

trained in methods of medical pedagogy. The clinical and laboratory facilities of many of our schools are shamefully inadequate, several colleges known to the writer having operated for years with substantially no assets. It is the duty of each board to enquire fully into the facilities of each school represented by graduates who are applicants for degrees.

Having determined upon the fitness of the school to afford satisfactory courses of medical instruction, applicants holding degrees from such institutions should be admitted and a further test of fitness demanded by requiring an examination upon all the recognized branches of medicine. These examinations should be conducted by number, be scientific, and of sufficient severity to assure the public a thoroughly educated profession. Students from the respective schools of practice should undergo an examination upon the same questions, no necessity existing for questions not primary in character.

Licenses should not be refused or revoked for other than gross unprofessional or dishonorable conduct. In criminal cases it is not well to anticipate the processes of criminal law. The latter feature of our legislation has been instrumental in protecting the people from the professional charlatan in several states. Its provisions should be incorporated in all statutes regulating medical practice.

Owing to the difficulty in securing indictments and the consequent tardiness of legal processes, the penalty for violations of the provisions of this form of legislation should be by penalties imposed by a justice or a municipal judge; the latter method has given satisfaction as far as I am aware. Reasonable efficiency upon the part of the officers of these boards have been awarded by a full compliance with the provisions of this form of statute in all instances. The Governor should have the appointing power, being responsible for the successful operations of the different state boards. Experience satisfies us that the so-called mixed boards are doing satisfactory work and operating in perfect harmony. Seemingly no excuse exists for the duplicate boards operating in a very few States. At present approximately thirty States possess legislation regulating medical practice. Seventeen States have a form of statute that fails to recognize the diploma as evidence of fitness to practice; consequently they may be classed with those States operating under efficient acts. In the latter class of States I particularly desire to call your attention to the results of work thus far accomplished. In a paper read before this learned body, at Detroit, Michigan, in 1892, I suggested the future influences of these boards as most important in shaping the future medical education in this country. I submit data at this time confirmatory of the position then

taken, and reaffirm my former suggestion that future legislation will in a great measure determine and govern the work of the teaching bodies of the country.

I am deeply indebted to the officers of the various boards for courtesies extended, and regret that space forbids reference to many suggestions and conclusions arrived at in the work of the different boards.

Data have been obtained from the following named States: Alabama, Minnesota, Maryland, North Dakota, North Carolina, New York, New Jersey, Virginia, and Washington.

The subjoined table indicates briefly the work of these boards:

State.	Examined.	Licensed.	Rejected.	Per cent.
Alabama.....	647	558	89	0.862
Maryland.....	150	105	25	0.806
Minnesota.....	641	499	142	0.778
New York.....	967	797	170	0.824
New Jersey....	447	417	30	0.955
North Carolina.	615	508	207	0.71
North Dakota..	81	76	5	0.938
Virginia.....	835	613	222	0.734
Washington....	207	167	40	0.806
Totals....	4670	3740	930	0.822

It will be observed that of four thousand six hundred and seventy persons examined, but eighty-two and two-tenths per cent. were successful in securing a license. The nine hundred and thirty unsuccessful applicants have, we doubt not, principally located in States not protected by this form of legislation.

I am pleased to direct your attention to the good work of the Minnesota board. The first act regulating medical practice in this State became operative in March, 1883. It was the form of legislation at present in force in Illinois. It was in operation five years, being supplanted by the present law. The present act requires an examination of all persons commencing the practice of medicine, and, as amended by the last legislature, the minimum of requirements is changed, demanding that all graduates of later date than 1898 furnish satisfactory evidence of having attended at least four courses of lectures in different years, of not less than six months duration each.

We have in Minnesota a practical illustration of the position taken in my former paper: "that in medical legislation we have the only solution of the problem of higher medical education." Having drafted these bills, and by force of circumstances been somewhat conspicuously aggressive in urging their enactment, I have, in consequence, witnessed their operations with some concern and interest. The result is all that the most sanguine could have anticipated. In a period of twelve years the proportion of physicians to the population in Minnesota has been reduced from one practitioner to every six hundred and fifty in 1883 to one to every one thousand in 1895.