

THE OPEN DOOR OF QUACKERY.

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SO FAR as I have been able to discover by extensive investigation, this country (the United States) is the only one in which a fraudulent medical college has ever existed ; the only country in which the National Government exercises no control whatever over medical education—a matter of the most vital importance to the public ; the only one in which several sections of the country have medical laws all of which are different ; the only one in which the signatures of a few stock-holding professors in a medical college entitle the holder of a diploma to practise medicine ; the only one in which the educational requirements for admission to and graduation from *legally incorporated* medical colleges vary from *nil* to very high ; and the only country on earth in which the *extinct* medical colleges almost equal the number of extant ones—one hundred and five of the former and one hundred and seventeen of the latter, exclusive of preparatory schools.

Our National Government exercises no control whatever over a matter that directly affects the comfort, wealth, health, and lives of the people—medical education and medical practice. Of no other country that pretends to any civilization whatever can this be said. Not to mention the countries of higher civilization, those that we are accustomed to look upon as somewhat or very low down in the scale of modern civilization, such as Finland, Rumania, Spain, Guatemala, Mexico, Chili, Peru, Uruguay, Venezuela, Syria, Turkey, Japan, and Egypt, all exercise a direct control over medical education, medical practice, and the public health. The whole list of countries that exercise such control is thirty-one, the United Kingdom and its colonies being counted as one.

“But,” some one says, “the cases are entirely different. In each of those countries there is practically but one government; in this country practically between three and four dozen. Medical education is not in the hands of our National Government, but must be regulated by the State governments. The National Government has no right to interfere in such matters.” Here, then, we are confronted by the doctrine of State Sovereignty, a two-edged weapon, which cuts both ways at the whim of the person using it. While there is no clause in our Constitution granting to the Federal Government the supervision of educational matters, there is a “general welfare” clause, and I take it that education of the people and the health of the people come under any definition of the terms “general welfare of the people.” And we have not always held the Constitution a sacred thing. One of its clauses or articles provides that no new State shall be made from a part of an already existing State except by consent of the people of the latter,—an article that has been violated in at least one instance.

What has been the outcome of leaving the regulation of medical education and practice in the hands of State legislatures? As regards medical education, the most that any State has done is to be seen in the recent Minnesota act, which provides for a definite term of study in all the colleges of the State, and appointed a Board of Medical Examiners, who are to examine all applicants for license to practise medicine, but who shall examine no candidate unless he be a graduate of a school requiring three full courses of medical study. This law, of course, reacts on colleges patronized by Minnesota students and on men intending to practise in that State. Some years ago the State of Illinois created a State Board of Health, and placed medical educational matters in its hands, with certain provisions. This board made a “schedule of minimum requirements,” to which every college in the country must conform in order that its diplomas may be registrable in Illinois. Students from colleges that fall short of the requirements of the Illinois board must stand an examination before the board before the license is issued. Missouri has a board created under a law similar to that of Illinois. Indiana has a medical act unlike any of these. In Michigan medical education and practice are go-as-you-please matters, as is the case in Texas and several other States. Thus far it has been impossible to get a legis-

lature to pass any medical act in these States that would be of any service. In Virginia, North Carolina, and three or four other States, boards of medical examiners have been created by the legislatures. The diploma counts for nothing, and every candidate for license must stand an examination before the board. In Pennsylvania the medical act is unlike that of any other State, and remarkable chiefly for its inefficiency. There has been recently passed in New York a revised medical act, complicated and verbose to the last degree, and, like the medical acts of most of the other States, different from all the others. In short, at the present rate, if we had a thousand States in the Union, and each one had a medical act, we should have about eight hundred different medical acts in the country, and none for the District of Columbia.

How can we account for this great diversity of the State laws in the States that have attempted legislative interference with medical practice? It certainly is not due to the fact that the framers of the acts have had nothing to guide them. An examination of the medical acts of the thirty-one foreign countries will show that there is greater uniformity among them than among a smaller number of State medical acts in this country. It cannot be that the conditions of medical practice are different in the different States. The conditions of practice, outside of any legislative interference or regulation, are the same in the red spot on the map called Indiana as in the green spot called Ohio. But, just as every one thinks he can edit a newspaper, every doctor who thinks of the matter at all thinks he can frame a medical act that will be more perfect than any other act. When this is taken before a State legislature, each legislator thinks he can make an important amendment or change, and in order to secure his vote that must be made. The results are the acts that we have.

As I have said, there is a uniformity running through the medical laws of other countries. The chief points of uniformity are that each country begins at the foundation, and prescribes the amount of general education that a person must have before entering upon the study of medicine; each one prescribes the number of terms that must be spent in the colleges in the study of medicine; almost all prescribe the methods of study (in the sense that the courses must be graded); almost all prescribe the number of examinations that each student must stand and pass before he is

entitled to his degree; and almost all require the applicant for license to stand a state examination, the diploma not entitling the holder to practise. More than this, almost all prescribe that before the candidate can come up for the state examination he must have had a certain amount of hospital experience. Not one of our State medical acts or medical boards demands and prescribes all of these things. In the United States the longest course required by any board at present is three years of study in college. With the exception of Belgium, all foreign countries require from four to seven years, including compulsory hospital instruction.

One reason, I think, why the framers of our medical acts have not profited by the acts of foreign countries is the very prevalent idea that what is foreign is not good and whatever is American is the best in the world. By a process of careless thinking, and by the tiresome boasting of those that wish for popularity, we have come to think that our Republic is the largest on earth, and therefore the best; that all the conditions of existence and government in this country are antipodal to those of any and all other countries, and that everything in the shape of legislation and social regulation in a "free country" should be essentially different from what obtains in non-republican countries. I believe that our methods of thinking and reasoning in such things have been very injurious to the actual progress of this country.

Legislative regulation of medical education in this country has been spasmodic, diverse, and too frequently misdirected. The results may be seen by looking at the condition of our medical colleges. An honorable and very small minority have taken a firm stand for high medical education. The majority of them, however, being in the hands of private individuals, conducted for the money that can be made out of them, have done nothing in the way of raising our low standard of medical education except by compulsion of the few efficient State medical boards. There being enough medical colleges in this country to educate medical men for 300,000,000 people,—since we have but about one-fifth that number,—the competition is of the kind that kills. Complaisant legislatures have chartered unnecessary colleges, "professors" have invested money in them, and that money must be made to bear interest. In order to draw students, the standards for matriculation and graduation have been put down so low as to make an American diploma almost a reproach in other countries.

So long as there were no State boards to examine candidates for license to practise, or to reject diplomas from legalized diploma-mills, many of these institutions flourished, the stockholders being regardless of the rights of the public and recreant to the profession they ceased to honor. When the State boards were created, however, and began to do their duties, there went up a great cry from the large number of low-class medical colleges. Their students had been graduated, often with honors, only to be ignominiously plucked by a State board. Here was a state of things. Those graduates held pieces of parchment that had always in this country been the license to practise; now the State boards began to show that many of the colleges were graduating incompetent men. The Illinois board and the boards of North Carolina and Virginia especially have shown that some of the colleges that make great pretensions are but little better than diploma-mills. Yet, since but a very few of the States have any efficient medical acts and boards, the candidate rejected in one State has only to go to a State in which there is no board to pry into his ignorance and unfitness for practice, and there prey upon the confiding and unprotected people.

Still another result of non-regulation of the colleges and medical education has been to overstock the country with doctors. For every doctor in the country necessary to perform the functions and work of a practitioner, there are two unnecessary ones, and the percentage of unnecessary doctors is increasing, though not at the same rate as before the few efficient State boards began their work.

In the opening paragraph of this paper I spoke of the fraudulent medical colleges of this country. As I said, I can find no record of the existence of fraudulent colleges—colleges that exist solely for the purpose of selling diplomas—in any other country. The whole number of these that have been exposed and broken up is, I think, more than a dozen, and the majority of them owe their exposure to Dr. John H. Rauch, secretary of the Illinois State Board of Health. It does seem singular that an officer of the State of Illinois should have to interest himself directly to expose and break up fraudulent colleges in Massachusetts, Pennsylvania, and other States; but such has been the case. So long as there were no State boards to inquire into the diplomas of persons wishing to practise medicine, or to examine such persons, these fraud-

ulent schools had but little, if anything, to fear. A diploma carried with it the right to practise, and, so far as the people knew, one diploma did not differ from another. It is estimated on tolerably reliable data that there are in this country about 10,000 men practising medicine upon the diplomas of one of these fraudulent schools, and it is known that some of these men never studied medicine for ten minutes. One of these schools, the Bellevue Medical College, Boston, Mass., sent a diploma C.O.D. to a young journalist of Springfield, Ill., upon his writing the following thesis, at the instigation of Dr. Rauch:

VACCINATION.*

THE Grate increase of Disease in these Late years Calls for Explanation Undoubtedly the Doctors of this day is to blame for very much of it But more than anything Else in my opinion is the Inseartion into the Pure Blood and Vitle fluid of our Inocent offspring of that vile Diseas of the Animals cowpox So grate has the Curse Became that Priviledges of School Edication is Denide in this and Many other States to those who wisely Refuse to Submit to this Curse that is just a Peace of the Nonsensikal Medical teachings of the Day when Theory and Imagination Rool Instead of Practical Expearance and which keeps its Studends in close Confinement a Big part of three or four years to hear the Nonsense which is thear peddeld out to them consumption Siffles and Skin Disease Runn Wild among the People This calls for a Strong kick on the Part of our noble Profession which should seek to Build up the Health and Streangth of the People instedd of Planting the Seeds of Diseas in them To Prove that Vaccination Dont do no good we need onldy to say that Thear has Been More Small Pox in this Place in the last year than thear was in the last Nineteen or Twenty year and more deaths from it I neadnt say no more About a Thing that is so Plane to Eny thinking man or Woman Eather we should all Band ourselves together in all Parts of the Country to Shut off this Cursed Practiss the people Should be taught Better But the Days is Cuming when Enlightenment will take the Place of Ignoranse and Prejudice and when that Time Comes these fannatics who live by Scaring People will have to step aside and Vaccination will not be Heard of any more.

By V B KELLY.

“Comment on the foregoing,” says Dr. Rauch, “would be entirely superfluous, were it not that this travesty on much that goes for Medical Education in the United States is so ludicrous as to mask the satire it contains. It would not be difficult to parallel the tenor of the Third Year’s Announcement of the Massachusetts Bellevue with announcements of older institutions not chartered as ‘manufacturing corporations.’ Nor is the mode of making out the necessary time ‘spent in the study of medicine’ entirely unfamiliar to many colleges which claim to be in good standing, and which, unfortunately, are accepted as such. How many ignoramus with not one whit more of education, either literary or medical, than is displayed in the essay on ‘Vacina-

* The president of the school was a rabid anti-vaccinationist.

tion,' are every year turned loose upon the public, each bearing a 'diploma' reciting that some particular Rufus King Noyes and his colleagues have adjudged and decreed the bearer (in the sonorous Latin of the Bellevue sheepskin, price \$150, C.O.D.) *hominem egregium studiis optimus deditum*—a distinguished man devoted to the noblest pursuits—*dignum atque idoneum qui honoretur altissimo dignitatus gradu*—worthy and fit to be honored with the highest mark of distinction. Having sufficiently investigated (as to his scientific and scholarly attainments)—*satis compertum exploratumque habemus*—as witness the thesis on 'Vaccination,' we, to wit: Rufus King Noyes, with one consent—*uno animo*—have created and made—*creavimus et fecimus eum Doctorem Medicinæ*—literally 'manufactured' him into a doctor!"*

It is scarcely necessary to say that most of the extinct medical schools (the number of which is one hundred and five as against one hundred and seventeen existing American schools) never had any good excuse for being in existence. With not more than four exceptions, the medical profession and the people of the country would be better off had these schools never been founded. The very fact that they have passed out of existence in a country in which the lowest grade of medical schools can exist, most of them being of that class, is sufficient to show that there was no good reason for their being brought into existence. We have more of these extinct schools than all other countries combined.

While we have one hundred and seventeen medical schools

*The charter of this Bellevue College of Boston was repealed in 1883. Its first officers, on the trial which resulted from the exposure, pleaded that they were legally incorporated, and were empowered by the laws of Massachusetts to issue diplomas and confer degrees without any restriction as to course of study or professional attainments. The United States Commissioner, before whom the trial was had, held the plea to be valid, and dismissed the case with the following remarks: "The State has authorized this college to issue degrees, and it has been done according to legal right. . . . The law makes the faculty of the college the sole judges of eligibility of applicants for diplomas. There is no legal restriction, no legal requirements. *If the faculty choose to issue degrees to incompetent persons, the laws of Massachusetts authorize it.*" As a result of this decision, the "American University of Boston," and the "First Medical College of the American Health Society," were incorporated under the same authority as the "Bellevue"; and the "Excelsior Medical College" and others were projected. The passage (June 30, 1883) of an act forbidding any corporation, organized under the public statutes above referred to, from conferring medical degrees or issuing diplomas, or certificates conferring or purporting to confer degrees, unless specially authorized by the Legislature so to do, deprived these concerns of the only object of their creation, namely, the sale of fraudulent diplomas.—*Illinois State Board Report.*

that grant degrees, there are less than two hundred medical schools outside of the United States. Taking the average of all other countries as a fair average, we have, as I have said, schools enough in this country to educate medical men for 300,000,000 people. Were these schools of a high class, and doing good work, no one could object to their continuing in existence. It is only a small minority, however, that do even tolerable work. To determine this, we must take the statistics of a State Board of Medical Examiners in a State in which all applicants for license are examined. The last report of the Virginia Board of Medical Examiners (April 20, 1888) shows that two hundred and twelve candidates have come before that board since January, 1885, and fifty-four, or a little more than 23 per cent., failed. These candidates came from twenty-six colleges of this country. The candidates from thirteen colleges all passed; while the other thirteen colleges sent one hundred and fifty-six candidates (graduates), and an average of more than one-third was rejected from each college. Now apply these figures to the more than thirty-six thousand graduates of American colleges from 1877 to 1887, and see how many men are practising medicine that would have been rejected by the Virginia board—more than eight thousand!

But however good medical-practice acts and boards Virginia and Illinois and North Carolina may have, and however many applicants for licenses to practise they may reject, there are States adjoining these that are unprotected, and into these and the other unprotected States the incompetent and rejected graduates go. The Illinois, North Carolina, Minnesota, and Virginia boards not only reject incompetent men, but the very fact of the existence of these boards deters a large number of consciously-incompetent men from applying for license in those States. Consequently the States that have no medical acts and boards that amount to anything suffer all the more.

As a matter of fact, however, such acts and boards as I have mentioned have frightened many of the low-class colleges into doing better work. And should every State have an efficient board, we would soon see a practical example of survival of the fittest, and death of the low-grade colleges. Of course, the low-grade colleges will be heard from on the subject of boards of medical examiners. In fact, one in Virginia has been heard from already. This college was in favor of the Virginia board

until it began to be shown by the examinations of the board that it was graduating incompetent men. Then there was a terrible wail from the college (the Medical College of Virginia) and from its students, and the State Legislature was beset to exempt the students of this college from the examinations—a practical acknowledgement that the college was doing bad work. Fortunately, however, the Legislature did not see why the students of this college should be exempt from examinations. When boards of examiners are created in other States, other colleges will be heard from. They must either do better work or become extinct, and the sooner they mend their ways the more chance have they of surviving.

There are not a dozen American medical colleges out of the one hundred and seventeen that would be tolerated for a moment in any foreign country that pretends to be civilized. And while, on account of some of our dead and living eminent medical men, the profession of America is respected in other countries, American diplomas, as a class, are a byword and almost a reproach among the profession in foreign countries. And thus will they continue to be until medical education and practice are regulated throughout the country. For years the representative men of the profession have been before the State legislatures and asked for such regulation. All the legislation that exists has been obtained by persistent effort on the part of the medical profession. On the one side have been the better class of medical men; on the other side the quacks, charlatans, low-class colleges, and some newspaper men who are “agin the doctors” because they do not advertise in the newspapers.

In the matter of medical legislation the States have failed in their duty. The indications are that they will continue to fail in this respect. To protect the health and lives of the people is the plain duty of any and every government. To get the best results, and to insure uniformity of regulations, the whole matter should be placed in the hands of the Federal Government. Why should we lag in the rear of all other nations?

WILLIAM G. EGGLESTON.

It is not putting the statement too strongly to say that in the United States the door is open to quackery wider than in any other civilized country. As we, as a nation, become older, our people are more and more efficiently protected against public dan-