



*Editor's Note: The following is a presentation by Mark E. Bowden, MPA, executive director of the Iowa Board of Medicine, for the public reception on July 29 in Old Capitol, Iowa City, to celebrate the Board's 125<sup>th</sup> anniversary. © 2011, Mark E. Bowden*

You cannot talk about the history of the Iowa Board of Medicine without briefly mentioning the early history of the practice of medicine in Iowa.

The first trained physicians to be in the territory that eventually would become the state of Iowa were Army surgeons, traveling with military expeditions throughout the region in the early 1800s.

It has been noted that the famous Lewis and Clark expedition that passed through western Iowa in 1804 did not have a physician in the group, but one of the expedition leaders, Meriwether Lewis, had some medical training and served as a physician for the group. This may very well be the first documented practice of medicine in Iowa by a non-physician.

Iowa Medical Society records say the first physician to locate in Iowa to practice medicine was Frederick Andros, M.D., who came to Dubuque in 1833. Local historians say he worked from a house shared with a lawyer and a printer. It is possible these two men informally constituted the first "board" to keep an eye on a physician practicing in Iowa.

At that time Iowa was a part of Michigan Territory, which included Michigan, Wisconsin, Iowa, a part of Minnesota and the Dakotas. At a session of the Michigan Territorial Legislature in 1829 a bill was introduced which provided that all of the territory lying south of the Wisconsin River, west of Lake Michigan, east of the Mississippi River and north of Illinois be formed into a new county to be known as Iowa County and the county seat be located at Mineral Point, which we today recognize as a community in southwest Wisconsin.

The bill was based on a petition presented by a physician, William Brown of Wayne County, Michigan. It is not known who drafted the bill but it is supposed to have been the work of Dr.

Brown. The reason for name the county “Iowa” is unknown (perhaps from the Ioway Tribe of Native Americans). But it seems probable that we have a physician to credit for supporting “Iowa” as an appellation for a government territory that would eventually become a state.

Many of the medical men who came to Iowa in the early 1800s were not only physicians, but also adventuresome souls, interested in what might happen and what opportunities might present themselves as settlements grew into towns popping up west of the Mississippi River in the areas that would become a part of the state of Iowa..

An 1836 census showed a population of 10,531 within the present limits of Iowa. Four years later, it was 43,112. It was estimated that at least 800 trained physicians were practicing in Iowa at that time, and there were hundreds, if not thousands, of other “men of medicine” who presented themselves as professionals who could diagnose, treat and cure whatever ailed a person.

As the population grew, and Iowa entered the Union 1846, so did opportunities for medical practice by trained physicians – and by those who believed the healing arts encompassed much more than what could be learned from a book or taught in a medical school. As they tamed the prairie, Iowans saw medicine spring up in many forms – from highly educated physicians, to physicians trained in questionable schools, to quackery.

Physician licensure laws in America date back to late 1700s as this nation took root. The 10<sup>th</sup> Amendment of the U.S. Constitution authorized states to establish laws and regulations protecting the health, safety and general welfare of their citizens.

At the time of the Civil War, there was almost free entry into the practice of medicine in America. Restrictive laws which have been in force in the early Nineteenth Century had been repealed, weakened or simply fallen into disuse, according to an April 1984 article in the Journal of History of Medicine. Some states had even turned over licensing responsibilities to state medical societies. Medical licensure reappeared in the late 1860s, and by the end of 1881, half of the states and territories had laws to regulate entry into the practice of medicine.

Iowa’s first run at regulating physicians started in September 1862 when the Ninth General Assembly of Iowa amended the state’s militia law, which required the governor to establish military regiments to protect the state. With the Civil War unfolding, there was an expectation for Iowa to assemble volunteer regiments and send them to the warfront. The Legislature gave the governor the authority to appoint three physicians to a Board of Medical Examiners who would examine the competence of a physician to determine their suitability to serve as a surgeon or assistant surgeon to a regiment.

The law required that one of the examiners be *the* professor of surgery in the medical department of the Iowa State University; the examiners would “attend to the duties” by situating offices in Keokuk, Des Moines and Dubuque.

The law recognized that “any physician who shall give reasonable evidence that he has been a reputable practitioner of medicine for the term of three years ... whether he shall have a diploma or not” could seek review by one of the examiners. The physician paid \$5 to be examined. The law further provided that “a certificate from one of said medical examiners shall be sufficient evidence of qualification” to serve as the medical officer for a regiment.

As for assuring physician quality for the general population of Iowa, that was first to come indirectly with the Eighteenth General Assembly’s creation of the State Board of Health in 1880. This board established statewide collection of birth and dead statistics, had some oversight of local boards of health, and could punish persons who put the public’s health at risk. The board was composed of nine members: the attorney general, a civil engineer and seven physicians. The board’s primary charge was to protect the public by limiting the spread of diseases and improving the sanitary conditions in communities across the state.

These early regulators recognized that good health also depended upon qualified health care providers, and in 1883, the Nineteenth General Assembly empowered the board to review the medical college diploma of a practicing physician if there were concerns about the practitioner’s competence.

After the Civil War and leading up to the early 1880s, there had been discussion among medical educators in Iowa, the Iowa Medical Society, the State Board of Health and state politicians about establishing licensure for physicians to rid the state of “quacks.” The Legislature had opened the door on health-care licensure in 1882 when the State Board of Dental Examiners was created. Regulation also got a strong push from the American Medical Association at its May 1885 convention in New Orleans when it passed a resolution supporting creation of state medical boards. The association developed model legislation and distributed it to state societies, encouraging them to lobby for passage.

Public support for medical regulation in Iowa was growing. The Burlington Hawk Eye, in an editorial published December 31, 1885, supported passage of a law to “purge the medical profession of our state from quackery. Such a law is needed and should be enacted.”

The public and political discourse in Iowa led to the introduction of File 207 in the Iowa House of Representatives by Wilbur Lyons of Guthrie County. Known as the Medical Practice Act, the legislation was offered when the Twenty-first General Assembly convened on January 11, 1886.

The bill was approved by the House on February 19 and an amended version of the House-passed bill was approved by the Senate on March 4. A committee on the conference met in late March and a compromise version was approved by both chambers on April 3.

Much of the debate about the bill was not over its fundamental elements to establish an examining board and to set forth criteria for medical licensure, but rather how much money would be paid to board members, and who would serve as the secretary of the new board.

The Daily Iowa Capital on March 5, 1886, reported the Senate's debate, noting "it was understood that a certain politician, who has been hanging around the capitol all winter, had had the promise of this position if the bill passed."

The article also reported differences over scope-of-practice issues, including pleas to recognize magnetic healers, rein-in midwives, and stem the proliferation of substandard medical schools in Iowa and elsewhere.

One senator, Benjamin McCoy of Mahaska County, said he was proud of his constituents who were magnetic healers. He said one healer had built up a practice and treated more than 5,000 patients, many of them coming to Iowa from out-of-state. "I do not know why the class of physicians which cures by simply rubbing on of hands should not be protected as well as those who can cure by giving medicine," he asked.

And there were efforts to restrict what elixirs might be used to treat the sick, such as certain patent medicines and mineral waters, unless, of course, it came from the reputable wells in Colfax, Iowa.

The newspaper account said advocates of licensure of physicians asked for "only what was given the lawyers and other professions." Proponents also pushed for agreement that the unlicensed practice of medicine should be dealt with swiftly, protecting the public from "quacks" and others who would pray on an unsuspecting public.

The legislation landed on Governor Larrabee's desk on Tuesday, April 6, 1886, and it became law on Friday, April 9, 1886. The enactment date was set for July 4, 1886, with the stipulation that penalties for non-compliance with the act would not be enforced prior to January 1, 1887. In those days, if a bill remained with the governor three days without gaining the governor's approval or veto, it became a law.

Larrabee had been reticent about the Medical Practice Act as it moved through the General Assembly, but he had been critical of what he saw as "the medical intolerance" which prohibited one class of physicians of consulting with another. Larrabee was referencing the American Medical Association Code of Ethics, which banned "regular" physicians from consulting with other physicians in other medical sects, such as homeopaths, eclecticists and eventually osteopaths.

The Medical Practice Act of 1886 provided that the seven physicians of the State Board of Health, together with that board's secretary (who was also a physician), would constitute the new State Board of Examiners, and that the new board should elect a president and a secretary.

It authorized the State Board of Examiners to grant three forms of certificates or licenses to physicians:

"A" to those who were graduates of medical colleges recognized by the board as of good standing;

“B” to those who had, on April 9, 1886, been in continuous practice in Iowa for not less than five years, three years of such practice having been in one locality; and

“C” to those who, not having these qualifications passed an examination before the board. The fee for the first two certificates was placed at \$2 and for the “C” certificate \$10 was required, which enabled the applicant to have a re-examination in case of failure without an additional fee.

Licenses could be issued to all classes of physicians and to midwives who engaged in practice prior to April 3, 1886, so long as they were graduates of colleges of midwifery.

A report filed by the secretary in January 1887 offered these statistics on the board’s first six months: certificates granted on diploma, 2,676; certificates granted on evidence of time, 400; certificates granted for midwives, 8; certificates granted on examination, 16; applications not decided, 100; rejected diplomas, 11; rejected evidence of time, 27; rejected examinations, 7.

By 1900, board certificates were issued to 6,930 applicants, classified as follows: To regulars, 5,434; to homeopaths, 504; eclectic, 576; physio-medics, 55; midwives, 39; and miscellaneous, 22. These miscellaneous were hydropaths, electropaths and the valuable “magnetic healers.”

It was discovered later that the statute made no provisions for the issuance of certificates to midwives, giving all women who were at the time of the law’s enactment the right to practice midwifery without a certificate whether graduates or not.

The 1886 Medical Act also asserted that any person who practiced medicine or surgery or obstetrics in Iowa without a state license was deemed guilty of a misdemeanor and faced a fine of not less than \$50 nor more than \$100, or by imprisonment in the county jail, not less than 10 days nor more than 30 days.

If any person filed, or attempted to file, fraudulent identification or fraudulent training credentials with the board, they were deemed guilty of the crime of forgery and faced imprisonment.

Physicians were required to register with the county clerk in the county of their practice.

Under the law of 1886, members of the board were entitled to a per diem of \$10 and traveling and other necessary expenses. (Today, board members receive a per diem of \$50 plus expenses.) The secretary was entitled to the sum of not more than \$5 a day.

The board was organized early June, electing William S. Robertson, M.D., of Muscatine its first president. The secretary was Josiah F. Kennedy, a Des Moines physician, who served for 20 years, having significant influence on the development of board’s regulatory role. The board began issuing licenses on July 9, 1886, and the first certificate was issued to Dr. Robertson.

By mid-July 1886, the Board had launched a series of meetings around the state to issue certificates and examine applicants. By mid-August, the board had granted nearly 1,300 certificates, while the clerks of the various counties had returned the names 5,000 persons who

had already registered as “physicians.” As one newspaper account noted: “A good percentage of this number will likely take up their tents and will emigrate elsewhere to seek greener pastures (once the law is applied on January 1, 1887).”

Between July and December 1886, the board got an eye-opener on the range in quality of health care practitioners in Iowa, from physicians and surgeons with significant education and training to those who, at best, could read and write and prepare home remedies. Here’s the Cedar Rapids Gazette’s account of a board meeting in Cedar Rapids on August 19, 1886:

“An old quack from Lee County was before the board for a certificate. He had commenced practicing medicine when sixteen years of age on an old horse and had been so successful that he continued the practice of killing horses. He developed such a skill that he took a step further and higher and began prescribing for men, and his fame became great among his countrymen as the “great healer” of dropsy.

“... He related other marvelous cures, and then the board began examining him.

“After getting him through the horse department of physio-medics, the board members struck him on various diseases which come more or less to the human race. They questioned him on malaria fever and typhoid and scarlet, and then one learned gentleman (of the board) said:

“ ‘Doctor (McCaudless), have you ever attended a case of obstetrics?’

“ ‘I really don’t know whether I have or not.’

“ ‘Have you ever seen a case of obstetrics?’

“ ‘I think I never have.’

“ ‘Has there ever occurred a case in Burlington for a year?’

“ ‘I haven’t heard of any. I don’t believe there has been a single case.’

“ ‘The old man had given up the reason of the decrease in population in Burlington when mathematicians had figured out the increase so admirably. The old fellow gave each of the members of the board his card, saying that he would give each of them a \$10 Waltham (pocket watch) for every case of dropsy they sent him they could not cure ...’

“He found a physician from Louisa County who knew him and appealed to him as a witness to his curative powers. The physician soberly said, ‘The doctor is a reliable gentleman.’ ”

The newspaper account observed: “(The old man) is but a fair specimen of the quacks who are doing business in Iowa, or who have been bleeding men’s bodies and pocketbooks with a lot of patent medicine – stuff which is never of any earthly good. .... We can tolerate poor workmanship in the mechanical world. We can excuse a proxy minister, a brainless lawyer or a swell head government officer, but our physicians must be skilled, must be versed well in all the

latest and best discoveries of medicine. ... Let none but the fittest in medicine survive and let the rest perish from the medical world forever.”