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STATE BOARDS OF HEALTH,

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EXEMPLIFIED BY THE EXECUTION OF THE LAW IN ILLINOIS.

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H. A. JOHNSON, M.D.,

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EXTRACTED FROM THE  
TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.

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## THE REGULATION OF MEDICAL PRACTICE BY STATE BOARDS OF HEALTH, AS EXEMPLIFIED BY THE EXECUTION OF THE LAW IN ILLINOIS.

THE Legislature of Illinois, at its session of 1877, passed a bill creating a State Board of Health, and at the same session an Act to regulate the practice of medicine in the State of Illinois. The duty of carrying into execution this last law was committed to the State Board of Health. The bill provides that every person practising medicine in any of its departments shall possess the qualifications required by this Act. If a graduate of medicine, he shall present his diploma to the State Board of Health. If the diploma is found genuine, and if the person named therein be the person claiming and presenting the same, the State Board of Health shall issue a certificate to that effect, and such diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practise medicine in this State. If not a graduate, he shall present himself before said Board and submit himself to such examination as the Board shall require, and if the examination be satisfactory the said Board shall issue its certificate in accordance with the facts, and the lawful holder of the certificate shall be entitled to all the rights and privileges herein mentioned; the lawful holder of a diploma shall be required to make an affidavit that he is the legal possessor of the same; and that he is the person therein named. These certificates, whether issued to graduates, or upon examination, shall be recorded in the office of the clerk of the county in which the holder resides. The register of the county clerk shall be open to public inspection.

The examination of those not graduates may be wholly or partly in writing, and sufficiently strict to test the qualifications of the candidate as a practitioner. The Board has power to re-

fuse certificates for unprofessional or dishonorable conduct and to revoke certificates for like cause. The law requires the Board to grant certificates to the holders of diplomas from legally chartered medical institutions in good standing, giving to the Board the power to determine what colleges are in good standing. It also defines a practitioner of medicine to be one who shall profess publicly to be a physician and to prescribe for the sick, or who shall append to his name the letters "M. D." Itinerant vendors of any drug, or application for the treatment of the sick, or cure of disease, are required to pay a license of \$100 per month. The punishment for any violation of the Act is a fine of not less than \$50 nor more than \$500, or by imprisonment in the county jail for not less than one month or more than one year, or both. The provisions of the Act do not apply to persons who have been in the practice of medicine in the State of Illinois ten years or more.

This law went into effect July 1, 1877. The Board organized and soon after July began its work. Its utility was a matter upon which the profession was by no means a unit. By very many physicians it was thought inexpedient and perhaps impossible to carry out its provisions so as to better to any appreciable degree the condition and qualifications of those engaged in practice. The greatest difficulty was apprehended from the apparently conflicting schools of medicine. It was thought impossible to form a Board that should work well together and which should have the confidence of those holding these widely different theories upon therapeutics. For these reasons the formation of the Board and its action was on the part of very many waited for with indifference or distrust. The Governor, in making the appointments, recognizing the existing facts, appointed three physicians called "regular," for the want of a better term, one homœopath, one eclectic, and two who were not physicians but who were men deservedly held in high esteem as thoroughly accomplished and scientific gentlemen, both of them at the head of prominent institutions of learning. It was thus made a mixed Board. In the prosecution of the work—the regulation of the practice of medicine—there were found to be seven classes or grades of doctors.

1st. Those who hold diplomas from legally organized medical colleges in good standing, that is, having the confidence of the profession at large.



2d. Those holding diplomas from colleges not recognized as in good standing, either for the reason that the curriculum is too short, too narrow, and the work of teaching too carelessly or imperfectly done, or because they are not teaching bodies at all, though chartered schools, their function being the sale of diplomas. As medical colleges they are myths, as business organizations they have only an indifferent success.

3d. Midwives—women engaged in that special department of practice.

4th. Those holding diplomas that do not belong to them, obtained by inheritance, by borrowing, or by theft. Among this class some change the name of the diploma, while others, sacredly respecting the venerable document, issued perhaps before they were born, only clumsily mutilate its date and change their own name so as to accommodate the holder to the diploma. Forty-one practitioners were found under assumed names.

5th. Non-holders of diplomas who had been in practice ten years or more in Illinois.

6th. Non-holders of diplomas who had not been in practice ten years in Illinois.

7th. A class of itinerants going from town to town advertising in advance that they will work their wonders at such a place, on such days of such month, etc.

The work of the Board had to do with this heterogeneous mass. It commenced first by inviting physicians holding diplomas to present them for verification; second, by holding sessions at different points in the State where those not graduates could present themselves for examination. These examinations have been conducted in writing by different members of the Board, and from the papers seen by the writer are judged to have been practical and thorough. The fact that not one-half of those presenting themselves passed justifies the belief that in this respect the Board has done its duty.

The report of the Board presented to the Governor in December, 1878, gives in detail the results of this work up to that date, and I beg leave to present a few abstracts which may be of interest to the Section. There have been issued, to holders of diplomas from schools deemed by the Board in good standing, 3858 certificates; upon examination of non-graduates of less than ten years' standing, 150; upon affidavits from non-graduates of more than ten years' practice, 942; being a total

of 4950. Certificates were also issued to 420 midwives; making a grand total of certificates of 5370. It is well known that in our large cities there are quite a number of women engaged in this special work. Examinations were held, and the qualifications of this class of practitioners determined. In addition to all these holders of certificates, there are quite a number who do not come within the requirements of the law on account of time in practice. The Board estimated that there were in the city when the Act went into effect, July, 1877, about 3600 practitioners of medicine not graduates from any medical college. Of these only 371 have presented themselves for examination, of whom 150 only have passed successfully that ordeal. 950 had been in practice ten years or more, and were consequently not required to present themselves for such examination; about 450 have graduated from medical schools; the cases of about 400 are still undetermined by the Board, while 150 are evading the provisions of the law by every possible means, and 1400 have left the State.

The effect of this law and its execution has, I think, been much more satisfactory both to the profession and the public than its most ardent supporters dared to hope. The attention of the non-professional public has been called to the importance of knowledge as a qualification for practice. A general interest has been awakened upon this subject which in its influence will lead to a more just estimate of the physician and a better understanding of the responsibilities of his office.

The Board is invested with authority to determine what constitutes a medical college in good standing. At a meeting held in Cairo, November 5, 1877, the following resolutions were adopted:—

“*Resolved*, That on and after July 1, 1878, the Board will not consider any school in good standing which holds two graduating courses in one year.

“*Resolved*, That on and after July 1, 1878, the Board will not recognize the diplomas of any medical school which does not require of its candidates for graduation the actual attendance on at least two full courses of lectures with an interval of six months or more between each course.”

These resolutions make it impossible for the graduates of schools which give two graduating courses in each year, or which do not require an interval of at least six months between



each course, to practise medicine in any of its departments in the State of Illinois. This action has led to the extension of the lecture term and the abandonment of the two-term system in one of the medical colleges of Chicago—the “eclectic.” It is believed that this action has had some influence on medical colleges outside of the State. In other words the action of the Board under the law has been the means of bettering a certain class of medical institutions, whose status in the estimation of the profession was somewhat equivocal. The execution of the law has also given encouragement to the legally qualified physicians. It has secured for them more honorable association, and has given to them the means of certifying to the public their own claims to the confidence of the people.

Fears have been entertained that a law, such as that placed upon the statutes of Illinois, could not be executed; that it must remain a dead letter; that it would be impossible to hunt up and investigate and determine the status of the thousands of practitioners scattered from the lake to the river. This task is no doubt a difficult one, and would be still more so but for the existence of the State Board of Health and the provisions of the organic law requiring the registration of practitioners as a part of the machinery necessary for securing the vital statistics of the State. The State Board requires a registration in the office of the county clerk of each county of every person practising medicine or midwifery. The neglect of such registration subjects the person so neglecting to the penalty for the violation of the law regulating the practice of medicine. It will be easily seen that if a few only of the practitioners become registered it will be for their interest to determine the fact that all others are also registered. In this way every practitioner who has complied with the law is made an aid to the State Board in the execution of its provisions. It has been found to be practically the fact that in many counties not a single person is engaged in the practice of medicine who has not complied with the law, and this not so much through the immediate intervention of the State Board as through the action of the local physicians. A suspicion that a neighboring or competing practitioner has not complied with this law, or that he is disqualified by law, leads at once to an investigation, and, in case of the neglect or refusal to comply or qualify, to prosecution. The authority of

the Board to revoke licenses has been tested in the courts, and so far has been sustained.

In view of all these facts it is quite evident, I think, that it is possible to regulate the practice of medicine and to vastly improve its condition, and that this can be done and probably best done by State Boards of Health.

In conclusion the writer begs leave to suggest that it is the duty of the State to protect its citizens from the injuries they may sustain from the practice of incompetent physicians and surgeons as well as from any other source of danger to public health. The mode in which this protection can be best extended is one upon which there may be differences of opinion; in fact there may be different modes equally efficient. But that adopted by the State of Illinois, if it could be carried still further and made more complete in this investigation of the status of every practitioner of medicine, would, as it seems to me, be amply sufficient. A diploma from any medical college ought not to be accepted of itself as the evidence of a qualification for the discharge of the duties of the profession. It is true a Board invested with the power of discriminating like that of this State perhaps may be trusted to determine what colleges do give to their graduates an education qualifying them for these responsibilities; but practically it is found very difficult to make such discrimination. An examination should be held of every practitioner of medicine; that examination, if successful, should entitle him to a license to practise. The colleges would then be relegated to their legitimate places as teaching bodies, and not as bodies empowered to give authority to practise. The colleges that have the best teachers, whose students are most successful in passing this examination, and which are therefore evidently rendering to the community the highest services, would become the most popular, and would justly receive at the hands of the public that recognition which they deserve.

But the consideration of this subject leads us beyond the scope and purview of this paper, which was simply to submit the results of the effort in the State of Illinois to regulate by law the practice of medicine.







