	.....
Oregon.....	Yes	Yes	4	2	Yes	.....	100	.....	25	.....
Pennsylvania.....	Yes	Yes	4	1	Yes	Yes	50	.....	25	Yes
Phillippine Is. ....	Yes	Yes	.....	.....	No	.....	.....	.....	25	.....
Porto Rico.....	Yes	.....	.....	.....	No	.....	.....	.....	20	.....
Rhode Island.....	Yes	Yes	4	2	No	.....	.....	.....	20	Yes
South Carolina.....	Yes	Yes	.....	2	Yes	Yes	10	.....	10	.....
South Dakota.....	Yes	Yes	4	2	Yes	Yes	50	.....	20	.....
Tennessee.....	Yes	Yes	4	2	Yes	Yes	10	.....	10	.....
Texas.....	Yes	Yes	4	1	Yes	Yes	50	.....	25‡	Yes
Utah.....	Yes	Yes	4	2	Yes	Yes	50	.....	25	.....
Vermont.....	Yes	Yes	4	2	Yes	No	50	.....	20	.....
Virginia.....	Yes	Yes	4	2	Yes	Yes‡	50	.....	25	.....
Washington.....	Yes	Yes	4	2	Yes	.....	25	.....	25	Yes
West Virginia.....	Yes	Yes	4	2	Yes	Yes	25	.....	10	.....
Wisconsin.....	Yes	Yes	4	2	Yes	Yes	50	.....	25	.....
Wyoming.....	Yes	.....	.....	.....	Yes	No	25	.....	25	.....

\* Or four years of active practice.

† Will accept a diploma without examination if from a recognized college.

‡ Reciprocal fee same as charged by the state from which applicant comes.

§ Or its equivalent in the medical college

¶ In some instances.

‡ Or two years' hospital experience.

PAMPHLET PUBLICATIONS OF THE COUNCIL  
ON MEDICAL EDUCATION AND  
HOSPITALS

---

Medical Education

- Medical Colleges in the United States and Abroad, 25 cents.  
Existing and Extinct Medical Colleges, ratings of, 25 cents.  
Educational Statistics of Medical Schools, 1920, 25 cents.  
Choice of a Medical School, 1920, 15 cents.  
Approved Colleges of Arts and Sciences, 1920, 8 cents.  
Medical Education. Reports to the United States Bureau of Education, 2 cents.  
Medical Education as Revealed by the War (Foster), 1919, 5 cents.  
Equipment and Instruction of the Laboratory Years (Lyon), 1911, 10 cents.  
Teacher and Learner in Medicine (Pratt), 1913, 8 cents.  
Obligations of the University to Medical Education (Pritchett), 1910, 8 cents.  
Weak Medical Schools as Nurseries of Medical Genius (Pritchett), 1911, 6 cents.  
Progress in Medical Education (Pritchett), 1913, 8 cents.  
The Medical School and the State (Pritchett), 1914, 5 cents.  
Relation of the University to the Medical School (Schurman), 1910, 8 cents.  
Some Administrative Phases of Entrance Requirements (Swartzel), 1912, 8 cents.  
Reorganization of Clinical Teaching, 1915, 10 cents.  
The Problem of Teaching General Medicine (Lyon), 1913, 10 cents.  
Annual Conference Reports for the years 1905, 1907, 1908, 1910, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920 (State year desired), each 25 cents.  
Reports of the Council to the House of Delegates of the American Medical Association, for the years 1910, 1911, 1912, 1914, 1915, 1916, 1917, 1918, 1919, 1920. (State year desired), each 10 cents.

### **Graduate Medical Education**

Problems of Graduate Medical Instruction (Arnold), 1914, 8 cents.

Graduate Medical Education in Great Britain and France (Wilson), 1919, 8 cents.

List of Post-Graduate Medical Colleges in the United States, 1920, 5 cents.

### **Medical Licensure**

State Board Statistics, 1920, 25 cents.

A Registration Fee for Physicians (Shepardson), 1918, 8 cents.

Organization and System of Examinations of the Conjoint Examining Board (Hallett) 1912, 15 cents.

One Standard of Entry to the Practice of the Healing Art (Crandall), 1914, 5 cents.

Chief Needs and Functions of the Federation of State Medical Boards (Colwell), 5 cents.

National Board of Medical Examiners, 1916, 15 cents.

Laws (abstract) and Board Rulings Governing the Practice of Medicine, 232 pages, 60 cents.

Monthly Bulletin of the Federation of State Boards of the United States, \$1 per year. Subscriptions received by the Council on Medical Education and Hospitals.

### **Medical Cults**

Where Chiropractors are Made (Duhigg), 5 cents; 100 copies, 50 cents.

The Fountain-Head of Chiropractic; What of Its Product? 1920, 5 cents; 100 copies, \$1.

Making Doctors While You Wait (Creel), 1915, 5 cents.

Report of Mr. Justice E. Hodgins in Regard to Chiropractic, 8 cents; 100 copies, \$2.

Osteopaths Refused Commission in the Army Medical Corps; 8 cents; 100 copies, \$2.

Scientific Training Essential for the Practice of the Healing Art, 1920, 5 cents.

False System of Healing; No. 1, Christian Science (Ferguson), 8 cents; 100 copies, \$2.

### Hospital Pamphlets

- Hospital Furnishing Acceptable Internships, 1920, 25 cents.  
Standardization of Hospitals (Baldy), 1916, 8 cents.  
New Features in Sanatorium Architecture, 5 cents.  
Plan of a Modern Cancer Hospital, 5 cents.  
The Fifth, or Intern, Year (Dodson), 6 cents.  
Third Survey of Hospitals, 1919, 8 cents.  
Schedule of Essentials for a Satisfactory Hospital Intern  
Training, 5 cents.  
Who's Who in the Hospital (Wetherell) 5 cents.

**EVERY PHYSICIAN SHOULD READ  
THE JOURNAL OF THE AMERICAN  
MEDICAL ASSOCIATION: because**

- Its Original Articles are by representative physicians and cover the whole field of medicine. Illustrations are abundant and accurate.
- Its Therapeutic department is full of practical suggestions for the treatment of the commoner diseases.
- Its Medicolegal department summarizes important judicial decisions which affect the medical profession.
- Its Propaganda department reveals facts of practical value regarding the nostrum evil.
- Its Current Medical Literature department is an epitome of the medical literature of the world.
- Its Society Reports cover the greater number of prominent societies of this country.
- Its Editorials keep the reader in touch with medical progress.
- Its Medical News records what is going on in the world which is of medical interest. The foreign news is thoroughly covered.
- Its Correspondence department and Answers to Queries are interesting and practical. Experts give authoritative answers to inquirers on topics of interest to the practitioner.
- Its reports on Medical Education and State Boards of Registration give the latest news regarding examinations, licenses, reciprocity and other data pertaining to medical education.
- It announces marriages of physicians each week and also publishes comprehensive necrology lists.
- The table of contents with a digest, appearing in each issue, forms a medium of ready reference for the busy practitioner.
- The Journal is the largest medical weekly (both in number of reading pages and bona fide circulation) in America.

**SAMPLE COPY FREE**

Subscription - - - - -	\$6.00 per annum
Foreign Subscription - - - - -	\$8.50 " "
Single Copy - - - - -	20 cents

**JOURNAL AMERICAN MEDICAL ASSOCIATION**

535 North Dearborn Street, CHICAGO

NATIONAL LIBRARY OF MEDICINE



NLM 00058402 2