

A code of medical ethics : with remarks on the duties of practitioners to their patients, and the obligations of patients to their medical advisers ; also on the duties of the profession to the public, and the obligations of the public to the faculty / by Jukes Styrap.

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CODE OF
MEDICAL ETHICS

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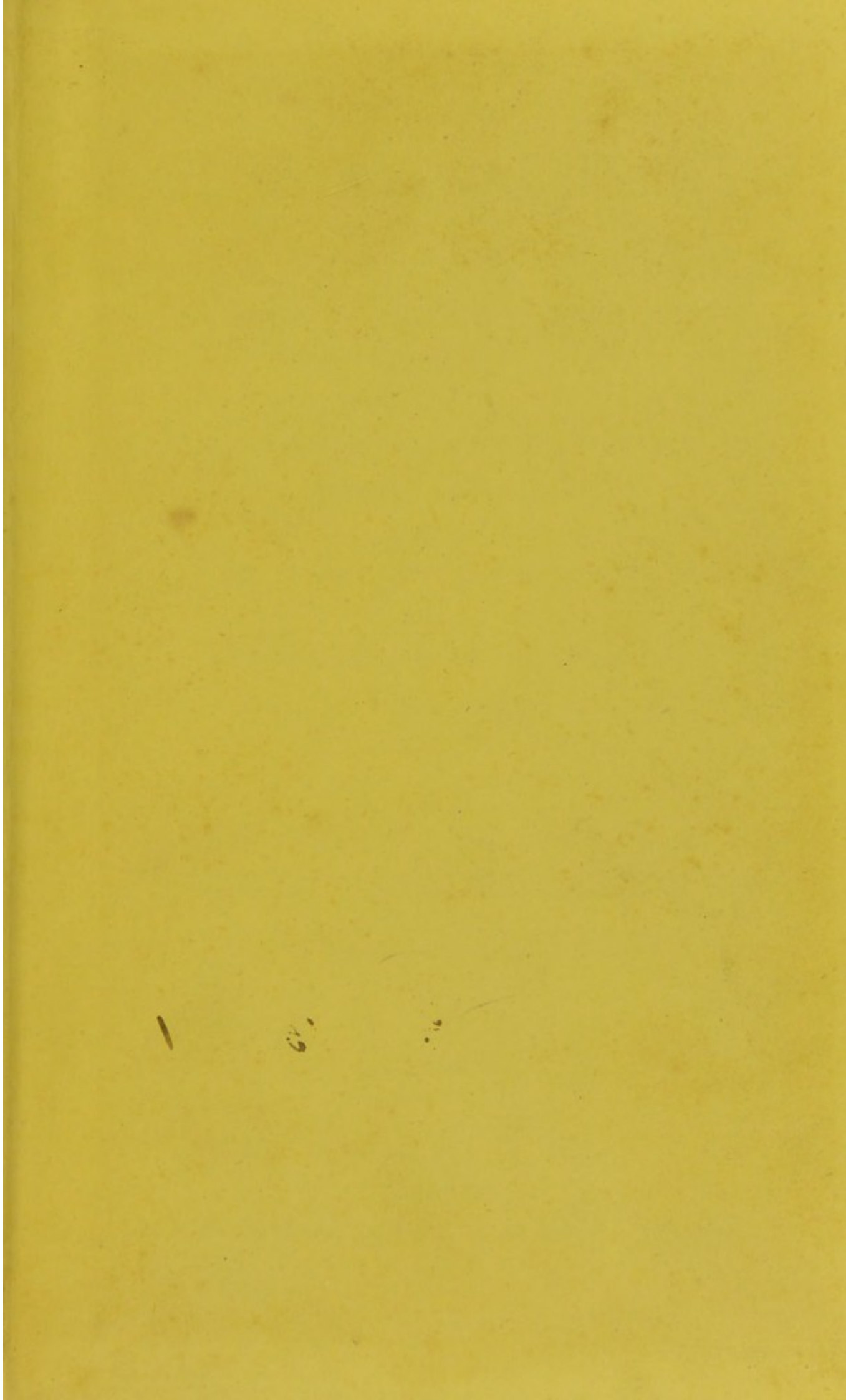
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1924

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A

CODE OF MEDICAL ETHICS :

WITH REMARKS ON

THE DUTIES OF PRACTITIONERS TO THEIR
PATIENTS,

AND

THE OBLIGATIONS OF PATIENTS TO THEIR
MEDICAL ADVISERS :

ALSO ON

THE DUTIES OF THE PROFESSION TO THE PUBLIC,

AND

THE OBLIGATIONS OF THE PUBLIC
TO THE FACULTY ;

BY

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BRITISH MEDICAL ASSOCIATION.

—
'BEAR AND FORBEAR'.
—

LONDON :

J. & A. CHURCHILL, NEW BURLINGTON STREET.

1878.



42760

P R E F A C E.

THE Compiler of the following Code (which has been critically revised and approved by several distinguished practitioners in England, Ireland, and Scotland), in submitting it to the profession simply as an aid to practitioners in cases of doubt or ethical dispute, begs to acknowledge his deep obligations to the framers of the laws of the Manchester and Salopian Medico-Ethical Societies, and other writers, and especially to the Committee of the American Medical Association appointed (in May, 1846, and whose report was presented in June, 1847,) to prepare a Code of Ethics for the government of the profession of the United States—of whose compilation he has largely availed himself, and to the members of which he begs thus publicly to tender his most cordial acknowledgment. At the same time he deems it well to remark, that, so far as he is able to judge from a careful examination of various codes, American and English, one and all are based on that of Dr. Percival.

In anticipation of the objection which may possibly be urged by some, that, in view of the *lex non scripta*, a written Code is unnecessary for the guidance of the profession, the Compiler would refer such objectors to the applications which continually appear in the columns of the medical journals for ethical information on points in dispute; and to the important fact that not only have our eminently practical American brethren deemed *written laws* essential, but in deference to the suggestion of the greatly esteemed Founder of the British Medical Association—the late Sir Charles Hastings—two Select Committees* were appointed to consider and report on the subject; and if further evidence on the point be necessary, let the printed rules of the various local Medico-Ethical Societies themselves testify: in reference to which latter it may be well to

* These Committees unfortunately never met in conference, owing to the inconvenient distances at which the several members resided from each other.

note, that those they have hitherto published are generally considered to lack that fulness of ethical detail so essential to a due perception of the relative rights and reciprocal duties of the profession and the public—an omission which the compiler, with the aid of others, has endeavoured to supply in the following pages.

That many practitioners err from ignorance, and that an approved, comprehensive code for reference would be acceptable to the bulk of the profession, the compiler entertains a strong belief, based on upwards of twenty years' official experience in ethical disputes, and numerous communications from all parts of the kingdom seeking for information and advice on the subject.

In preparing the present compilation, the selected rules have been anxiously considered, line by line ; and where by change or omission of words, phrases, or sentences, it was thought that the meaning could be rendered more intelligible, the right has been freely exercised ; indeed, there are but few, if any, which have not been more or less so modified. Numerous additions have also been made thereto, and a few unwritten customs introduced : and one such will be found in the last, though, it is hoped, not the least useful, chapter on ' Medical Etiquette'—the need of which has long been felt, and from a late incident, forcibly impressed on the attention of

THE COMPILER.

*The College, Shrewsbury,
January, 1878.*

NOTE.—The Compiler will feel greatly obliged if his professional brethren will kindly favour him with suggestions for the improvement of the unavoidably imperfect Code.

THE MEDICO-ETHICAL CODE.

TO THE PROFESSION.

THERE is probably no social position which offers more powerful incentives to all that is pure and honourable, unselfish and sincere, than the Medical Profession ; and none in which, as a rule, these exalted virtues are more conspicuously illustrated. It may be well, therefore, to offer a few remarks on the obligations which devolve upon medical practitioners—or, in other words, on the duties and rights of each to the other, to themselves, and to the public: and the converse—remarks which, as preliminary to laying down general and special rules for their guidance, will not, it is to be hoped, be deemed inappropriate.

Truly, the medical is an honourable, a noble profession! having for its grand object the maintenance, or rather the restoration of health to man—health, the mainspring of human life—the stimulus to human exertion—without which the great workshop of human mechanism would pause, and progress itself come to an end. A sound mind in a sound body is justly characterised as the noblest work of God. It is man in his best, in his purest state, and perfect in his physical development ; nevertheless, he is not more exempt from the casualties of disease and death than the smallest living monad ; to combat these, and by skill and judgment to, if possible, successfully overcome them, is a privilege and a sacred duty assigned to our profession—a faithful and conscientious discharge of which will ensure its own rich reward in the approval of ‘the still small voice within’. Let us, moreover, ever bear in mind that the temporal life of an immortal being is a solemn trust : and that for the talents and opportunities with which, in our special vocation, we have been

entrusted, we shall one day have to render an account before a tribunal which cannot err.

'Tis not to be denied that the duties of a medical practitioner are often onerous, often painful ; nevertheless there is a singular interest blended with the practice of our profession. For instance, the successful issue of cases—the triumph of science and art over what appeared intractable—the restoration from seeming death of the fond dotting mother, the affectionate father, the beloved child,—these impress upon the heart of the medical man a joy as exquisite in degree as that pervading the spirit of those who are more closely and more deeply interested in the event ; and even when death, with outstretched arms, has claimed them as its own, and they are about to bid adieu to the scenes in which they have moved,—surely it is a gift to be envied, and a power to be prized, that we can mitigate their sufferings, and introduce them (so to speak) with gentleness to the spirit of the tomb. Yes ! there are indeed many bright and beautiful phases in the practice of our art—sun-bright spots in the oft clouded oasis of medical life, on which the eye rests with satisfaction, and the soul is gladdened ! Truly, our calling is sacred—our mission sublime ! Where, we would ask, has philanthropy a wider field for its exercise—where a more genial culture, or more devoted service ? Where, beyond our ranks, can men be found more laborious and self-sacrificing, more devoted (without the hope of fee or reward) to the good of mankind ? Sad, indeed, is it that the brightness of such a pictured mirror should be darkened by the shadow of our one great besetting sin, the bane of professional, as of social life—JEALOUSY—a spirit not only most inimical to our interests, but most derogatory to our manhood. And here we would remark, that so long as petty jealousy and local rivalry stimulate men to do injustice to their brotherhood, so long will the public withhold from them that respect to which an opposite line of conduct would entitle them. The Legislature, by the enactment of well considered laws, may do much to improve our position : but until we are true to ourselves, true to the ethics of our profession, we shall always, in the eyes of the public, remain inferior to the other professions.

In deploring this state, and with an earnest desire to remove

it, may we not usefully ask, what share have we in creating or encouraging it? Have we individually and collectively used all legitimate means to sustain the honour and unity of our profession? Have we regarded each other with a cordial and fraternising spirit? Be assured, if we would have the world learn aright as to the dignity and worth of the profession, by the benign influence it exerts on the community,—if we would desire to show that to heal the sick is a heaven-born injunction,—the best demonstrative proof we can give will be in the practice of the heaven-born virtues amongst ourselves. We call ourselves professional *brethren*! May we, henceforth, in the daily intercourse of life, earnestly strive to realise the thought by each offering to the other a high-minded and *fraternal* regard—for there cannot be a doubt but that many of the wrongs from which we are suffering arise out of our defective conduct to each other; and it is an equally evident truth that, by avoiding invidious remarks, and every unworthy artifice to elevate SELF *at the expense of our* NEIGHBOURS, we should achieve the greatest good that could possibly be conferred on our profession. In fine, if the great moral precept, written by God's own finger on every man's heart—'Whatsoever ye would that men should do unto you, even so do unto them'—formed our simple rule of action, we might, as regards our social polity at least, safely trust to the impulses of a generous *esprit de corps*; and, at the same time, confidently expect to realise the hitherto elusive hope of fulfilling our arduous duties without the occurrence of those unhappy bickerings and differences, which have placed our proverbially divided profession in so unenviable a light before the public.

Let us, therefore, act towards one another as christian gentlemen, remembering that it is our province to heal, not to inflict injuries; and while mindful of our own good name, let us on all occasions conscientiously uphold the reputation of our friends and competitors; for unless (we repeat) we are true to ourselves, unless we treat the faults of a brother with generosity, and are careful of his character as well as of our own, we are unworthy disciples of an honourable profession—a profession in which charity, in its widest meaning, should form our principle of action, and our rule of conduct,—a profession which from its very nature, should teach us daily to practice brotherly love—

to contend with no jealous spirit within doors, nor animosity without ; to avoid detraction and calumny—to use no ill-natured remarks respecting our brethren ; but ever to bear in mind that portion of the christian's duty, which teaches us to bury in oblivion a brother's *failings, and to raise his virtues from the tomb!—in short, to say nothing, rather than defame, always having in our remembrance that 'to err is human—to forgive, divine!' Rest assured, moreover, that unless the feelings and the principles alluded to find a place in the fabric of professional life, and pervade its every part ; unless we individually cherish their existence, and rightly estimate their worth, our incomparable art will never be enrobed in its richest drapery—in that which lends it grace, and dignity, and worth.

There cannot, we think, be a doubt but that in our profession, unlike all others, the *social* principle is weak—and that each member is too apt to consider his own individual case and interests, regardless of the detriment the profession at large thereby

* "MAN, KNOW THYSELF !

Let each man learn to know himself !
 To gain that knowledge let him labour :
 Improve those failings in himself,
 Which he condemns so in his neighbour ;
 How lenient we our own faults view,
 And conscience' voice adeptly smother :
 But oh, how harshly we review
 The self same errors in another !

And when you meet an erring one,
 Whose deeds are blamable or thoughtless :
 Consider, ere you cast the stone,
 If you yourself are pure and faultless ;
 Oh list to that small voice within,
 Whose whisp'rings oft make men confounded :
 And trumpet not another's sin—
 You'd deeply blush if *yours* were sounded !

Or in self judgment if you find,
 Your deeds to others are superior :
 To you has Providence been kind,
 As you should be to those inferior ;
 Example sheds a genial ray
 Of light that men are apt to borrow :
 So first improve *yourself* to day—
 And then improve *your friends* to-morrow."

suffer in character and public estimation. Such evils are, we take it, to be best overcome by the habits of association and mutual intercourse, which scientific and social meetings are calculated to engender; for their influence is not confined to the advancement of the science of the profession: they exert a moral and a social power upon us not to be overlooked. Indeed, our conviction is that, in this way, they become the most effectual promoters of our common weal. They become the fields, so to speak, upon which the finer feelings of our nature can disport themselves; where the charity that 'thinketh no evil,' that 'suffereth long and is kind,' can be nourished and sustained; where forbearance can be fostered and sympathy bred; and where 'envy, and hatred, and malice, and all uncharitableness' must die.

Let it be our steady aim to promote these ends—to raise our profession, not only by our scientific labours, and the careful and accurate study of disease and its remedies, but by our feeling of brotherhood and mutual support—so that the public may respect us as a body at unity within itself; instead of taking advantage, as is now too often the case, of those mutual jealousies which are ever apt to arise when men look to their own rather than to collective interests.

In fine, we take too low an estimate of the duty and privilege of intercommunity; we want more union, more cordial sympathy with each other, more jealous regard for the reputation of our fellows, more veneration for the entire body of which we are units; and combined with this, a more earnest and determined resistance to all who would degrade and defile us. Your presence at our scientific and social re-unions is an earnest of this spirit; we never meet, we never can meet without a cheering consciousness that we in some degree realise it; and we may be assured that by the cultivation and extension of this spirit, we shall best fulfil the intent of our local medico-sciential societies, and, at the same time, advance our social status, enlarge our sphere of influence and usefulness, and secure the confidence and esteem of the public.

Brother Practitioners, let us not permit the teachings of experience in such things to pass away unimproved: let us learn, if such knowledge has not been already acquired, that to us *indi-*

vidually is confided the guardianship of the high interests of our profession ; and let us strive, each in his own little world, to live in harmony and good-fellowship, rivalling each other alone in good conduct and feeling, and be ever ready to lend a helping hand when such is needed ; and, at the same time, by the impersonation of the scholar, the gentleman, and the christian, so to adorn our lives and conversation, that whilst living we may be respected, and, when dead, not one of our brethren shall have just cause to say that we have ever done him an act of prejudice, unkindness, or dishonour. In so doing, we may feel assured that our profession will prove itself to be as it was, and ever should be, the twin-child of christianity ; and to its successful cultivators and practitioners—to those who have rightly viewed the greatness and glory of our mission, and have humbly trusted to the Spirit of Wisdom to guide and direct them in their vocation—to them will it be given to know that in endeavouring to do their duty to their patients and to their profession, they have done it unto Him, who is Lord over all !

INTRODUCTION TO THE CODE OF MEDICAL ETHICS.

GENERAL RULES, ETC.—Medical (a branch of general) Ethics to be effective must be based on the principles of religion and morality, and embody the reciprocal duties and rights of the profession and the public.

In framing a code on this basis, we have the inestimable advantage of deducing its rules from the conduct of the many eminent practitioners who have adorned the profession by their learning and their piety. From the age of Hippocrates to the present time, the annals of every civilised people contain abundant evidences of the devotedness of medical men to the relief of their fellow-creatures from pain and disease, regardless of the privation and danger, and, not unseldom, obloquy encountered in return : a sense of ethical obligations rising superior in their minds to considerations of personal advancement. Well and truly was it said by one of the most learned men of the last

century—that the duties of a physician were never more beautifully exemplified than in the conduct of Hippocrates, nor more eloquently described than in his writings.

It may here be incidentally remarked, that if a state of probation be intended for moral discipline, there is assuredly much in the earnest, daily life of a medical practitioner to impart this salutary training, and insure persistence in a course of self-denial, and, at the same time, of zealous efforts for the relief of suffering humanity, irrespective of rank or fortune.

A few considerations on the legitimate range of medical ethics will serve as an appropriate introduction to the necessary rules for our guidance in the complex relations of professional life.

Every duty or obligation implies, both in equity and for its successful discharge, a corresponding right; and as it is the duty of a practitioner to advise, so has he a right to be attentively and respectfully listened to. Oft exposed as are his health and life for the benefit of the community, he has a just claim, in return, on its members individually and collectively, for zealous aid in carrying out his remedial measures, and for all due care in preventing, as far as possible, needlessly harassing and unnecessary calls on his services and sympathies.

His zeal, attainments, talents, and skill, are qualities which are held in trust for the general good, and cannot be wastefully expended, either through his own heedlessness, or the inconsiderateness of others, without wrongful detriment to himself and to them.

The greater the importance or urgency of the case, and the more deeply interested all are in the issue, the more necessary is it that the practitioner—upon whom devolves the skilled duty of health-restorer, and by whose judgment and discretion, under Providence, life is saved and death averted—should be allowed the free use of his faculties, undisturbed by a querulous manner, and angry, desponding, or passionate interjections, under the plea of fear, or grief, or disappointment of cherished hopes, by the sick and their attendant friends.

All persons privileged to enter the sick-room—and the number ought to be very limited—are under equal obligations of reciprocal courtesy, kindness, and respect; and if any exception be admissible, it cannot be at the expense of the practitioner.

His position, skill, and benign purpose, eminently entitle him to, at least, the same respectful and considerate attentions that are paid as a matter of course, and without any apparent constraint, to the clergyman in his ministerial capacity, and to the solicitor also of the last will and testament.

Although professional duty requires that a practitioner should have such a control over himself as not to betray strong emotion in the presence of his patient, nor to be thrown off his guard by the querulousness or even rudeness of the latter, or of his ministering bed-side friends ; yet, (and the fact ought to be generally known) many medical men, possessed of great attainments and resources, are constitutionally so timid, and readily abashed, as to lose much of their self-possession and usefulness at the critical moment, if opposition or distrust be abruptly interposed to the plan of treatment they have devised for the benefit of their patients.

Medical ethics, be it noted, cannot be so divided as to entail the full and natural force of moral obligations on medical men, and, at the same time, free society from all restrictions in its conduct to them ; leaving it, moreover, to the caprice of the hour to determine whether the skilled practitioner shall be ignored in favour of the charlatanic pretender.

The choice, irrespective of its important bearing on the fate of the sick themselves, is not an indifferent one in an ethical point of view, as regards the relative rectitude and sincerity of purpose, the honest zeal, the learning and impartial observations accumulated from age to age, of the duly educated practitioner—more especially when contrasted with the low arts and crooked devices, and purely selfish ends of the charlatan, whose unscrupulous announcements of professed marvellous cures by simple, but secret means, are misleading and false, and so far fraudulent.

In thus deducing the *rights* of a practitioner from his *duties*, it is not meant to insist on such a correlative obligation, that the withholding of the right exonerates from the discharge of the duty. Short of retirement from the practice of his profession, no medical man can rightly refuse his professional services when required by an individual or the community, excepting under well-defined circumstances (of, 'tis to be hoped, rare

occurrence,) in which concession would be unjust and derogatory to himself, or to a brother-practitioner, and so far degrading to the profession.

In the discharge of their duties to society, practitioners should be ever ready, and, as far as practicable, prompt to administer professional aid to all (especially in emergencies) applicants—rich and poor alike—without stipulating, or otherwise seeking for any undue personal advantage—a proceeding that cannot be too forcibly denounced as dishonouring to a noble profession, and deserving of the severest censure.

On them devolves, in an especial manner, the duty of noting the various circumstances affecting the *public* health, and devising, as far as may be, the best means of preserving it.

With them, also, rests the moral obligation of furnishing skilled medical testimony, when required, in all cases of criminal violence affecting health and life, and in numerous others involving the questions of mental sanity, and of moral and legal responsibility.

On the subjects of public hygiene, and medical jurisprudence, every practitioner is supposed to have prepared himself by study, observation, and the exercise of a sound judgment. They must not be regarded simply in the light of accomplishments, but as integral parts of the science and practice of medicine.

It is a noble, unselfish task to promote health, and obviate disease, by the judicious application of hygienic science; and, by so prolonging life, to increase the productive industry; and thus, without assuming the function of moral and religious teaching, to advance the civilisation of the people.

In the performance of this part of their duty, practitioners are enabled to show the close relation subsisting between hygienic melioration and morality—inasmuch as the respective agencies which severally contribute to the former tend greatly to promote the latter.

Medical practitioners, as conservators of the public health, are bound to bear emphatic testimony against quackery in all its forms—whether it appears with its usual effrontery, or masks itself under the plausible garb of philanthropy, or the ostensible cloak of religion.

By an anomaly in legislative and penal enactments, the laws

so stringent for the repression and punishment of fraud in general, and the adulteration of food and drugs, are altogether silent, or inoperative, in regard to the pernicious frauds so notoriously carried on by the host of ignorant, extortionate quacks that infest the land.

The newspaper press, so powerful in the correction of many crying abuses, is unfortunately too ready for the sake of lucre to aid and abet the enormities of quackery by the insertion of its offensive advertisements. Honourable exceptions to the once general practice in this respect are, happily, becoming more numerous, and, doubtless, would be greatly increased, if medical men, individually and collectively, would direct the special attention of the editors and proprietors of newspapers, and of periodicals in general, to the immoral tendency and contaminating effect produced upon the youth and purity of the country by the disgusting 'quack' pamphlets which are advertised and disseminated far and wide through the medium of the press.

To those who, like medical practitioners, are in a position to see and judge of the extent of the evil, it is lamentable to find members of the other learned professions—and notably, Ministers of the Gospel—so prone to give their countenance, and, at times direct patronage, to medical empirics, both by the use and written testimony in favour of nostrums; but above all, it is grievous to see the immoral and unjust support rendered to quackery by the Government—immoral, in so far that, while rigidly enforcing, solely in the interest of the community, a prolonged scientific and costly education of the legitimate practitioners, it at the same time accords, for lucre's sake, its (publicly implied) approval of the legitimate and ignorant pretender, by the sale and affixture of its stamp to the wares of the charlatan, not simply to the detriment of the medical profession, but to the injury of the public health.

The credulous, in such cases, place themselves in the dilemma of bearing testimony either to a miracle or to an imposture: to a miracle—if one particular agent or nostrum (often of known inertness or of slight power,) can cure divers diseases, or even one in all its stages; to an imposture—if the alleged cures are not effected: which experience has repeatedly shown to be the case.

By no class, however, is so great an impetus given to the sale of, and to faith in empirical nostrums as by the pharmacists, or chemists and druggists—whose confidential and important business connections with the faculty are such that they ought in the true interest of the public, irrespective of their own, or that of the profession, to decry rather than to commend their use, when consulted on the subject, as is often the case, by a too credulous public; and it would be more than well, indeed, on public grounds alone, if there were a general consensus and determination on the part of the faculty to discountenance all chemists who trade in nostrums, and traffic in illegal or counter-practice.

Too often do we meet with practitioners who deem it a venial error in ethics to prescribe, and even to recommend to their patients and friends the use of a quack medicine, or secret compound—heedless of the fact that their toleration implies sanction of a recourse to unknown, doubtful, and conjectural fashions of medication by the people at large: and that, in this way, the credulous not infrequently become the victims of the merciless quack; nor can it have escaped professional notice that they, whose faith is strongest in the absurd pretensions of empiricism, entertain the greatest scepticism in regard to philosophic medicine.

Alike adverse to medical logic and ethical propriety are the various popular delusions which, like so many epidemics, have in successive ages excited the imagination with extravagant expectations of the cure of all diseases, and the prolongation of life beyond its ordinary limits, by means of some life-giving or health-restoring secret essence, or other wonder-working nostrum; and although it is not in the power of practitioners to prevent, or always to arrest their progress, 'tis, nevertheless, incumbent upon them from their skilled knowledge, and position in life, steadily to discountenance all such delusive shams, and, at the same time, to inculcate the true principle upon which curative medicine is founded.

These delusions are sometimes manifested in the guise of a new and infallible system of medical practice—the faith in which, amongst the excited believers, is usually in the inverse ratio of the amount of common-sense evidence in its favour;

and amongst its most ardent promoters are too often to be found ministers of religion, who, above all others, ought to keep aloof from every elusive vagary—not the least pernicious of which are those allied to medico-empirical imposture.

The plea of good intention, so frequently urged, is not a sufficient reason for the assumption of a responsibility so grave as the dissemination of a theory and practice of medicine, of the real foundation and nature of which, the unskilled amateur must necessarily, from lack of the essential professional study, observation, and careful comparison, be profoundly ignorant.

In their relations with the sick, medical men are bound by every consideration of duty to exercise the greatest kindness, forbearance, and circumspection—so that, while making every allowance for impatience, irritation, and inconsistencies of manner and speech of the sufferers, and doing their utmost to soothe and tranquillise them, they should, at the same time, seek to elicit from them, or others in their confidence, a disclosure of all the essentially important circumstances in connection with the probable causes of the maladies they are called upon to treat.

Owing, however, either to the confusion, and, at times, obliquity of mind produced by the disease, or to considerations of false delicacy and shame, the truth is not always disclosed; and hence the necessity for a careful and minute investigation by the practitioner, both into the physical and moral state of his patient.

A practitioner in attendance on a case should eschew tedious ceremony, and, as far as possible, carefully avoid involving the patient in unnecessary expense by needless visits and costly appliances, as beneath the dignity of true science, embarrassing to the sufferer and his family, and often contributive to their present pressing sorrows, and, in too many instances, entailing future privation and deeply harassing anxiety.

In their intercourse with each other, practitioners will best consult and secure their own self-respect and that of society at large, by a uniform courtesy and high-minded conduct towards their professional brethren. The confidence in his intellectual and moral worth, which each member of the profession is ambitious of attaining for himself among his associates, should

make him willing to repose the same confidence in that of others.

Veracity, so essential in all the relations of life, is invaluable in consultation, or narration of case—the lustre of which ought never for a moment to be tarnished, even by the breath of suspicion. Medical men are peculiarly enjoined by every consideration of honour and conscientious regard for the health and lives of their fellow-creatures, not to advance any statement unsupported by facts, nor to hazard an opinion or hypothesis, without careful enquiry into the data and bearings of the case.

Hasty generalization, paradoxical and ideal conjectures, at all times repudiated by sound logic, are open to the severest reprehension on the still higher grounds of humanity and the duties of life. Their tendency and action cannot fail to be eminently mischievous.

In the performance of professional duties in public institutions—such as medical colleges, hospitals, and dispensaries,—not only should there be friendly intercourse between the members of the staff, but a general agreement, also, in doctrine and practice; so that neither students nor patients may be perplexed, nor the profession mortified by contradictory views of the theory and treatment of disease.

The right of free enquiry, common to all, does not imply a like free utterance of crude hypotheses, the use of figurative language, a straining after novelty for novelty's sake, and the involution of old truths, by medical writers and teachers, for temporary or popular effect. If, therefore, they who are engaged in a common cause, and in the furtherance of a common object, would, in the public interest, make an offering of all that is doubtful, superfluous, and extreme, at the shrine of philosophical truth, the general harmony of view so essential to effective medical teaching would be easy of attainment.

'Tis not enough, moreover, that the faculty be zealous, well-informed, courteous, and self-denying—but the *social* principle, which, in the medical, unlike all other professions, is especially weak, should also be earnestly cultivated, and friendly habits and unity of action carefully fostered; for by union alone can medical men hope to sustain the dignity, and extend the influence and usefulness of their profession,—and the means most

conducive to so desirable an end are, unquestionably, frequent social meetings, and duly organized societies for the discussion of the art and science of medicine, the minimum standard of medical education and examination, medical ethics, and kindred subjects; and, while so enhancing the true interests of the profession and elevating it in public estimation, its members individually are brought into immediate contact,—a matter of no slight import—and not only are old friendships strengthened, and new ones formed, but if there should perchance be any little differences or asperities roughening the contact of one practitioner with another, an opportunity is afforded of proving that they are but superficial growths, easily removed by mutual explanation and concession—and thus it may be hoped that the troubled waters of professional life, unimpeded by the undercurrents of party or personal strife, will eventually flow steadily and smoothly onward.

Professional differences, it may be well to note, not infrequently arise from want of candour—a *suppressio veri*, if not deliberate falsehood—on the part of the patients, their relatives, or attendant friends, and probably constitute the most fruitful source of the unhappy heart-burnings and jealousies which so frequently disgrace an otherwise noble profession. A medical man cannot, therefore, be too cautious how he receives and acts upon invidious statements, *said* to have been made in reference to a case by a professional brother, or other person—for such reputed remarks are so often either misunderstood, misrepresented, or wilfully perverted, as to give rise to serious disputes and lasting estrangements, which a personal interview, or a mutually courteous note of inquiry and explanation would have prevented or removed; be it, therefore, a special obligation on the faculty to be ever careful and wary in respect to statements which involve disparagement of a brother-practitioner.

In vain, however, will the faculty appeal to the intelligence and esteem of the other learned professions, and of cultured society in general, unless they are true to themselves, and to the ethics of their profession, by conscientiously discharging their duties, and courteously but resolutely insisting on their rights.

Impressed with the importance of their vocation, as trustees

of science and almoners of benevolence and charity, practitioners should, within the circle of their acquaintance, use all vigilance and care to deter youths who have not been prepared by a suitable moral and intellectual training equal, at least, to the common standard of academical requirements, from entering the profession—for human life and human happiness must not be endangered by the incompetency of ignorant and presumptuous pretenders. The greater the inherent difficulties of medicine, as a science, and the more numerous the complications that embarrass its practice, the more necessary is it that there should be minds of a high order and thorough cultivation, to unravel its mysteries and to deduce scientific order from apparent empirical confusion.

The faculty are under the strongest ethical obligations to maintain and justify the character which has been awarded by the most learned men and best judges of human nature to the medical profession, for general and extensive knowledge, liberality and dignity of sentiment, and great beneficence.

[Ere proceeding to note in detail the special ethical rules suggested for the guidance of the faculty, the compiler, in reply to the objection sometimes urged against a 'Medico-Ethical Code'—viz.: that 'no laws, however stringent, will make a man honourable who is not innately inclined to be so',—while regretfully admitting the general truth of the assertion, unhesitatingly affirms his deliberate conviction (arrived at after much practical experience, and careful observation extending over a period of nigh forty years,) that a *good* example is calculated to exert an almost equally powerful influence with that for *evil*:—and, therefore, that the *morale* of the truly honourable members cannot fail to exercise a very important influence over those who might by nature be otherwise inclined; for however much the latter may affect to despise the good opinion of the practitioners in their own immediate neighbourhood, yet, knowing as they will do, that, on the formation of an ethical committee or council in each County (as is strongly recommended), unprofessional conduct will sooner or later be brought under the cognisance not only of their medical brethren throughout their respective districts, but, if need be, of the profession at large,—

callous indeed to all the finer feelings of human nature must he be, who could calmly contemplate so unenviable a position in the medical world as that which would be implied by the general censure of his brother practitioners.]

CODE OF MEDICAL ETHICS.

THE DUTIES OF MEDICAL PRACTITIONERS TO THE PUBLIC AND TO THE PROFESSION AT LARGE, TO EACH OTHER, AND TO THEMSELVES.

CHAP. I.—ON THE DUTIES OF MEDICAL PRACTITIONERS TO THEIR PATIENTS, AND THE OBLIGATIONS OF PATIENTS TO THEIR MEDICAL ADVISERS.

SECT. 1.—THE DUTIES OF PRACTITIONERS TO THEIR PATIENTS.

SECT. 2.—THE OBLIGATIONS OF PATIENTS TO THEIR MEDICAL ADVISERS.

CHAP. II.—ON THE DUTIES OF MEDICAL PRACTITIONERS TO THE PROFESSION, TO EACH OTHER, AND TO THEMSELVES.

SECT. 1.—THE DUTIES OF PRACTITIONERS IN SUPPORT OF PROFESSIONAL CHARACTER AND STATUS.

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SECT. 3.—THE DUTIES OF PRACTITIONERS IN RESPECT TO VICARIOUS OFFICES.

SECT. 4.—THE DUTIES OF PRACTITIONERS IN CONSULTATIONS.

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SECT. 6.—THE DUTIES OF PRACTITIONERS WHEN DIFFERENCES OCCUR BETWEEN THEM.

SECT. 7.—THE DUTIES OF PRACTITIONERS IN REFERENCE TO PROFESSIONAL CHARGES.

CHAP. III.—ON THE DUTIES OF THE PROFESSION TO THE PUBLIC AND THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

SECT. 1.—THE DUTIES OF THE PROFESSION TO THE PUBLIC.

SECT. 2.—THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

SECT. 3.—THE USE OF AND PROPERTY IN PRESCRIPTIONS.

CHAP. IV.—‘MEDICAL’ ETIQUETTE, OR THE RULE OF THE PROFESSION ON COMMENCING PRACTICE, ETC.

CHAP. I.—ON THE DUTIES OF MEDICAL PRACTITIONERS TO THEIR PATIENTS, AND THE OBLIGATIONS OF PATIENTS TO THEIR MEDICAL ADVISERS.

SECT. I.—THE DUTIES OF PRACTITIONERS TO THEIR PATIENTS.

SPECIAL RULES, ETC.—1. A medical practitioner should not only be ever ready to obey the calls of the sick, but his mind should be imbued also with the greatness and responsibility of his mission; and his obligations are the more deep and enduring, as there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. A ‘doctor’, therefore, should minister to the sick with a due impression of the importance of his vocation: reflecting, moreover, that the comfort, the health, and the lives of those committed to his charge depend, humanly speaking, on his skill, attention, and fidelity. In his deportment, also, he should study so to unite *tenderness* with *firmness* and *urbanity* with *authority*, as to inspire the minds of his patients with gratitude, confidence, and respect.

2. Every case (rich and poor alike) entrusted to the care of a practitioner should be treated with attention, kindness, and humanity. Reasonable indulgence should also be accorded to the mental weaknesses and caprices of the sick. Delicacy must in all cases be strictly observed, and secrecy also, under all but very exceptional circumstances—as, for instance, in a case of threatening insanity, or of pertinacious concealment of pregnancy after seduction, in which it would probably be the practitioner’s duty to communicate his fears to a near relative of the patient; and the familiar and confidential intercourse to which a ‘doctor’ is admitted in his professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honour. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition, or defect of character, observed during professional attendance, should ever be disclosed by the medical adviser, unless imperatively required. The force and necessity of this obligation are indeed so

great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

3. In many cases, frequent visits to the sick are necessary, as they enable the medical attendant to arrive at a more perfect knowledge of the disease, and to meet promptly any change of symptoms: they may also, in some instances, be requisite to inspire the patient with confidence; but unnecessary visits should be avoided, as they cause needless anxiety to the patient, are calculated to diminish the authority of the practitioner, and render him liable to be suspected of interested motives, and thus discredit the profession.

4. A practitioner should not be prone to make gloomy prognostications, inasmuch as, they not only exert a depressive influence on the invalid, but savour strongly of empiricism by unduly magnifying the importance of his services in the treatment or cure of the disease; at the same time, he should not fail to give to the friends of the patient timely notice of actual danger, and even to the patient himself, if absolutely necessary, or when specially desired by the relatives. The communication, however, when personally made by the doctor, is generally so alarming to the patient, that, whenever it can, it had better be delegated to some discreet relative, or other sympathising friend; for the medical attendant should be the minister of hope and comfort to the sick—that, by such cordials to the drooping spirit he may soothe the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility, even of the most resigned, in the trying moments of impending dissolution. Nor should it be forgotten that the ebbing life of a patient may be shortened not only by the acts, but also by the words and manner of the doctor; it is, therefore, his duty carefully to guard himself in this respect, and to avoid, as far as possible, everything which has a tendency to discourage the patient and depress his spirits.

5. A practitioner is not justified in abandoning a patient because the case is deemed incurable; for, even in the last stage of a fatal malady, his continued attendance may prove highly beneficial to the patient, and a comfort to the sorrowing relatives, by professional suggestions for the alleviation of pain, and the soothing of mental anguish and distress. And here it

may be well to note that, but few practitioners,—if any, indeed, save those who have themselves languished on a bed of sickness, or, it may be, of apprehended death,—can fully realise the feeling of comfort and consolation afforded by the presence of a kind, sympathising doctor in the chamber of the sick and the dying. To decline attendance, under such circumstances, would be sacrificing to ideal delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary consideration. At the same time there are circumstances which fully justify a medical man in relinquishing the care of a patient—such as wilful, persistent disregard of his advice; the abuse of his attendance as a ‘blind’ for some unworthy purpose, or irregularity of life; loss of the necessary professional restraining influence; and other positions which the practitioner’s innate feeling of self-respect will at once indicate, should the necessity arise.

6. In difficult or protracted cases, consultations should be freely and judiciously promoted, as they engender confidence, evoke energy, and give rise to more enlarged views in practice.

7. The opportunities which a medical man not infrequently enjoys of promoting and strengthening the good resolutions of a patient suffering from the consequences of alcoholism, or vicious conduct, should never be neglected. His counsels, and even his remonstrances, will generally be taken in good part—especially by the younger members of a family,—and give satisfaction rather than offence, if tendered with feeling courtesy.

SECT. II.—THE OBLIGATIONS OF PATIENTS TO THEIR MEDICAL ADVISERS.

1. The members of the faculty, on whom devolve so many important, arduous, and anxious duties on behalf of the community—in the discharge of which, moreover, they have continually, in the interest of the sick, to sacrifice their rest, comfort, and health, and expose themselves to the risks of fevers, and other infectious diseases,—are justly entitled to expect from, and, if need be, should impress upon their patients a due sense of their moral (irrespective of all pecuniary) obligations to the faculty: for it cannot be doubted that the medical profession, characterised as it is by unselfish devotion of life to the necessities of an exacting, and, too often, selfish public, is worthy

of the honour accorded to it in the Apocryphal writings:—
“Honour a physician with the honour due unto him for the uses
which ye may have of him: for the Lord hath created him.—
For of the most High cometh healing, and he shall receive
honour of the King.—The skill of the physician shall lift up his
head: and in the sight of great men he shall be in admiration,”
etc.—Eccclus., ch. xxxviii.

2. The first professional (so to speak) duty of a patient is to
select, as his medical adviser, a duly educated and registered
practitioner. In no profession, trade, or occupation do mankind
rely on the skill of an untaught artist; and in medicine, con-
fessedly the most difficult and intricate of the sciences, the world
must not suppose that knowledge is intuitive.

3. A patient will do well to elect a practitioner whose habits
of life are regular, and not unduly devoted to company, pleasure
or other pursuits incompatible with his professional obligations.
He should also, as far as possible, confide the care of himself and
family to one practitioner: for a medical man who has acquired
a knowledge of their constitution, habits, and predispositions,
is more likely to be successful in his treatment than one who
lacks it.

Having thus chosen his doctor, a patient will act wisely in
applying for advice in cases which, to him, may appear trivial—
for serious, and even fatal results not unfrequently supervene (if
neglected) on accidents seemingly slight; and it is of still greater
importance that he should seek it in the early stage of acute
disease: to neglect of this precept is doubtless due much of the
uncertainty and failure with which the medical art has been re-
proached.

4. Patients should faithfully and unreservedly communicate
to their medical adviser the supposed cause of their malady. It
is the more important, since many diseases of mental origin
simulate those dependent on external causes, and yet are incur-
able otherwise than by ministering to the mind diseased. A
patient, moreover, should never be afraid of thus making the
doctor his friend and confidant, but should always bear in mind
that a medical man is under the strongest ethical obligations of
reticence and secrecy; nor should any undue feeling of shame
or delicacy deter even females from disclosing to him the seat,

symptoms, and suspected causes of any ailment peculiar to their sex ; for however commendable and necessary a modest reserve may be in the ordinary occurrences of life, its too strict observance in medicine might be attended with the most serious consequences—and a patient may even sink under a painful and loathsome disease, which might have been cured, or, at least, relieved, and much suffering averted, if timely intimation had been given to the medical attendant.

5. A patient, when narrating the symptoms and progress of his malady, should avoid unnecessary prolixity and detail which would weary the attention and waste the time of his doctor ; neither should he, without good cause, obtrude upon him the details of his business, nor the history of his family concerns. Even as regards his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute self-statement.

6. The obedience of a patient to the prescriptions and instructions of his medical adviser should be prompt and implicit, and his attention to them uninfluenced by his own or other crude opinions, as to their fitness—for a failure in any one particular may render an otherwise judicious plan of treatment hurtful, and even dangerous. Nor can caution be too strongly impressed upon convalescent patients, who are very apt to suppose that the rules prescribed for them may then be disregarded—and the not uncommon result is a relapse, consequent on some indiscretion in diet, exercise, or undue exposure.—Patients, moreover, should never allow themselves to be persuaded to take medicines recommended to them by the self-constituted doctors and doctresses so frequently met with in society, and who assume to possess infallible remedies for the cure of this or that disease. However simple their assumed remedies may seem to be, it not infrequently happens that they are productive of much mischief, and in all cases are likely to be injurious, by contravening the treatment and impairing the authority of the medical attendant.

7. A patient should avoid even the *friendly visits of a practitioner* not in attendance upon him ; and if constrained to receive them, *he should never converse on the subject of his malady*—for an observation might be made, which, without any intention to professionally interfere, may weaken or destroy his confidence in

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Sect. 2.

the treatment pursued, and induce him to neglect the directions laid down for his guidance.

8. The confidential relations which usually subsist between patient and practitioner render it especially incumbent on the former, during illness, to be open and unreserved with his medical adviser; and he ought never to send for a consultant without the knowledge of his ordinary medical attendant. It is also of great importance that practitioners should act in concert; for although their respective plans of treatment, if carried out singly, may be attended with equal success, yet if conjointly adopted, they are very likely to be productive of disastrous results.

9. Patients should always, when practicable, send for their doctor in the morning, before his usual hour of going out; for by an early knowledge of the visits he has to make during the day, he is enabled so to apportion his time as to obviate any clashing of engagements. They should also avoid calling on, or sending for him during the hours devoted to meals or to sleep, unless really necessary. They should, likewise, always endeavour to be ready to receive his visits, as detention, even for a few minutes, is often of serious inconvenience to a practitioner in extensive practice:—on the other hand, the medical attendant will do well, even if it be not a duty incumbent upon him, to intimate as nearly as may be, the hour at which he intends to make his next visit—for most patients not only like to have their persons, and their rooms tidied for his reception, but the protracted anxious expectancy, and longing for the doctor's rap has, there is little doubt, 'like hope deferred', a prejudicial effect on the recovery of the sick.

10. Patients should, after their recovery, entertain a just and enduring sense of the value of the services rendered to them by their doctor; for, in severe illnesses especially, these are usually of such an anxious, trying nature, that no mere pecuniary acknowledgment can repay or cancel them.

CHAP. II.—ON THE DUTIES OF MEDICAL PRACTITIONERS TO THE PROFESSION, TO EACH OTHER, AND TO THEMSELVES.

SECT. I.—THE DUTIES OF PRACTITIONERS IN SUPPORT OF PROFESSIONAL CHARACTER AND STATUS.

1. Every one who enters the profession, and thereby becomes entitled to its privileges and immunities, incurs the obligation

to exert his abilities to promote its honour and dignity, to elevate its status, and extend its influence and usefulness. He should, therefore, strictly observe such laws as are instituted for the guidance of its members, and avoid all disparaging remarks relative to the faculty as a body, or its members individually; and should seek by diligent research and careful study to enrich the science and advance the art of medicine.

2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence, are required, than the medical; and to attain such eminence is a duty which every practitioner owes alike to his profession, and to his patients. It is due to the latter, in so far, that, without it, he cannot command their confidence and respect: and to both, since no scientific attainments can compensate for the want of sound principles of morality. It is also incumbent upon the faculty to be temperate in all things—for the practice of physic requires the unremitting exercise of an unclouded and vigorous understanding; and on emergencies (for which no professional man should be unprepared), a steady hand, a quick eye, and a clear head, may be essential for saving the life of a fellow-creature.

3. It is degrading to the true science of medicine to practise homœopathy, or professedly or exclusively, hydropathy or mesmerism; and alike derogatory to the profession to solicit practice by advertisement, circular, card, or placard; also, to offer, by public announcement, gratuitous advice to the poor, or to promise radical cures; to publish cases and operations in the daily press, or knowingly, to suffer such publications to be made; to advertise medical works in non-medical papers; to invite laymen to be present at operations; to boast of cures and remedies; to adduce testimonials of skill and success; or to do any like acts. Such are the ordinary practices of charlatans, and are incompatible with the honour and dignity of the profession.

4. Equally derogatory to professional character is it for a practitioner to hold a patent for any proprietary medicine or surgical instrument; or to dispense a secret *nostrum*, whether it be the composition, or exclusive property of himself, or of others: for, if such *nostrum* be really efficacious, any conceal-

ment in regard to it is inconsistent with true beneficence and professional liberality; and if mystery alone impart value and importance to it, such craft is fraudulent. It is also extremely reprehensible for a practitioner to attest the efficacy of patent or *secret medicines*, or, in any way, to promote their use; only less culpable is the practice of giving written testimony in favour of articles of commerce, and tacitly or otherwise sanctioning its publication. It is likewise degrading for a medical man to enter into compact with a druggist to prescribe gratuitously or otherwise, and, at the same time, share in the profits arising from the sale of the medicines. Alike censurable (and ethically dishonest) is the modern practice of assuming, for the purely selfish purpose of personal advancement, the distinctive titles and status of our public institutions, and parading private speculations as *bonâ-fide* 'hospitals', 'infirmaries', and 'dispensaries'. Such *sham* institutions are not only derogatory to the faculty, but injurious to the true interests of the community; and no practitioner desirous to uphold the dignity of his profession should resort to such *un-professional* devices—otherwise he must not be surprised at being ignored by the faculty and treated as a charlatan.

SECT. II.—THE DUTIES OF PRACTITIONERS IN REGARD TO PROFESSIONAL SERVICES TO EACH OTHER.

1. All legitimate practitioners of medicine, their wives, and children while under the paternal care, are entitled to the gratuitous (travelling expenses excepted,) services of any of the neighbouring faculty, whose assistance may be desired.

A doctor suffering from serious disease is, in general, an incompetent judge of his own case: and the natural anxiety and solicitude which he experiences at the sickness of a wife, child, or others, who, by the ties of consanguinity, are rendered dear to him, tend to obscure his judgment, and engender timidity and irresolution in his practice. Under such circumstances, medical men are especially dependent upon each other: and kind offices and professional aid should always be cheerfully and freely afforded. Visits should not, however, be officiously obtruded, since unsolicited attention may give rise to embarrassment, or interfere with that choice on which confidence depends. But if

a member of the faculty, in affluent circumstances, request attendance, and an honorarium be tendered, it should not be declined—for no pecuniary obligation ought to be imposed on the debtor, which the debtee himself would not wish to incur.

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SECT. III.—THE DUTIES OF PRACTITIONERS IN RESPECT TO
VICARIOUS OFFICES.

1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes necessitate a temporary withdrawal from practice, and an appeal to some one or more of his professional brethren to officiate for him. A ready assent to such request, or a cordial tender of service when the necessity for such is known or felt, is an act of christian duty, which, on the divine principle of 'Whatsoever ye would that men should do to you, do ye even so to them', should always (if it be possible,) be courteously accorded, and carried out with the utmost consideration for the interest and character of the 'medical brother'.—But if a practitioner neglect his professional duties in quest of pleasure and amusement, he is neither morally nor ethically entitled to the exercise of such fraternal courtesy without adequate remuneration being made to his officiating friend for the services rendered.

SECT. IV.—THE DUTIES OF PRACTITIONERS IN CONSULTATIONS.

1. The possession of a Degree or Diploma specified in Schedule A of the Medical Act, 1858, furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honours of his profession. Nevertheless, inasmuch as in consultations the good of the patient is, or should be, the sole object in view, and that such often depends on personal confidence — no intelligent qualified practitioner possessing a Degree or Diploma from a Foreign, Colonial, or Indian University, of known (though not officially recognised in Great Britain,) reputation, and who is, moreover of good moral and professional local standing, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is particularly desired by the patient. But no one can be considered a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, such as homœopathy, *et hoc genus omne*, (unqualified Assistants included):—

indeed, for a legitimate or orthodox practitioner to meet a professor of homœopathy in consultation, is a dishonest and a degrading act:—dishonest, because he lends his countenance to that which he knows to be a dangerous fallacy—and degrading, inasmuch as he has neither the manly, professional honesty to resist the temptation of a possibly liberal fee, nor the moral courage to discountenance the capricious vagaries of some wealthy, or, may-be, titled patient.

2. It cannot be too strongly impressed on every member of the profession, that in consultations, all feelings of emulation and jealousy should be carefully laid aside; that the most honourable and scrupulous respect for the character and standing of the practitioner in charge of the case should be observed; that the treatment of the latter, if necessary, should be justified as far as it can be consistently with a conscientious regard for truth—and no hint or insinuation thrown out which could impair the confidence reposed in him, or otherwise affect his reputation. The Consultant should also carefully abstain from any of those inordinate attentions, which have been sometimes practised by the unscrupulous for the purpose of gaining undue credit, or ingratiating themselves into favour.

3. In consultations,* it is the rule and custom for the Consultant, after the usual preliminary conference relative to the history and facts of the case, to take precedence of the family doctor in the necessary physical and questionnaire examination of the patient:—exceptional circumstances, however, may arise, in which the family attendant, should, as an act of confidence and courtesy, be the first to propose the necessary questions—after which, the Consultant should make such further enquiries and examination as he may deem necessary to satisfy himself of the true nature of the case; but no observations of any kind indicating an opinion as to the nature of the malady, treatment pursued, or its probable issue, should be made in the hearing of the patient, or his friends, until the consultation is concluded. Both practitioners should then retire to a private room for de-

* As a guide to young practitioners, it may be well to note that, in consultations, it is customary for the family doctor to precede the Consultant into the sick-room, and to retire therefrom after him. 'Tis scarcely necessary to add that, as a rule, it rests with the Consultant, and not with the regular attendant, to fix the hour of meeting.

liberation; and the treatment having been determined by the consultation of himself and colleague, the Consultant last called in (if there be more than one in attendance,) should write the prescription for the medicines decided on—with the name of the patient and the date,—and append his initials thereto, and be followed by those of his colleagues in the order in which they attended. He (the consultant) should likewise be the one to communicate to the patient, or his friends, the directions agreed upon, together with any opinion it may have been decided to express: but no statement should be made, or discussion relative thereto take place before the patient or his friends, except in the presence, and with the consent of all the faculty in attendance; and no *opinions* or *prognostications*, other than those mutually assented to after deliberation, should be expressed.

4. In consultations, and in cases where the ordinary family attendant visits the patient more frequently than the Consultant, it will be his duty to see the measures agreed upon faithfully carried out—not to add to, diminish, or alter, in any way, the practice mutually assented to—except in an emergency, or unexpected change in the case; and in such latter event, any variation of the treatment should, with the reasons for it, be fully explained at the next consultation. The same privilege and duty devolve on the Consultant, when sent for in the absence of the regular attendant.

5. When two, or more, practitioners attend in consultation and the hour of meeting has been fixed, punctuality should be strictly observed; and this, in most instances, is practicable—for society is, in general, so far considerate as to allow the plea of a professional engagement to take precedence of all others. An unlooked for accident, or other urgent case, may, however, intervene, and delay one of the parties; in that case, the first to arrive should wait a reasonable time for his associate—after which, the consultation should be considered as deferred until a new appointment can be made. If the attending practitioner be the family doctor, he will of course see the patient and prescribe; but if it be the Consultant, he should retire, except in a case of urgent necessity, or when he has been summoned from a long distance—under which circumstances, he may examine the patient, and express his opinion *in writing* (if necessary)

and *under seal*, to be delivered to his associate,—and, in the interim, should meet the emergency by such treatment as he may deem necessary.

6. When a senior practitioner is called upon to meet his junior in consultation, for a second opinion, it will be competent for the former to represent the propriety and advantage of obtaining the assistance of a more experienced practitioner; but if the patient specially desire to have the opinion of any qualified member of the profession, even though a junior, it will be at the option of the practitioner in attendance to acquiesce, or withdraw. As a rule, however, a practitioner should never decline to meet another, *merely* because he is his junior; and he will best consult his own interest and that of the profession, by a ready and courteous assent to meet any junior of good repute:—a contrary course would reflect discredit on himself and the faculty.

7. In consultation, the graduate in medicine practising as a physician only, is entitled to precedence of the general practitioner.

8. If, when more than two practitioners have met in consultation, an irreconcilable diversity of opinion unfortunately occur, that of the majority should be acted upon; but if the members on either side be equal, then the decision should rest with the family attendant: in either case, the greatest moderation and forbearance should be observed, and the fact of the disagreement communicated to the patient, or his friends, and the issue left to them. It may also happen that, in the ordinary dual consultation, the two practitioners fail to agree in their views of a case, and the treatment to be pursued—an incident always to be much regretted, and, if possible, avoided by such mutual concessions as are consistent with the dictates of judgment. If, nevertheless, a difference of opinion exist, it would be well to call in a third practitioner: and if that be impracticable, it must be left to the patient to select the one in whom he would wish to confide. At the same time, as every practitioner justly relies upon the rightness of his judgment, he should, when unable to concur in the treatment adopted, consistently and courteously retire from any further participation in the consultation, or management of the case, unless excep-

tional circumstances should, in the interest of the patient, render such a course undesirable.

9. In consultations, theoretical disquisitions should be studiously avoided, as they often lead to perplexity and loss of time. Consultative discussions, moreover, should be regarded as private and confidential: and neither by word nor manner should any of the parties to a consultation covertly allege, or in any way intimate to the patient, his friends, or other person, that he had dissented from the treatment as unsuited to the case. A proceeding so unethical would not only be dishonouring to the individual practitioner, but a reflection on the faculty. The responsibility, and imputation of failure, however unjust, should, equally with the credit of success, be shared alike by the respective practitioners.

10. Whenever 'a second opinion' is desired or suggested by a patient, or his relatives, it should, as a rule, be at once courteously acceded to by the attending practitioner—who too often demurs, or unwillingly assents, under the *erroneous* impression that a consultation detracts from his professional status, and evinces personal distrust in himself:—whereas, it should be regarded simply as the very natural desire on the part of the relatives to leave nothing undone that might perchance, however forlorn the hope, tend to restore the health, or, it may be, save the life of the loved one—cost what it may. But even were it otherwise, it must not be forgotten that the patient has an indisputable right to 'further advice', if he wishes it; and the family attendant will do well for his own sake, as well as that of the patient, to let the responsibility be shared by a second practitioner.

11. When from any cause the continued attendance of two practitioners would be objectionable to the patient, and a special and exhaustive consultation—entailing an unusual sacrifice of time—is, in consequence, deemed desirable, a double fee may fairly be charged; and in difficult and obscure cases, and complicated railway and other injuries, in which a minute physical or other examination and a prolonged consultation are rendered necessary, it is only reasonable that the honorarium should be proportionate to the time occupied—as is customary with 'Counsel': an exclusive fee, therefore, of from two to five guineas, according to the social and pecuniary position of the patient and the

professional status of the Consultant, may be justly claimed. Due intimation, however, of the Consultant's expected fee in such cases should be given to the patient by the family attendant, prior to the consultation being arranged.

12. The Consultant has no claim to be regarded as a regular attendant on the patient; and his attendance ceases after each consultation, unless otherwise arranged. The patient and his ordinary medical adviser are therefore fully at liberty to call in any other Consultant without the cognizance of the former, provided that no appointment then exists.

N.B.—Should the practitioner who has been called in consultation be subsequently requested to take sole charge of the patient, he should courteously but *firmly* decline.

13. No member of a firm of practitioners (unless, from professional status and experience, his ordinary personal practice has become purely 'consultant', *and his advice, as such, be SPECIALLY requested by the patient,*) whose opinion is sought in a case under the care of a partner in the firm, is entitled, according to professional usage, to claim the customary fee of a Consultant:—such advisory visits, indeed, (if within the prescribed distance of an ordinary visit,) are generally regarded as complimentary ones.

SECT. V.—THE DUTIES OF PRACTITIONERS IN REFERENCE TO SUBSTITUTES
OR LOCUM-TENENTES, AND IN CASES OF INCIDENTAL INTERFERENCE
WITH OTHER THAN THEIR OWN PATIENTS.

1. Medicine as an art and science is a liberal profession, and those admitted into its ranks should found their expectations of success in practice on the nature and extent of their scientific and personal qualifications, and not on artifice or intrigue.

2. When a practitioner from motives of friendship, or the necessities of business, is prompted to visit a patient under the professional care of another, he should observe the strictest caution, circumspection, and reserve. No meddling enquiries should be made, no disingenuous hints given relative to the nature and treatment of the disease, nor any line of conduct pursued that may directly or indirectly tend to diminish the confidence reposed in the family attendant. Indeed, such visits should be avoided, except under peculiar circumstances; and, when made, the topics of conversation should be as foreign to the case as possible.

3. When during sickness, affliction, or absence from home, a practitioner entrusts the care of his practice to a professional friend, the latter should not make any charge to the former, or to the patients for his services, but should in all things be the *locum tenens* of the absentee. If, however, the attendance be protracted, and the labour proportionate, a fitting acknowledgment should, if circumstances admit, be made.

4. When a practitioner attends for, or in consultation with another, and it appears necessary to change the treatment, it should be done with the most scrupulous care, so as not to injure the reputation or wound the feelings of the previous attendant. *Un-necessary, meddlesome interference with the treatment should be carefully avoided as unjust to the family doctor, and derogatory to true science.**

5. When a practitioner is consulted by a patient whom he has previously attended as the officiating friend of another during sickness or absence from home, he should act in strict accord with the principle laid down in Rule 9, and decline attendance, except in consultation.

6. When a practitioner is ill or absent from home, and the patient wishes to have a medical man of his own choice, rather than the officiating friend, the practitioner so elected should act in accordance with the following rule:—

7. When a practitioner is called to an urgent case in a family usually attended by another, he should (unless his assistance in consultation be desired,) when the emergency is provided for or on the arrival of the attendant in ordinary, resign the case to the latter—but he is entitled to charge the family for his services.

8. Whenever a patient, whose usual medical adviser resides at a distance, sends for a practitioner residing near, the latter should adhere to the preceding rule, as far as circumstances admit.

* What, it has been critically asked by an eminent practitioner, since the preceding was penned, should be the conduct of the Consultant when he finds that the ordinary medical attendant has misunderstood the case, or, it may be, has committed a grievous error? In obedience to the 'royal law' (James, ch. II, v. 8,) he should, while striving to do his duty to the patient, at the same time endeavour judiciously to shield his brother-practitioner from the obloquy and prejudice which are always, in a greater or less degree, attached by patients to an error in judgment by their doctor—for who, it may be replied, has not in the course of his professional life committed like grievous errors, of which the 'still small voice within' is alone cognizant and the sole accusant!

9. When a practitioner is called in to, or consulted by a patient who has recently been, or still may be, under the care of another for the same illness, he should on no account interfere in the case,—except in an emergency—but request a consultation with the gentleman in previous attendance. If, however, the latter refuse this, or has relinquished the case, or if the patient insist on dispensing with his services, and a communication to that effect be made to him, the practitioner last consulted will be justified in taking charge of the case. Under such circumstances, no unjust or illiberal insinuations should be thrown out in reference to the conduct or practice previously pursued—which, as far as candour and regard for truth and probity will permit, should not only be justified, but, if right, honourably persisted in; for it often happens that, when patients (capricious ones especially,) do not experience immediate relief from the treatment, they become dissatisfied, and, under the impression that their case is not understood by the ‘doctor’, unjustly impute the blame to him; many diseases, moreover, are *per se* of so protracted a nature, that the want of success in the early stage of treatment affords no evidence of a lack of skilled professional knowledge.

10. When a practitioner is consulted at his own residence, it is not necessary for him to enquire if the patient is under the care of another. It is better, however, that he *should* make the enquiry, and propose a consultation, or communication with the practitioner (if there be any,) under whose care the patient has previously been.

11. When a practitioner is called upon by the assistant, or servant of another, to attend to an accident or other emergency in a family to whom both are equally strangers, the former is not entitled to take charge of the case throughout, but should act and be remunerated in conformity with Rule 7, and resign the case.

12. When a practitioner is called in to attend at an accouchement for another, and completes the delivery, or is detained for a considerable time, he is entitled by custom (except in the case of illness, etc., provided for by Rule 3,) to one-half of the fee; but on the completion of the delivery, or on the arrival of the pre-engaged accoucheur, he should resign the further manage-

ment of the case. In a case, however, which gives rise to unusual fatigue, anxiety, and responsibility, 'tis right that the accoucheur in attendance should receive the entire fee. Note.—In either event, when the officiating accoucheur is a stranger, or a non-acquaintance of the family doctor, the full fee should be tendered to him.

13. When a practitioner has officiated for, or been called in consultation by another, and the ordinary medical attendant has resumed exclusive attendance upon the case, the former should not, under any pretext, make friendly calls upon the patient, unless justified by previous personal intimacy: such visits, even in the latter case, would be better omitted for a time.

14. A practitioner, when on a professional visit in the country, may be requested to see a neighbouring patient who is under the care of another. Should this arise from any sudden change of symptoms, or other pressing emergency, he will be justified in giving advice adapted to the circumstances, (the nature of which, he should, in person or by note, at once communicate to the attending practitioner,) but should not interfere further than is absolutely necessary with the general plan of treatment, nor assume any future direction of the case, except in consultation with the family adviser, or by special desire of the friends—in which latter event, he should act in accordance with the principle expressed in Rule 9.

15. In cases of sudden illness, or of accidents and injuries, it frequently happens, owing to the alarm and anxiety of friends, that several practitioners are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, and he should select from those in attendance any additional assistance that may be necessary. In all such cases, however, the officiating practitioner should request that the family doctor (if there be one,) be summoned; and, unless his further attendance be desired, should at once resign the case to the latter on his arrival.

16. In a case of sudden or accidental death, in which the deceased person was incidentally attended by a practitioner other than the usual 'family doctor'—the latter, in the event of a post mortem examination being deemed necessary, should be specially invited to be present: a contrary course would be highly discourteous and censurable.

17. It sometimes occurs that a medical man has the case of a patient under the care of another practitioner stated to him in so direct a manner, as to render it difficult to decline attention to it. In such an event, his observations should be made with the most delicate propriety and reserve. On no account should he interfere with the curative plans pursued, except in cases where artful ignorance seeks to impose on credulity, — or where neglect, or rashness, threatens the patient with imminent danger.

18. A wealthy or retired practitioner should abstain from giving gratuitous advice to the affluent or 'well-to-do'—for to dispense with fees which may justly be claimed is not only a default of duty to the profession, but, to a certain extent, a defraudment of the faculty by the patient and the practitioner.

[Note.—By the expression—'patient of another practitioner', —is meant a patient who may have been under the care of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have requested his professional attendance during such absence or sickness, or in any other manner given it to be understood that he regarded the said practitioner as his regular medical attendant.]

SECT. VI.—THE DUTIES OF PRACTITIONERS WHEN DIFFERENCES
OCCUR BETWEEN THEM.

1. When a diversity of opinion, or opposition of interest, occasions controversy and contention between medical practitioners, the matter in dispute should be referred to the arbitration of one or more physicians, surgeons, or general practitioners, as may be mutually agreed upon,—or to three practitioners—one to be nominated by each disputant, and the third by the selected two,—or, when practicable, to a County 'Court Medical'; but neither the subject matter, nor the adjudication, should be communicated to the patient or friends, excepting under special circumstances:—for publicity in cases of ethical disputes (the points involved in which are usually neither understood, nor appreciated by general society,) may be personally injurious to the practitioners concerned, and can scarcely fail to bring discredit on the faculty at large.

2. In all cases of arbitration, a written statement of the charges preferred, and a like answer thereto, should be required from the

respective disputants—with such affirming or rebutting testimony as may be essential to elucidate the facts of the case; and after giving careful consideration to the evidence adduced, the members of the 'Court' should proceed to deliver their opinions in succession, from the junior to the senior, in order that the former may not be unduly influenced by the utterances of the latter.

As a rule, however, no arbitration should be undertaken until the accusant has, either in person or by note, communicated with the accused on the subject of complaint, and failed to obtain an explanation or redress.

[It may here be well to repeat that experience and observation leave little doubt, that, in numerous instances, professional differences arise from some misrepresentation or suppression of the truth (a fruitful source of the unhappy differences, heart-burnings, and jealousies, which too frequently disgrace our profession!) by patients, or their friends, rather than direct unethical conduct on the part of the practitioners. Be that as it may, it is equally the duty of everyone who thinks himself aggrieved to dispassionately consider whether he really is so—for, unhappily, some men are so morbidly sensitive, suspicious and jealous, that e'en were they to be associated with (so to speak) mundane angels, they would fancy their ground invaded, and their rights and *self* ignored.—A medical man should ever be slow to admit that a brother practitioner has knowingly and intentionally wronged him; a little reflection and reasonableness would often suggest an explanation of conduct that, at first, may seem offensive or selfish. Assuming, however, that he is really injured,—that a neighbouring practitioner has acted unethically, and, mayhap, repeatedly so! What, in such case, is to be done? His duty is certainly, as yet, not to publish to the world his personal quarrel—for professional quarrels are discreditable, and not to be lightly proclaimed. Moreover, when a man is clearly in the right, he can afford to exhaust all gentle means of remonstrance and redress: and, in strict accordance with both scriptural and professional ethics, he should, either in person, or by courteous note, 'go and tell his brother his fault' privately. Should that fail, and the aggrieved party be ultimately obliged to refer the matter to the arbitration of a mutual professional

friend, or to a 'Court Medical', even then, his object should be, not that the offender should be '*shunned*', but effectually rebuked, and convinced of his error. Such object is, in many cases, more likely to be gained by private than by public means. But as there are men in the medical, as in other professions, who can only be effectively influenced by public censure; this, under certain circumstances, would be a perfectly legitimate *dernier ressort* through the action of a 'Court Medical.']

SECT. VII.—THE DUTIES OF PRACTITIONERS IN REFERENCE TO
PROFESSIONAL CHARGES.

1. In the interest of the faculty and of the public, it is desirable that some general authoritative rules relative to professional *charges should be adopted in every town or district, for the special guidance of the junior practitioners, who are often in doubt as to the remuneration to which they are fairly entitled. Such rules, 'tis scarcely necessary to remark, should be of a somewhat elastic character (with, at least, a minimum guiding fee,)—inasmuch as the charges must necessarily, as a rule, be more or less regulated by local circumstances, the social and pecuniary position of the patients, and, in some degree, by the age and local status of the respective practitioners; and it should, moreover, be deemed a point of honour to adhere to such rules with as much uniformity as the varying circumstances will admit.

2. It is alike desirable (bearing in mind that, to the commercial or trade-class of society, quarterly or half-yearly payments are now the rule,) to impress upon the faculty the expediency of sending in their usual statement of professional charges *annually* or *bi-annually*:—for the 'Doctors' proverbial delay, or neglect in the matter, is often attributed to a wrongful motive, and may, indeed, not unfairly be regarded as an incentive to the feeling so forcibly depicted in the following quaintly truthful lines:—

'God and the Doctor we alike adore
When on the brink of danger, not before;
The danger past, both are alike requited:
God is forgotten, and the Doctor slighted!'

* The development of a tariff of fees which shall be acknowledged by the profession as compensative, and, by the public, as reasonable, must, it is to be feared, be regarded as utopian, so long as the medical and surgical professions hesitate to found their claim to remuneration upon the value of their time and skill, and persist in the objectionable system of 'drug payment'.

It may also be well briefly to allude to the professionally inherent but injudicious system of *deferred* settlements of account, with its natural sequel—a chronic state of indebtedness of patients—which not infrequently lead to a disruption of friendly feeling, and a loss of practice; nor should it be forgotten, moreover, that many who would willingly pay a semi-annual, or a yearly bill, are oft unable to discharge an accumulated one of two or more years.

3. Should a patient question the accuracy of a 'non-itemed' bill, his right to be furnished with a statement as to the number and dates of visits, and the special services charged for, should at once be conceded, and reference to the respective items in the ledger permitted—or, better still, suggested: but the service being acknowledged, no abatement (especially under such circumstances,) should be assented to on any plea other than absolute inability to meet it in consequence of poverty, or for a like sufficient reason.

[That a man should entrust the lives of himself and family to the care of a medical practitioner with entire confidence, and yet deem him capable of making an unjust charge for the anxious and grave responsibility entailed upon him in the discharge of his onerous duty is one of the curious anomalies and inconsistencies existent in the several grades of life, and which it behoves the profession to courteously but firmly resent. Such patients, indeed, are best erased from the practitioner's visiting list.]

CHAP. III.—ON THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

SECT. I.—THE DUTIES OF PRACTITIONERS TO THE PUBLIC.

1. It is the duty of the faculty, as good citizens, to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ready to advise the public on subjects specially appertaining to their profession—such as public hygiene, legal medicine, and medical police. It is their province to enlighten the public in reference to quarantine regulations; the location, arrangement and dietaries of hospitals, asylums, schools, prisons, and like institutions; also in regard to the medical police of

towns,—as drainage, water-supply, ventilation, and sanitation generally; and in respect to measures for the prevention and mitigation of epidemic and contagious diseases; and, when pestilence prevails, it is their duty to face the danger, and to continue their labours for the alleviation of the suffering, even at the risk of their own lives.

2. Medical men should also be ready, when called on by the legally constituted authorities, to enlighten courts of inquisition and justice on matters strictly medical—such as involve questions of sanity, legitimacy, murder by poisons or other violent means, and the various other subjects embraced in the science of Medical Jurisprudence. But in such cases, and especially those in which a critical *post mortem* or other scientific examination is necessary, it is only right and just, in consideration of the time, labour, and skill required, and the responsibility and risk they incur, that a fitting honorarium (other than the inadequate fee so often tendered, under the plea of legal restriction,) should be awarded for the skilled service. [In certain cases, in which the required evidence is not compulsory on the practitioner, it may at times be prudent on his part to stipulate (as is the rule with ‘Counsel’,) for an adequate and specified fee.]

3. In giving evidence on any medical question before a Court of Law, or other tribunal of society—whether in criminal or civil matters,—the faculty should act with thoughtful care and rigid impartiality:—

A.—In ‘Criminal Cases’—lest their testimony should tend either to prejudice the cause of an innocent person, or lead to a failure of justice.

B.—In ‘Civil Causes’—as in suits for compensation after railway, or other accidents,—that they may not by partial or partisan evidence unintentionally mislead the Court.

With the view to avoid the lamentable differences of opinion which, proclaimed in open court, have undoubtedly brought discredit upon medical evidence in general, and scandal on the profession at large,—it cannot be too forcibly impressed upon the faculty, that, in all such cases, *bonâ-fide*, honest consultations should be freely held between the professional witnesses of the respective litigants; that differences of opinion should be courteously advanced, and carefully weighed and argued; that each

with the other should be frankly ingenuous, and unreservedly open—or in other words, that concealment or mental reservation, in any form, either of facts or opinions, should be scrupulously avoided; and, on the principle that *truth* and *justice* are the sole objects sought by the medical witnesses on either side, all feeling of the advocate or partisan should be thoughtfully eliminated and shunned:—in fine, the skilled witness should never allow his personal feelings to overcome his sense of justice.

4. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical. Duty to self, however, renders it necessary to impose a limit to such devotement. Poverty, professional brotherhood, and certain of the public duties referred to in the first paragraph of this section, should always be recognised as presenting claims for gratuitous services; but no such privilege can be conceded to Government or State Services, or to institutions endowed by public or private benevolence, or to societies for mutual benefit, or to any profession, guild, or trade, or other 'bread-winning' occupation; nor can medical men be expected to furnish certificates of inability to serve on juries, perform militia or other public duties, or to testify to the state of health of patients desirous to insure their lives, obtain pensions, or the like, without a fee: *but to individuals in indigent circumstances, such professional services should always be freely and cheerfully accorded.*

5. It is likewise the duty of medical men—who so often become professionally or otherwise cognizant of the malpractices and malversation of charlatans, (many of whose victims, from very shame, remain silent on the subject of their sufferings,) and of the great injury to health, and loss of life even, caused by the baneful use of quack medicines,—to enlighten the public on the subject, and to judiciously expose the artful devices and unscrupulous pretensions of the charlatanic medical impostor. Practitioners should, moreover, in the interest of the public welfare, exert all their influence to induce chemists, and others, to discountenance the sale and use of empirical or secret remedies, and deter them from being in any way engaged in their manufacture: indeed, so long as they act as the common venders of quack nostrums, and persist in illegal 'counter practice,' to the detriment of the public and the faculty, it may safely be

affirmed that, as a rule, the body of general practitioners will not have recourse to the chemists as their 'dispensers-in-ordinary', but continue the present convenient though improvable system of 'home dispensing'.

SECT. II.—THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

1. The benefits accruing to the public, directly or indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that medical men are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical and surgical qualifications; to make a proper distinction between true science and the assumptions of ignorance and empiricism; to afford every encouragement and facility for the acquisition of practical instruction—and not to allow the statute-books to exhibit the anomaly of exacting, purely in the interest of the people, skilled knowledge from the profession under a liability of heavy penalties, and at the same time deter them, by penal enactment, from resorting (except under stringent and unnecessary restrictions—insulting to a proverbially humane profession,) to one of the most effective means of advancing medical science:—viz. carefully conducted experiments on living animals—vivisection, so-called—to the scientific practice of which, the present state of medical knowledge, and the advance it has made during the last half century, are, in a great degree, undoubtedly due. If, in absurd deference to the denunciatory and unreasonable clamour of a small, morbid section of society, the scientific use of vivisection were prohibited, the progress not merely of theoretic physiology, but of practical medicine would be greatly retarded, and a serious loss entailed on suffering humanity.

SECT. III.—THE USE OF AND PROPERTY IN PRESCRIPTIONS.

1. The common assumption that a physician, or other practitioner, in writing a prescription, loses all right of property therein, and that the pharmacist or chemist, who compounds and copies it, acquires a title to use it as he pleases, and the patient the right of perpetually disposing of it, is one so wrong

in principle that it demands from the profession greater attention than it has hitherto received. It may, therefore, be well to state that a prescription is neither more nor less than a written order, or direction, to the pharmacist to furnish or compound medicines for the use of the patient, and undoubtedly remains the property of the author; and neither the patient, nor the pharmacist has any right to use it, excepting for the case and purpose specified:—for although, as Professor Ordonaux has justly remarked, “the party paying for the prescription has an indisputable right to the *personal use* of the formula, he acquires thereby no absolute property in it. That he may use it personally, as often as he pleases, cannot be doubted—for the use is precisely what he purchased: *but he has no right to give it to others.*” The respective rights in a prescription, therefore, may be thus briefly defined:—that the physician, as the author, has a literary property in the composition of the formula, and the right to dispose of the use of it to a patient without invalidating his title to the original ownership; that the pharmacist by compounding the same acquires no claim whatever thereto, other than as a record, or justification for dispensing it—in fine, his right is simply that of a custodian; whilst that of the patient pertains only to its individual use—and a contrary practice is neither honourable nor honest.

CHAP. IV.—‘MEDICAL’ ETIQUETTE, OR THE RULE OF THE PROFESSION ON COMMENCING PRACTICE, ETC.

Chap. IV.

1. In the absence of any published rule, or collegiate instruction, on such and kindred matters, it is not to be wondered at that young practitioners should be so generally ignorant of the ‘unwritten’ custom or etiquette (diverse as it is from that pursued in ordinary social life, in relation to new residents,) expected from members of the profession on commencing or changing the locality of practice, in town or country,—and which entails on each new-comer, young or old, an obligation to call, with as little delay as may be, upon every duly qualified, legitimate medical practitioner resident within a reasonable distance of his own selected place of abode, and courteously announce his intention to practise in the locality.

2. In towns of not exceeding 35,000 inhabitants, and containing some thirty, more or less, medical men, a preliminary visit of courtesy should be paid to each several practitioner; but in those in which the preceding numbers are much exceeded, the call or visit may very fairly be limited to such practitioners as live within a radius of (say) half a mile, or less, according to the nature and population of the locality; while in London and other large and densely populated cities, the area of call must necessarily be very circumscribed, and, in a great measure left to the judgment and discretion of the intending practitioner himself, or of a local professional friend. As a safe and simple guide, however, in either or any case, the extreme area of call for such initiatory visits may, perhaps, be sufficiently defined by a circle, comprising within its space some thirty practising members of the faculty.

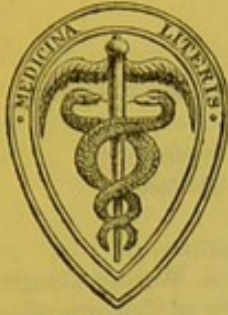
N.B.—It may be prudent to note, *en passant*, that practitioners in the position of 'assistants' are, as such, exempt from making and receiving the call—and, in either case, it should be omitted.

3. In rural districts, it will be well to extend the radius of call to four miles, or more, according to local circumstances, and the prospect of friendly, social intercourse with the neighbouring practitioners—and which, in the interest of self, the profession, and the public, 'tis scarcely necessary to add, cannot be too carefully cultivated by the faculty at large!

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