

Medical ethics : a lecture, delivered December 23, 1843, before the Ohio Medical Lyceum / by John P. Harrison.

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Harrison (J.P.)

MEDICAL ETHICS,

A Lecture,

Delivered December 23, 1843,

BEFORE THE

OHIO MEDICAL LYCEUM,

BY JOHN P. HARRISON, M. D.

PROFESSOR OF MAT. MED. IN THE MEDICAL COLLEGE OF OHIO.

ENQUIRER AND MESSAGE, PRINT.

MDCCCXLIV.

60x4.1 ✓
Gentlemen—A copy of your polite request for a copy of the Medical Ethics, and therefore respectfully solicit a copy of the same for publication.

Committee
Baldwin,
Cowan,
Hair.
4.
29598

CINCINNATI, January 4th 1844.

SIR—The members of the Ohio Lyceum through us their committee would beg leave to assure you of the great pleasure afforded them by your very excellent address on Medical Ethics, and therefore respectfully solicit a copy of the same for publication.

We have the honor Sir, to be yours, &c.

A. R. CHISHOLM,
L. M. BROOKS,
FRANCIS BALDWIN,
W. V. COWAN,
B. W. HAIR.

Professor J. P. HARRISON.

Race St. January 6th 1844.

GENTLEMEN,—Agreeably to your polite request I send you the Address on Medical Ethics, delivered before the Ohio Medical Lyceum.

Yours, &c.,

JOHN P. HARRISON.

Messrs. CHISHOLM,
BROOKS,
BALDWIN,
COWAN, &
HAIR. } Committee.

MEDICAL ETHICS.

GENTLEMEN:—Agreeably to your request, I shall this evening solicit your attention to the interesting subject of the ethics of our profession.

By Medical Ethics is to be understood those principles and rules by which the medical practitioner is guided and controlled in his intercourse with his brethren in the profession, and with his patients.

Principles are the living germs, the vivifying sources, of all sound and useful rules. For principles originate from relations, and carry with them the force and authority of law. Rules, however, are indispensable; they are the lines of conveyance, along which principles exert their agency, and they fix and perpetuate modes of action, originally suggested by principles of conduct.

Duty, or moral obligation, arises from the relations which we sustain to each other as social beings, possessed of an intellect capable of perceiving, and of a sentient nature susceptible of feeling, the claims of society.

By a divine tactic we have been marshalled into the ranks of society, and we cannot escape from the obligations under which our position among our fellow men places us. As members of society we must be bound by laws, human and divine, to fulfil our duties to those with whom we stand related by various ties. But although the law of Supreme Wisdom has fixed us in the circumstances which surround our daily path, and made it imperative on us to obey the obligations thus created, yet we are left to ourselves to form new relations, according to the dictates of our own unprompted and unrestrained preferences. The choice of a profession is an act of voluntary election. But not so the duties

connected with that profession. After the choice is made we are no longer left to our own freedom of will, in reference to the obligations which that profession imposes on all its members.

There are certain immutable obligations binding us in every responsible calling in life that to attempt an escape from their force and authority is to defy the power, and disregard the wisdom of all law. Law has its seat in the bosom of God, and its voice is the harmony of the Universe. Physical laws rule the material universe, intellectual and moral laws rule the universe of mind. The medical profession is a most responsible calling. Its obligations spring from its relations to society. These relations most intimately affect the well being and happiness of mankind. They are seen in effective exhibition at the bed side of suffering, sinking, helpless humanity; they blend with the dearest interests of the domestic scene, and spread their influence over the whole wide area of mortal existence from the dawn to the full splendour of man's physical history. They penetrate into the mysteries of his intellectual being, and are felt in moving back the erring and ebbing tides of thought from their erratic flow; in sealing up the broken cistern, and purifying its turbid waters.

We stand in related states of duty, or obligation, as physicians, to the profession of medicine, to our patients, and to our fellow practitioners.

Let us inquire what are the special obligations which arise from these three divisions of relation. Upon each of these heads we shall individualize.

I. *What obligations are we under to the profession of Medicine?*

The power of principle must operate in this higher sphere of obligation with an almost exclusive predominance, for rules can not be made conducive to the object. Our Medical Schools may lay down positive rules in reference to the granting of a diploma to students who strictly obey the requisitions of attendance on lectures, and who manifest upon individual examination an adequate amount of medical knowledge. But after the young man has passed the threshold of his Alma Mater, what rule of binding force is there to impose an obligation on him to cultivate his profession; what to urge him on in the race of a generous emulation in pursuit of higher degrees of knowledge in the science, and of certainty in the practice of medicine! Unless an operative conviction of duty, and the calls of a noble ambition, stir the moving forces of his mind, he will soon sink down into the calm indifference of one who thinks that he has toiled enough, and henceforth the rewards of honour and of wealth await his course.

Medicine is neither a perfect, nor a stationary science. It incessantly demands at our hands assiduous efforts to augment its resources, multiply its data, and enhance its certainty.

The physician, therefore, who neglects its culture, who foregoes opportunities of imparting strength to its already established truths, of rectifying errors, and of discovering new facts, or of placing familiar phenomena in lights novel and useful, proves derelict to the just claims of the profession, and outrages the holiest sympathies, which can bind intellect and moral sensibility to practical usefulness. For what purposes, to attain what ends, have we chosen medicine as our avocation in life? Is it that we may merely gain a comfortable subsistence by dealing out drugs? Or is it that we may escape from the necessity of corporeal toil, and thus turn aside the malediction uttered upon the fall of man? Or do we desire to figure away in borrowed robes of dignity, assuming an importance at once meretricious and contemptible? No! Upon neither of these rotten and insecure foundations do we stand; but whilst we desire to have our labours suitably rewarded by society, and confidently expect and demand from those around us the respect due to well meant endeavours to be useful, we are determined to render a due equivalent for all we obtain. We will not compromise our sense of self respect by indulging an expectation of reaping where we have not sown, or of enjoying the fruit of other men's labour without contributing our best to the well being of society.

To the profession we are under a primary obligation to exercise a candid, ingenuous spirit, which will urge us to seek truth, and to embrace truth, with strenuous diligence. In obedience to this end we will read much, reflect much, observe attentively, and make daily records of all such matters as relate to medical science.— In this stirring eventful day of mental activity in all the departments of man's efforts to meliorate his condition, and to promote his dominion over the earth, our science sleeps not in the dreamy bowers of speculation, nor do physicians, as in former times, waste their days in framing conceptions of what nature can, or ought to do, for the recovery of their patients. To keep up the spirit of improvement, mind must come in daily, hourly collision, with mind. The physician who does not read daily, by which he will be enabled to participate in the onward progress of the science and art of medicine, can never be enrolled among the sons of light in this enlightened era of knowledge.

I would most earnestly advise you, gentlemen, to select for your repeated and diligent perusal the most approved authors in the different departments of medical science. Drink large and copious draughts from these fountains of light, and deeply have your

minds embued with their trains of thought, and your judgments matured by their high tone of original conceptions. When engaged in the active duties of your profession do not pretermit the careful reading of at least one medical periodical, that you may from its well stored pages of judiciously selected, and of original matter, ascertain what the profession is doing all over the civilized world to advance the science of healing to a more commanding height of glory and utility. Every day new truths are starting forth from the depths of nature; and fresh discoveries are throwing the rich splendour of their light on the principles of the science.

Make each day a critic on the last. Review your cases with calm, analytic thought, and let not self-love blind you to a just perception of the mistakes you may have committed in the pathology, and treatment of disease. Make post mortem examinations whenever you can; for this is the way by which many unexpected truths have been obtained, which could never have been reached, without the opening of the dead for the benefit of the living.— Ever maintain an elevated standard of professional reputation. To this end often revolve in your minds the noble scope and beneficent bearings of your profession. Think of its intellectual excellence, of its moral dignity, of its benevolent applications. Tire not in the luminous race before you; grow not weary amid the toils, and shrink not from the high responsibilities, attached to the practical duties of the profession. Amidst all discouragements, all privations and labours, hold your profession dear, and with unabated zeal and devotion, persist in cultivating your minds more and more by reading, writing, and thinking, on the wide diversified topics which are so lavishly displayed in this department of human knowledge. And when your steps totter towards the grave let your laudable example, and useful lives attest the depth and earnestness of your consecration to this good and glorious service.— Let the young aspirants of professional renown catch the spirit which shall have animated you through life, and on their shoulders drop the mantle when you are ready to shake off this mortal coil.

Carefully, steadfastly, perseveringly dedicate yourselves to this one great vital pursuit, and thus you will attain a position in the profession and in society, from which neither the weapons of malice, and circumvention of empirical fraud, nor all the more open assaults of interested opposition, can dislodge you.

Do not indulge a propensity to look to chance rather than to probability for your professional success; never pay court to fortune but ever with assiduity solicit the rewards of industry and virtue. On the immovable substratum of enlightened zeal, patient toil, and unremitting attention to your business, make such sober estimates of final victory over all exterior difficulty, as shall cheer and invigorate you in your professional career.

II. *On the obligations which the physician is under to his patients.*

It is apparent upon the slightest reflection that physicians owe a primary, obligation to their patients, which is fundamental of all other duties. That obligation is due preparation for the arduous task which he has undertaken. The young man, therefore, who has been indolent and inattentive during the days of his pupilage fails at the very point most essential for a correct discharge of his obligation to the sick. I pity the condition of that man who is agonized at the reflection, when called to prescribe for a fellow being, that he is destitute of that knowledge, which could avail him in rescuing a kind father, or fond mother, or beloved child, from the jaws of death. With awakened conscience he fancies he sees written by the finger of death on the dying patient's countenance his own condemnation. And worse—far worse is the case of him who can look unmoved at the mischief which his voluntary ignorance hath wrought, and can lay the lying unction to his soul that, because men are mortal, and many diseases immedicable, he is not to be condemned at the bar of conscience for his dereliction of duty in not making a diligent and pains-taking preparation for the exercise of his professional services.

A practitioner of medicine should ever hold himself in prompt readiness to answer the calls of the sick. He should not engage in any pursuit which is incompatible to this attitude of mind for professional demands. Partizanship, whether in politics, or religion, should never cloud his faculties to the obligations of his profession. Patriotic and pious let him be, but never let him mistake the effervescence of party politics for love of country, nor suppose that because he is a fiery polemic in divinity that he is necessarily a christian.

When requested to visit a patient, if prior professional claims do not interfere, let your immediate attendance be given. Upon your arrival at the house of the patient, your first consideration should be the ascertainment of the state of the sick person:—to this end some preliminary inquiries should be made of one of the friends. This is a step of great propriety, especially in cases of severe disease, in which it is of importance not to disturb the patient with questions that can be avoided.

A patient, tender, and considerate regard should be paid to the recital which the sick shall make of the symptoms of the malady, we are to treat. Even in cases of decided hypochondriac affections, in which the apprehensions of the patient far outrun his danger, we should preserve a feeling of sympathy for his sufferings, although these sufferings are in a great part, or altogether,

localized in mental depression, or in deranged sensations of some organ of the body. The mind as well as the body constitute the legitimate domain of the physician. To treat with levity, or contempt, the sadness and sorrows of a darkened spirit is inhumane and derogatory to that dignity which attaches to medicine as an art of remedial interposition in disorders of both the mind and body; of the physical and metaphysical parts of our nature.

Unseasonable sportiveness, ostentatious loquacity, and solemn pompousness, are alike unfit and inappropriate in the sick chamber. A kind, cheerful, and polite deportment should be exhibited by the physician at the bed side. By a few well directed questions, and a careful scrutiny of the symptoms of the case, he will arrive at a correct diagnosis. In making your inquisition into the nature and seat of the disease begin at the nervous system—ascertain its condition—through the deranged sensations experienced by the patient in the form of pain, restlessness, morbid acuteness of the senses, dilated or contracted pupils, a sense of chilliness or the opposite, and a feeling of oppression in the precordial region.—Then investigate the condition of the secretories of the body—as denoted by the excretions and the secretions—such as those of the skin, liver, alimentary tube, kidneys, and the mucous tissue of the mouth. After which, by the pulse, and other evidences of general activity or circulation, as well as determinators of blood, discover what the state of the lesions of circulation is, or likely to be, if the present symptoms are not controlled. Never seem in a hurry nor agitated in conducting this examination, but go about the investigation of the case with a collected mind, and calm aspect of countenance. The medical practitioner should be all mind, all heart, all eye, all ear, and touch in conducting this investigation into the nature and seat of his patient's disease, but he should at the same time possess that self-controlling spirit of philosophy, which shall enable him to see the point towards which all his inquiries tend.

○ Despise not the phenomena of disease, in however mitigated a form they may appear. *Obsta principiis*, should ever be our motto in contending with the various maladies which afflict our race.—Do not indulge in hasty prognostications. Never abandon a patient to his fate. Discredit often follows upon a hasty prognostication, and abandonment of the patient, especially in acute diseases. Children are remarkably retentive of life, and evince great renitency against disease. Be guarded, therefore, how you give up the field by an inglorious flight—but if you are to be conquered in the warfare, contend with unsubdued heroism to the last—and if incapable of saving the patient from the fatal catastrophe, soothe his pangs, and smooth his rugged path way to the tomb, by

the resources of your art, and the assiduity of your humane attentions.

Do not permit yourself ever to become irritated at what the sick can say—but ever preserve an equanimity of mind which shall make you respectful and polite toward his wants. Let his prejudices, if they do not interfere with your plan of cure, be indulged. But never compromise your professional dignity so far as to permit a patient under your care to use a secret remedy, for that would be an explicit acknowledgment on your part that you did not possess knowledge enough, to devise appropriate remedies for the case. Quackery in every mood and phasis of its being—in every form and degree of its action—on society is hateful;—it is full of lying promises, and like the tempting mirage of the desert it promises draughts of health but only gives an illusion of the sterile desert to its eager votaries.

Science can never associate with charlatanry. Science is open, liberal, manly—quackery is sly, deceptive, mean. Science courts the open day, and throws its treasures with generous hand along the highway of human life—but quackery seeks concealment, works in the dark places of the earth, and gathers with rapacious hand its nourishment and life from the unrelieved miseries of man. Therefore shun all intercommunion with emperical pretenders, abet their presumptions in no way, and give no countenance to specifics, nostrums, or secret remedies, whether patented, or unpatented.

Let the number of your visits be regulated by the danger of the case. If your visits are too frequent they may harrass the patient, and excite alarm in his breast concerning the issue of the case.— Besides, when the physician visits his patient too frequently it will be apt to lead him to frequent and hurtful changes of practice, for upon each visit something additional is expected from his hands.

There are some physicians who remind us of birds in a state of incubation, they sit so long in the chamber of the patient. But unlike the patient incubating bird, which noiselessly persists in her task, they love the free and easy gossip of the old ladies present, and often torment the patient with their loose disjointed chat to such an extent as to lead to their dismissal. Such “sedentary weavers of long tales” should have the costume of the other sex put on them, and in that guise they should be sent on a mission to gather up scandal for the neighborhood.

But let us not be in too great haste in arriving at conclusions as regards our patient's condition and prospects of recovery, or death. Be not guilty of the vile affectation of an ability to detect disease by staring for a minute in the face, or by a hasty inspection of the tongue, or transient touch of the wrist. Such a conceit is

ridiculous, and in the highest degree culpable, and should therefore never be entertained, much less practiced, by the candid, honest, enlightened, physician.

Endeavour to avail yourself of the mysterious agency of the mental states over our corporeal organs to create curative modifications of sensation and action in the body. Man is darkly bound by an electric chain of association and sympathy with the past.—Associated trains of thought may be awakened by references and allusions which shall contribute much to the restoration of your patient. Nor should you neglect the means of awakening and keeping alive hope in the bosom of the sick. This great and diffusive cordial of the mind often plays a conspicuous part in giving validity and efficacy to our therapeutic substances. Fear should be repressed, and confidence inspired, respecting the termination of the illness. All references to the death of neighbours, or of persons who had similar seizures must not be permitted. Thoughtless, gossiping, and good natured people, are often indiscreet on this head; with temperate yet positive advice you should abate this nuisance.

Whenever death lowers over the case, and you are solicited by anxious friends to reveal the imminent danger of your patient, decline, unless your patient makes a direct appeal to your candour. Then in the most guarded manner reveal the probable fatality which you fear awaits the attack. Here we tread on tender ground—let us not be too sudden, or abrupt, in our communications to the sick as regards their danger. The voice of the physician should never be made to sound the knell of his poor suffering patient. Encouragement, not despair should be awakened by his tones, his looks, his every act and effort to rescue sinking, trembling, dying man from the grasp of the king of terrors. But when death has set his seal on the brow, and placed his iron hand upon the heart, and the physician is called upon by the imploring demands of the patient, be not so cruel as not to deny him his last request, but in the gentlest method, make known to him his real state. The proper adjustment of his temporal affairs may depend upon this announcement, and the changeless destiny of a future state of being may be trembling in the balance, waiting for a quick and final decision.

The physician is bound by the most awful considerations not to conceal from the friends the perilous condition of the patient, when he believes that imminent danger accompanies the disease. Let a judicious friend be made the revealer of the terrifying truth; or let at least responsibility be placed where it should rest in a case of so much delicacy and moment. Physicians are often consulted upon the expediency of having clerical aid to minister to the reli-

gious anxieties of a mind, oppressed with the langours of disease, and agitated by the harrowing apprehensions of approaching dissolution. There are some states in which it would obviously be indecorous and reprehensible for a patient to have the visits of a clergyman. These are, in the first place, when delirium has seized the sick man, and in the second place, where he is decidedly averse to the introduction of religious conversation. But should the patient desire that a minister of the gospel should be sent for, a judicious, and discreet clergyman should always be allowed to blend his pious prayers with the anxieties and fears of a spirit which is agitated by the foretokening shadows of the coming day of retribution. There should be no discordant opinions on this point between reflecting well meaning persons.—The physician and clergyman should not be in any strife on a question of such magnitude. Each should exercise moderation, soberness, and fairness of interpretation upon the duties, feelings, and responsibilities of the other. If the physician entertains fears for the issue of such exercises, which the minister is requested to perform, let him with polite deference, communicate his views to the clergyman. But it is not respectful, and by no means argues well for the sense or gentlemanly feelings of a medical man, to treat a respectable and pious minister of the gospel with contumely, or harshness. I feel confident that great good often results from the assuagement of the religious terrors of the sick, and that to deny them altogether, this precious boon would often tend to a frustration of our best plans of arresting morbid action. The mind that is under the perplexities and tortures of a remonstrating conscience can not be quieted by all the opiates which a copious *Materia Medica* can afford. But when its agitations are stilled by the subduing pathos of Calvary, the clouds of its distress are dispersed, and the bright heavens pour their tide of light around to cheer, to renew, and to save. Another difficult duty awaits us. The disease is gaining perceptible ground upon us—our means of restoration have proved nugatory and unavailing, and we must decide either to persist in the treatment instituted, or to make an essential alteration in it. There are circumstances in which the conscientious practitioner of medicine is sometimes placed in which it becomes his duty to adopt some energetic mode of treatment, the precise value of which in the incumbent case he cannot determine from his previous experience, nor has he sufficient authority to warrant the trial. Let him act ingenuously, state his difficulties, and leave it with the friends, or patient, to decide upon the expediency of the proposed therapeutic measures. It would be obviously pusillanimous in him to permit his patient to die without risking, in extreme instances, his reputation to save his life.

There are certain injurious prejudices, popular errors, and vulgar misconceptions, which traverse the path of the physician's usefulness. These he must manfully, yet temperately confront, and either put down by the weight of his authority, or disarm them of their power to injure his patient by turning them aside from such an application as would interfere seriously in his scheme of cure.

We should never permit the hand of prejudice to wrest from us the lancet, where we think it demanded. Nor should mercury be banished from our plans of treatment, because popular misconception anathematizes its employment.

Should a patient persist in a refusal to submit to our prescriptions he must be abandoned, but before leaving him it is our bounden duty mildly to remonstrate at his perverseness. If friends pragmatically dictate let them be told that it ill becomes them to assume such authority, and in the vindication of our professional rights let us hold fast to our patient, if his confidence be unshaken in our skill. We should be not too rigid, severe, and exacting in our claims upon the faith of friends in the wisdom of the plan of treatment adopted. They may believe us skilful, and know that we are attentive, yet their anxiety leads them to watch with keen solicitude the changes of that disease which is preying upon the vital energies of a dear object of affection. Let us sympathize with their acuteness of feeling, and not attempt with scowling brow to beat down their expressions of apprehension for the issue of the case. Should they, however break in on our mode of treatment let them be made acquainted immediately with our determination to throw the responsibility on their shoulders, and this will, ordinarily, be available for their retreat from the ground so unwisely taken by them. If this invasion on their part upon the sacred enclosure of professional prerogative amounts only to the officious administration of articles of diet expressly forbidden, we should with a mild severity chide them for their offence, and exhort them not to repeat the act. Let us, however, remember that that we deal with frail beings, both in the giving of our directions to the nurse, and in the exhibition of our medicines to the sick themselves. Whilst we strive to keep down the encroachments of ignorant presumption, and repress the erring efforts of well meaning friends, we should remember that we are not to erect our standard so high that but few will come up to it. Ultraism is to be avoided, whether it be the ultraism which shows itself in a laxness of dietetic discipline, or the ultraism which displays its more revolting features in a regimenal treatment, which becomes too rigid and inexorable to be accurately obeyed in nine tenths of the cases we may be called to treat.

III. *On the correlative duties of Medical practitioners towards each other.*

There are four constituent elements of character in the accomplished physician. These are mental culture, humanity, a high sense of honour, and an importunate desire for the advancement of his profession in respectability and usefulness. Destitute of any one of these attractive and beautiful traits, he stands, in his professional relations a mutilated being; deprived of those just proportions of form, and deficient in that strength of character, which win the eye of the beholder to admiration, and secure the suffrages of the good and wise.

These elements of character will, without affected display, shine forth in the daily walk of the physician amidst the business of the world, and in the shades of domestic retirement. They will guide and regulate his deportment in the professional avocations which await him, and be his director and safeguard in the difficult matters which so often bring physicians into unhappy and irritating collision with each other. Possessed of good sense and of a judgment enlightened by reading and reflection, with a just perception of the rights of others and an instinctive honour to award to each one that amount of merit which belongs to him, there should, apparently, be little embarrassment in the settlement of those difficulties which so often grow out of the professional intercourse of medical practitioners.

Principles, perhaps, it may be thought should, with supreme control, dispose of all such matters, as those which are connected with the correlative obligations of medical men. But in no department of life do we see an exclusive influence exercised by principles in the regulation of human conduct. Even where men are governed to the greatest extent, by principles, they choose to embody those principles into rules, that their own future course of action may be facilitated.

The etiquette of the medical profession has its rise in the soundest principles, and those rules of professional comity which are now universally acted upon by the faculty can not be put aside, or violated on trivial grounds. The necessity must be of a peculiarly urgent nature which would justify, or authorize, an honorable physician to leap over the barriers of that canon which binds him in obedience to the demands of a wise system of professional morality.

Superficial people may utter their unmeaning tirades against medical etiquette, and they may look contemptuously on the whole system of rules which we feel of binding authority, in the regulation of our professional intercourse. But let no sober minded honorable physician entertain disparaging conceptions of

that code of conduct by which he should be governed in his daily intercourse with his medical brethren.

Good sense, humanity, a high sense of honour, and a desire to advance the profession in respectability and usefulness, will teach us that in various distinct ways we are to exercise a just and profound regard for each other. A gentleman will respect the feelings of others, and he will neither say nor do any thing calculated to wound, wantonly, the sensibility of a fellow being. And slight reflection impresses upon us the great propriety of doing nothing to mar the reputation of another. Nor should we violate the golden rule by doing aught that shall injure the prosperity of our neighbour. But a still higher principle forces us not only to abstain from being injurious in a positive way to the feelings, reputation, and interest of others, but it urgently prompts us, to be actively useful in promoting the happiness and well being of mankind. Now, physicians are bound down to these very ends in their professional, as well as private, lives. Good sense, kindness, honour, and the obligations we owe to the profession, each compel us to respect the feelings, good name, interest, and improvement of our professional brethren. In what special acts, and by what particular modes, we are to evince that, our minds and hearts are under the guidance of those sound principles, which should ever be the light and strength of our profession; let the following rules attest.

RULE 1. When called upon to attend the patient of another physician we should decline, unless the following circumstances are found to exist. Should he be sick and incapable of seeing the patient, or at a distance from the patient, or should he request our attendance, then we may obey the summons. If the patient is very ill we may change the prescription left by the attending practitioner, but if the case be a light attack, and the medical attendant is expected in the course of a few hours, we should not alter the plan of treatment which he is pursuing.

RULE 2. If called upon to attend a patient suddenly indisposed, or who has received an injury, and the family physician is either absent, or arrives at the time we do, we should always decline further attendance, unless requested to continue our visits either by the family, or the attending practitioner.

RULE 3. Should a physician arrive first at the house, when summoned to confer with the medical attendant in a case of sickness, he should always wait his arrival before he enters the chamber of the patient. He should never pass any opinion on the plan of treatment in hearing of the patient, or friends, unless it be an approbatory one, where his judgment allows of such a declaration.

RULE 4. If a patient is very ill let his physician suggest the propriety of additional counsel to the friends, and if asked, let him name his preference, but if another is preferred he should acquiesce in the selection. There are two grounds upon which you may object to a particular individual in the profession as a participant in the consultation. First, if he be a retailer of nostrums, or patent medicines, to his patients, and is, to his certain knowledge guilty of overt acts derogatory to the character of a respectable physician. Secondly, if he has pursued towards you a crooked, or aggressive, course of conduct. If he has by intrigue and indirection, or by open and declared hostility, endeavoured to circumvent, and prostrate your reputation, then you are justified in not meeting him.

It is obvious that the nostrum monger is unfit to be made a partaker in the consultations of honorable men:—for he might urge us to give his nostrum, and thus either degrade us in our own estimation, and in the opinion of the patient and friends, or upon our non-compliance of his suggestion have us dismissed. The mere fact that a man is not a graduate, or that we believe him to be of weak intellect, or that he entertains views of disease variant from our pathological opinions, will not warrant a refusal on our part to have him called in to confer with us on the case of our patient.

The terrible sin of being a young man is sometimes the occasion of exclusion from a consultation. This may however be forgiven when we remember that even “old men are not always wise, neither do the aged always understand judgment,” and that “wisdom is grey hair to man and an unspotted life is old age.”

We should not be averse to consultations, when they are solicited by the patient, or his friends. They conduce eminently, when properly conducted, to the advantage of the sick, and are highly *profitable*, in more ways than one, to the faculty. They are promotive of professional amenity, and instrumental in the advancement of an enlightened authentic experience. When a time is set for the meeting of the medical conferees we should be punctilious in our attendance at the stated minute, and not subject our professional brethren to the inconvenience of waiting for our arrival, some ten, fifteen, or twenty minutes after the period stipulated.

RULE 5. Should there be a disagreement between the attending physician, and the consulting practitioner, let there be no disputatious wrangling had, but let the difficulty be suggested to the friends—and let them determine either to have additional aid, or the withdrawal of one of the physicians. The consulting physician should decline attendance where the discrepancy of

judgment is so serious as to lead to the necessity of such a mode of adjusting the difficulty.

RULE 6. No trifling, unimportant alteration should be made in the mode of giving medicines, nor should the consulting physician, *merely to evince his professional importance*, suggest an alteration in the treatment.

RULE 7. In consultations the attending physician always invites the consulting practitioner to enter the room, and to take a seat by the bed side of the patient, having previously given him a brief sketch of the history, and treatment, of the case. Having satisfied himself by a careful examination of the case they retire to another room, where the consulting physician gives his views of the pathology and treatment of the disease under which the patient is labouring. In these conferences no abstract, or theoretic, considerations should be discussed. All that can be done, consistently with the exigency of the occasion, is to deliver the conclusions to which our minds have arrived, without entering upon any divergent topics of general pathology.

Where there are several physicians in the consultation the attending practitioner calls on each in succession for his views, beginning with the youngest. This rule is not a mere arbitrary regulation, but is established upon the principle, that the weight of opinion coming from the lips of seniority might make the other medical gentleman distrustful of the correctness of the inferences they had formed upon the case.

The consultation ended, the attending medical man is to give directions for the execution of the plan of conducting the case agreed upon. In no instance is he justified, after the consultation, to make innovations upon the plan unless a new order of symptoms arise, or unless it is understood in the consultation that certain deviations may be made. The consulting physician is not warranted in paying his visits during the absence of the medical attendant unless at his request, or unless the symptoms of the disease become more alarming, and he is sent for by the family, the regular practitioner being absent. It may be plead that our friendship for the patient should actuate us to see him often, not as a physician but as an acquaintance, or neighbour. If we have such loose and crude notions of professional dignity as to merge the character of the physician into that of a pleasant companion we may feel no debasement in such an act. But we hold it of paramount importance for the scientific practitioner of medicine never to compromise his dignity by putting himself in those positions in which the shadows of a just suspicion may be cast upon his conduct. Nor should he ever forget that mischievous consequences often flow from such friendly calls. Questions will be

put touching the skill of his brother practitioner, and his opinion will be solicited respecting the nature, seat, and termination of the case, which may elicit answers from him that shall enkindle a flame of resentment in the breast of the attending physician, when he hears of these declarations. Prudence, and honour, as well as professional courtesy, demand of us great caution how we allow ourselves to be surrounded by circumstances of temptation to faults too frequently committed, and how we thrust ourselves into a position which may bring upon us the condemnation of one who feels so deep an interest in his patient as to lead him to watch narrowly all the avenues to loss of confidence in his skill on the part of the sick man, and of his friends.

RULE 8. When an application is made in reference to the account of a brother practitioner of medicine, we should not be led into any statement derogatory to his character. There should be no underbidding in our profession. The physicians in a neighbourhood should adjust the bill of charges among themselves, and abide faithfully by that adjustment. But it is a reflection degrading to the profession to suppose that the practitioner is to be restricted within the limits set down in the bill of charges, and that he is always to weigh out his services in grains, scruples and drachms.

The exposure of person to inclement weather, the amount of responsibility involved in the case, and the delicacy and danger of the attack, with the exactions upon the patience, and assiduity of the physician, should be taken into the computation, when we make out our charges for professional services.

RULE 9. When a brother practitioner requests us to attend his patients during his illness, or short absence from home, we should cheerfully comply, for we may have to avail ourselves of the law of reciprocity. A memorandum of such visits is to be handed over to the physician, who solicited the favour, that he may derive the pecuniary advantages connected with such services. Where a physician goes from home on business unconnected with his profession, and remains a long time, no such courtesy should be expected by him.

RULE 10. Never make out an account against poor clergymen. Our profession is a liberal calling, and stands related in intimate association with the happiness and virtue of our race. The ministry are engaged in a good work—they are the servants of the Most High God, and deserve our sympathy, encouragement, and warmest approbation, when found engaged in their high and holy vocation. Besides, they are generally, to a great extent, destitute of worldly treasures, and can not afford to pay us. Their salaries are fixed, and in the majority of instances,

not more than just sufficient to support their families, and school their children. But should we meet with a clergyman of wealth, or with one who abets quackery in any of its forms, or who unites the merchant, or lawyer, with the minister, we should let him know that we expect from him an equivalent for our labours. The families of deceased physicians, if labouring in any degree under the *res augustæ domi*, should never be charged for our services. As a general rule physicians are never to be held to the remuneration of our professional attendance either upon themselves, or families. But if a gentleman has quit the practice of medicine, and is now engaged in another employment, we are not to be withheld from the requital due our services, on account of his previous occupation as a medical practitioner.

There are some general reflections pertaining to this subject to which I now invite your attention.

The practice of taking families by the year, so common in some parts of our country, is to be condemned. It leads to a process of cheapening of the value of our services in the community. It is a kind of auction for medical attendance. It produces a competition not favourable to the respectability of the faculty. It opens a wide door for the entrance of intrigue, underbidding, chaffering, and cheapening of the commodity, thus advertized, and made ready for the cry of the auctioneer. It is a nuisance that should be abated, a source of disparaging modes of getting business which should be annulled, and a temptation and snare of evil practices, that ought to be driven away from an honourable and dignified set of men.

As we appreciate peace of mind, weight of professional reputation, and the charities of life, we should not engage without the best grounded reasons, in newspaper controversy on medical subjects, or in personal vituperation with our brethren in the profession. From the fierce encounters of this war of words few, none, escape unscathed. We may have the helmet of a Mars, the ægis of a Minerva, and the sword of an Achilles, yet from this field we will come not unharmed—some straggling arrow from a bow drawn at a venture will pierce between the joints and the harness, and too late may we lament the indiscreet heroism which led to such an inglorious war.

There are, however, some occasions which may legitimately draw out the physician to do battle in this tournament. What they are his own good sense must decide. But let us remember that when struggling with a professional adversary on the arena of newspaper controversy we are made the laughing stock, the sport, and jest, of a deriding world.

It does not behove the man who is conscious of rectitude,

and who rests with confiding security on the principles by which he is guided, to be ever on the watch for provocations to angry collision with his fellow men. We must live down the malice of ignorance, and the unjust insinuations and attacks of interested opponents. Time must be invoked for our vindication, and we should with calm reliance on the ultimate decisions of Providence wait for a full denouement of the plot. Should you be drawn into a controversial discussion on any topic touching the health of the community, let it be conducted on your side with philosophic, unembittered feelings. Do not take up the gauntlet of bitter invective, and angry recrimination, but sustain yourself in a noble and dignified spirit of forbearance towards your adversary, and of deference for a sound public approval of your course. If practicable get the medical gentlemen in your neighbourhood to unite in the formation of a medical society, and make it the nucleus for a library of recent works on medicine, and especially of periodicals. Union is here strength as in the common concerns of life.

It is by the interchange of thought, and reciprocal action of mind upon mind, that medical associations for the discussion of subjects pertaining to our science are of such importance.

I contemplate with deep emotions of pleasure the advantages that will flow to our profession from our State Medical Conventions, which will continue its sittings, year after year in different parts of the State. The profession in this State has already felt the quickening power of such an association. It should receive our unanimous approbation, and vigorous co-operation.

Medical practitioners are lamentably deficient in the faithful discharge of their duties to their private pupils. A kind and zealous supervision should be exercised by the medical preceptor over the studies of the young man, who has committed his professional pupilage to his charge. A systematic arrangement of reading and regular examinations should be observed, and the student should be incited to an ardent prosecution of the study of medical science by frequent conversation on topics which arise from the questions he shall be encouraged to put, and from the recital of cases, made by the gentleman with whom he is studying.

Where propriety permits, the student should have the opportunity afforded him of seeing disease as it veritably shows itself in the living body, and not be confined to an exclusive study of morbid action in books. Ever cultivate, as far as in the compass of your means and opportunities, general literature. Let science, however, claim and receive your chief attention. The kindred sciences of botany, comparative anatomy, and physiology, geolo-

gy, and natural history should not be neglected by you. Physicians have ever been foremost in the ranks of illustrious contributors to these useful branches of knowledge.

Be not of doubtful minds concerning your success in life. Settle down in a calm determination that you will succeed, and you shall succeed. Ever be the promoters of education, and withhold not your influence from the cause of temperance. Never let the cold withering breath of infidelity issue from your lips. The dying man shrinks back with horror from the icy touch of the medical infidel. Should an epidemic rage around you with devastating fury never, like a recreant soul, leave the smitten and afflicted to perish without your efforts to rescue them from the pangs of death. It reflects deep disgrace upon a physician when he manifests that he is so much afraid of taking a disease, as to drive him from his post of duty at the bed-side of suffering humanity.

With tenderness and gentleness listen to the cries of the poor widow, and orphan, and never desert their hard beds of suffering for the luxurious couches of the opulent. There is ONE on high who hears their cries, and who gathers up all their tears in his bottle, He the merciful God will reward you for your deeds of love shown to his afflicted creatures.

“ From the prayer of want and plaint of woe,
O never, never turn away thine ear:
Forlorn in this bleak wilderness below,
Ah! what were man, should heaven refuse to hear?