

**Medical ethics : a discourse delivered in the theatre of the Meath Hospital,  
November 1, 1869 / by William Stokes.**

**Contributors**

Stokes, William, 1804-1878.  
Paget, James, Sir, 1814-1899  
Royal College of Surgeons of England

**Publication/Creation**

Dublin : McGlashan and Gill, 1869.

**Persistent URL**

<https://wellcomecollection.org/works/kj3ppgxn>

**Provider**

Royal College of Surgeons

**License and attribution**

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>





Digitized by the Internet Archive  
in 2015

<https://archive.org/details/b22272112>

245  
*MEDICAL ETHICS.*

23  
*A DISCOURSE*

DELIVERED IN THE

THEATRE OF THE MEATH HOSPITAL,

NOVEMBER 1, 1869.

BY

WILLIAM STOKES, M.D., D.C.L. OXON.,

PHYSICIAN IN ORDINARY TO THE QUEEN IN IRELAND ;

REGIUS PROFESSOR OF PHYSIC IN THE UNIVERSITY OF DUBLIN.



DUBLIN :

M<sup>c</sup>GLASHAN AND GILL, 50, UPPER SACKVILLE-STREET.

1869.

James Paget Esq RCH  
with the author's respectful  
compliments

Dublin Dec 10 1869

DUBLIN:

Printed at the University Press,

BY M. H. GILL.



## MEDICAL ETHICS,

&c. &c.

---

GENTLEMEN,—May I ask of you, on this our first occasion of meeting, to refrain from expressions of approbation of, or dissent from, anything I may say in this discourse? Remember that we are assembled in an Hospital, the house of the sick, and that everything which might disturb the repose of the inmates should be religiously avoided.

In discourses of this kind, the speaker may often be led directly or indirectly to give undue prominence to such parts of our coercive curricula as he himself professes, and subjects such as those of anatomy, chemistry, and physiology may be too highly exalted as the A B C of Medicine.

These things are not the A B C of Medicine. We may know them all, and yet be unfit to treat the most common case of disease. I am not going to tread the beaten ground of Medical education; but I take this opportunity of saying that, as Medicine deals with life, the amount of light thrown upon it by the study of that which has no life has been hitherto very small. Do not misunderstand me as undervaluing the studies in ques-



tion. But I wish to show you that, at least as far as Medicine is concerned, they are subsidiary to a higher study.

The end of all is Professional fitness, and in regard to this there is an influence greatly overlooked by our makers of systems of education. It is that of the practice of Medicine itself, under necessity. There are men who in their student days have been idle, neglectful of opportunity, deaf to advice, yet who manage somehow to get through a so-called test examination, and who, with the growth of a more sober judgment, and under the silent influence of experience, become good and useful Physicians and Surgeons.

To such men the power comes late, but it often does come. They learn every year things that are in no curricula, subjects more important than any they have been examined in—charity, self-abnegation, courage, caution, reflection, patience, modesty—all the while their minds tinctured with a poignant regret for the time they have wasted, when they remembered not their Creator in the days of their youth. Their manners may be rugged, their extra-professional learning scanty, but they may become, notwithstanding their early habits, if not accomplished, at least conscientious, and often successful practitioners. And in the fight with disease and death they are given that instinctive perception and skill which is the highest qualification of the Physician or the Surgeon, and is to be acquired only by long intimacy with "the ways of the sick," and that under necessity. God forbid that I should counsel you to follow their example in your early days ; but I mention this as a matter which should be more



weighed than it has been by the framers of coercive systems of education, and more especially, of examination.

One word as to the duty of teachers, and this applies to those of other sciences as well as Medicine. It is not to convey all the facts of a subject to their hearers, but it is by precept and example to teach them how to teach and to guide themselves. If they succeed in this, they have done their duty in the largest sense of the word.

In speaking of Professional fitness there is a subject which lies outside the formulised systems of education, and which deals with our conduct to society, to medicine as a science, to our profession as a calling, and to our brethren in practice as fellow-workers.

The question of Medical ethics has not received the attention it deserves as a matter of instruction. We are compelled to devote ourselves to a host of subjects, among which the crowning one is but a unit ; but who among us has been asked to think on those principles which make our Profession a calling for the gentleman and the Christian?

From what professorial chair has such teaching emanated? We have the lectures of Gaubius "*De Regimine Mentis quod Medicorum est Habitus*," published at Leyden more than a century ago, which relate principally to doctrine ; and those by Gregory on the "*Duties and Qualifications of a Physician*," published in 1788, dealing principally with the circumstances which retard Medicine as a science, though there is also much of value in regard to the manners and conduct of a physician. We have, further, smaller works, such as those of Percival in 1792, of Petit of Lyons, and of Hooker,



which refer mainly to what has been called Medical etiquette, a term commonly misunderstood by the public. It may be said of all these books that they are insufficient and rarely read.

Among the contributors to the subject in these countries the place of honour is to be given to Dr. Laycock, the learned Professor of Medicine in the University of Edinburgh. This essay, which appeared in the British and Foreign Medico-Chirurgical Review in 1848, was reprinted at York in 1855 for private circulation, and is full of important matter. It breathes a noble spirit, and is an ornament to our medical literature. Professor Laycock quotes largely from the lectures of Fichte, which were announced on the roll by the Erlangen professor under the title of *De Moribus Eruditorum*, and after the discussion of the metaphysical aspects of medical ethics, Dr. Laycock deals with their relations to our future state, to the purification of the human mind, to hygiene, the criminal law, charity, self-government and education.

Here are some passages from Dr. Laycock's work worthy of all remembrance and honour :—

“ Leaving, now, the principles of ethics already stated to be applied by our readers to individual conduct, and to be used as the test and touchstone of such acts as we have alluded to in the preceding pages, we take up the question of professional education in relation to ethics, with the view of offering a few suggestions in regard to it. Considering the wide scope of medical studies and their intimate relation to mental philosophy, we do not, we think, claim more for them than we ought to claim, in designating them as containing the elements, at least, of that learned culture which leads men ‘to the attain-



able portion of the Divine Idea.' . . . . On looking through the evidence given by distinguished individuals in the metropolis before the Parliamentary Committee on Medical Registration, that is to say, by the Presidents and examiners of the Royal Colleges of Physicians and Surgeons of London, we find no reference whatever made to ethics as a part of the learned culture of the students: we do not find the sentiment once expressed, that the pursuits of the student should be directed towards the attainment of higher objects than the successful and lucrative performance of mere professional duties; we find, not merely no reference to the nature of the scholar, but no reference whatever to those moral duties which are taught in the fundamental doctrines of our common Christianity. We fear that a higher tribunal than ours would say of such leaders of professional culture, it is the blind leading the blind. . . . .

"Surely, it is time that medical ethics took a higher position than this! Surely, there should be in each school, if not a chair of ethics, the means, at least, of a moral culture afforded. We think men competent to the task of teaching it would be rare; so few estimate rightly the importance of the nexus between religion and science; so few have the force of intellect that could seize the vast extent of the two branches of human knowledge, and weld them into a compact and efficient form. But who knows? Some medical Fichte may arise and glad the ears and hearts of listening thousands; some bravely and eloquently wise man may appear in the field of medical culture, and head the crowd of young and enthusiastic aspirants to moral glory; and so with them,



both the first and second part of the inscription on Fichte's funeral obelisk will be fulfilled :

'THE TEACHERS SHALL SHINE  
AS THE BRIGHTNESS OF THE FIRMAMENT;  
AND THEY THAT TURN MANY TO RIGHTEOUSNESS  
AS THE STARS FOR EVER AND EVER.' "

Medical ethics differ in no respect from ethics in general, and the term expresses only the application of ethical principles, or the laws of opinion as to right or wrong, to a particular set of circumstances. Locke, in his "Essay on the Understanding," indicates the three kinds of law to which human actions are referred in judging of their rectitude or obliquity—the Divine law, the civil law, and the law of opinion, or, as he calls it, of reputation; and he adds, "By the relation they bear to the first of them men judge whether their actions are sins or duties; by the second whether they be criminal or innocent; and by the third whether they be virtues or vices." He shows that everywhere vice and blame, virtue and praise, go together, and are so united that they are often called by the same name. Thus Cicero says, "*Nihil habet natura præstantius quam honestatem, quam laudem, quam dignitatem, quam decus.*" After all, these laws of professional conduct are but the laws of morality, honour, and courtesy, and in many men of well-attuned minds there is little danger that they will be wilfully departed from.

Medical ethics form a subject of great extent as regards their relations to all human interests here and hereafter, to say little of their application to the conduct of ourselves, one to the other. And it must be admitted



that such is the multiplicity and complicity of the circumstances to which, even in our daily professional work, the ethical laws are to be applied, that cases arise in which the settlement of the right course to pursue as regards our patients and our brethren, may be a matter of real difficulty. However, though we may err, yet if our intention be pure we may rest content.

But our Profession is a large one, and composed of men of varied moral and intellectual qualities, of different ranks of life and degrees of education, and all may not follow the strait way. Therefore, it is right that by its members, while they are in their youth, these things should be thought of, and let us hope that a part of the seed will fall into good ground, and bring forth some thirty, some sixty, and some a hundred fold.

Our duties, which imply the application of these principles, are many and varied. The practice of such in our younger days prepares us for our more mature years, just as that of virtue and religion in this life, prepares us for that which is to come. It is well remarked that habits, whether belonging to the body or to the mind, seem to be produced by repeated acts, whether they be good or bad. As habits, such as those of envy or revenge, become part of our nature by indulgence, so, on the other hand, those of charity and justice, of self-government and honour, are acquired by exercise. "Thus," a great writer says, "by accustoming ourselves to any course of action we get an aptness to go on, a facility, readiness, and often pleasure in it. The inclinations which rendered us averse to it grow weaker; the difficulties in it, not only the imaginary, but the real ones, lessen. The reasons



for it offer themselves, of course, to our thoughts on all occasions, and the least glimpse of them is sufficient to make us go on in a course of action to which we have been accustomed, and practical principles appear to grow stronger, absolutely in themselves by exercise, as well as relatively with regard to contrary principles, which, by being accustomed to submit, do so habitually and of course."

Therefore, looking forward to your mature life, its duties, and its trials, begin early to train yourselves, and be sure that these things, and these habits, are above all else necessary.

As to the relations of the Profession to society, it has been too much the habit among us to find fault with Government and with the public, and there is a large class who seek to remedy the evil by complaints of injustice, and by attempts at class legislation, which some call Medical politics. All this is a mistake; the Legislature will pass no law to serve the interests of a class, unless it can be shown that the public will be gainers thereby. These evils, admitting them to exist, will not be remedied until, on the one hand, the public mind is better educated, and on the other, the Profession becomes wholly a profession, getting rid of the principle of trade—its members learning to be just and generous one to another, "learning what manner of men they are, where they are going, and what is best to do under the circumstances." And it is not until these things are learned that any change for the better can be expected. Meanwhile, the existence of such evils should rather stimulate us to the faith-



ful discharge of our social duties, and I beseech of you to lay this to your hearts.

A recent writer, after speaking of our advance in scientific power since the apostolic times, says :—" Christ commanded his first followers to heal the sick, and give alms ; but he commands the Christians of this age, if we may use the expression, to investigate the causes of all physical evil, to master the science of health, to consider the question of education with a view to health, the question of labour with a view to health, the question of trade with a view to health, and, while all these investigations are made with free expense of energy, and time, and means, to work out the re-arrangement of human life in accordance with the results they give."

These are your duties to society ; you must be as soldiers in a field of battle—you must do good for God's sake, whether it be to the rich or to the poor, and not measure your needful exertions by the amount of any earthly reward. You must bear with fortitude the slights that public ignorance may put upon you, and ever seek to be in the vanguard of social progress. And you must labour to remain uninfluenced by pride, passion, or self-seeking, or by any narrow sectarian feeling which would divide you from your fellow-men of any denomination. This precept is of general application ; yet, if there be a country in the world where it more requires to be followed than another, it is our own loved and still divided Ireland.

Now, as to our duties to our Profession as a science and a calling, little weight is to be placed on collective movements for the declaration of grievances,—for demanding protective laws,—for the making of tariffs, or



agitations for the phantasm of uniformity of education, or for establishing the minimum of knowledge necessary to obtain a license to practise on our fellow-creatures. Not thus is our Profession to be advanced in public estimation, and therefore dignity, but it is by each one of us resolving that during his life he will hold the honour of Medicine as a precious jewel intrusted to his safe and personal keeping, and that to preserve that honour clear, and to advance it, is his inviolable duty. It is not to every man that the power, or the knowledge, or the opportunity is given of advancing medicine in a scientific direction ; but there are none of us who cannot assist in promoting that which is of higher value, the public estimation of his calling. Any one can indicate a duty—it is not all that, even from their nature, can perform it ; but if all did so act, the cumulative effect would be immeasurable.

When speaking of practices which are the result of the want of consideration of the nature and character of our calling, Professor Smith, in his address to the British Medical Association, during its memorable visit to Dublin—an address, which to have heard was the marking of an era in our lives—in speaking of the fathers of Surgery in Great Britain and Ireland, and on the Continent, said :—“ Independent of the valuable information their writings contain, the works of the authors of the past generation further repay the reader by the correctness of their style, by the terseness and succinctness, and, at the same time, the fulness and clearness of their descriptions. There is no inflated language, no giving to self an undue prominence, no magnifying of trifles, no appropriation of merit that might not be justly claimed.



They wrote with a pure object, the advancement of science and the benefit of mankind. There is still another important feature of these works : they are the result of large and long experience. There was no hurrying into print with some ephemeral production ; no rushing into authorship in the hope that experience would follow ; no premature publication of cases that had not terminated, of operations whose final result was not known."

To use the words of Dr. Acland, " No truer guide to the temper in which Medicine should be followed could be found than what then fell from the lips of the eloquent Professor of Surgery." If young men were to ponder on these words, how much discredit would our Profession escape from.

The abuse of statistics to confirm particular views would cease ; the climbing into notoriety by the alleged power of this or that remedy would become more rare ; the extreme difficulty of settling the real value of any therapeutical agent would be admitted ; dogmatism would become unknown, and jealousies disappear.

A feature of some schools of the present day is irreverence. I do not mean in a religious sense, but as regards the respect due to our noble band of predecessors. The disciples of some vain men affect to despise the past without knowing the past. How few of them know anything of the old Egyptian medicine ? Which of them has read Hippocrates ? Which of the so-called anatomical school has studied Bonetus or Morgagni ? To confine ourselves to Medicine, how few have read John Peter Frank, or Sydenham, Haygarth, or Gregory. I will not enlarge on this topic, but only



exhort you to cultivate the modesty of science, and to remember that among our predecessors there were many great Physicians and Surgeons—great because they were good observers. This contempt for them, or this ignorance of them, is among the saddest things relating to Medicine that I know. Even great men of the last generation are virtually declared to have been either bad observers or dishonest men. “O shame, where is thy blush !”

It is in the nature of things that although the path to eminence is open to all, it is not successfully trodden by all. Swift has said that “in every crowd there is room, over their heads.” Now, there are two ways to distinction—one the wrong way, the other the right one, even though the former may lead to a kind of success. Men climb into eminence, and men float into it ; the first class are ambitious men, selfish, often unscrupulous in the attainment of their object. They are false or true, as may serve their turn, and Medicine is their means, and not, as she should be, their mistress, loved, worshipped, and served for her own sake.

Yet the history of the Profession shows that it is not from this class that the higher ranks in Medicine and Surgery have been recruited. Who will deny that the fathers of British, and Irish, and Continental, and American medicine and surgery were, in a scientific sense, morally worthy of their place ?

Strive to imitate them, for they rose not by climbing, but by floating. Buoyed up by their zeal, their love of science, their earnest, untiring, disinterested labour in her cause, they became relatively superior to their fellows, until, by the voices of their brethren and of the world,



they found themselves in positions to which they never dreamt of attaining.

And this leads me to speak of one fruitful source of unhappiness and of discredit to the character of Medicine. I allude to the practice of controversy in general, but especially as to priority in observation or discovery. It is proper that merit should have its due, but the assertion of our right to that merit should rarely come from ourselves. It is given to few to make what may be called a master-discovery, such as that of a new world, of the law of gravity, of a new planet, the laws of light, the spectral analysis, or the preventive powers of vaccination. But, in smaller matters, discovery as such is an easy, almost a necessary, result of investigation. All physical and natural sciences advance by discoveries, one leading to another, and if we do make any new observation, if we are permitted to add another stone to the building up of the temple of science, it should satisfy us to be the means of laying it, without demanding that our poor names be engraved upon it. The combatants in discussions of this kind excite no public interest beyond that which used to be attached to the gladiator in the arena, or the boxers in the ring, and men look on them with much of the same feeling.

When so many minds are occupied at the same time in similar researches, it becomes more probable that the discovery of A. has been made simultaneously with that of B., than that B. has appropriated the work of A. to himself. If the interest of science were subserved by these disputes, something might be said for them. In such angry controversies by insignificant men there is often



betrayed a want of knowledge of the Medical literature of the past, which might have shown that the discovery was made long before. Where this is not the case, where ignorance cannot be pleaded as their excuse, they may then be described as the mere camp followers of science, who live by plundering the dead.

The circumstances which not seldom attend on the giving of Medical evidence in court are often a source of discredit. I do not speak of diversity of opinion, for though the adage of "Doctors differ" becomes every day less and less applicable, yet good and even learned men may occasionally take opposite views of any question. But still the giving of Medical evidence often lowers our Profession in the eye of the public, and, still worse, in that of the Judge.

Two causes contribute to this result—one, that the witness permits himself to become more or less a partisan; the other, that with imperfect knowledge, he volunteers and defends opinion.

In the Report of the State Medicine Committee of the General Medical Council, which was brought up this year, there are the answers to queries on this subject from many eminent authorities.

I shall read extracts from letters by the present Lord Chancellor of England and the Lord Chief Justice, Sir William Bovill, and others, in answer to the following queries :—

"What are the deficiencies you have observed in Medical witnesses?"

"How would you propose to remedy them? by what education, legal and scientific?"

The Lord Chancellor, after objecting to the use of



technical phrases in Medical evidence, and distinguishing as to the evidence of facts and of opinion, says (*see* Report, page ii.) :—

“A much more serious defect is common to all scientific witnesses, engineers, surveyors, barristers (who are sometimes witnesses as to Scotch or other foreign law), no less than Medical men, and this defect is one arising from our system of evidence.

“A witness to facts knows that it would be base beyond measure to bend his evidence so as to suit the case of him in whose behalf he is called, and that his only duty is to state plainly, without colour or fencing, what he knows as a fact.

“But the witness who speaks to opinion is selected by the litigant, after communicating with many, perhaps, of the same profession as the witness, and when so selected is expected to express a particular opinion. He honestly entertains it, I doubt not, when first selected, but then it is like the case of a counsel's opinion; the counsel gives his opinion on the statement of facts submitted to him; perhaps after hearing the other side he would find the case wholly altered, and would say so. But the scientific witness called into court by a plaintiff is generally expected by plaintiff to support his case in cross-examination, when many views may be suggested that may really modify the witness's judgment, and even after facts may have been proved that ought to modify it; and the witness too frequently acts in this manner.

“But every witness should eschew altogether the notion of partisanship. He should be ready frankly and unreservedly to give his opinion, regardless of how it



may tell. He is there not as an advocate, but in order to inform the court or jury according to his best judgment.

“In fact, I think the Judge ought to call in scientific evidence (as in lunacy the Lord Chancellor and Lords Justices do) of his own selection, and I doubt whether any evidence of opinion on oath should ever be given. The jury would then see that it is opinion only; the witness would with more decorum defend his opinion, and would acquire the habit of believing himself to be, not a partisan, but an expert, rendering his assistance the greater.”

Sir William Bovill observes (*see* Report, page xii.):—

“With reference to the sixth printed question, I may mention that the great misfortune and defect in Medical testimony hitherto has been that Medical men, like many other professional witnesses, have been too much in the habit of making themselves partisans in endeavouring to support the particular views of the parties on whose behalf they have been called; and this has led to conflicts of opinion, which sometimes have appeared not very creditable to the Profession.

“The remedy rests with the individual members of the Profession.”

To the same effect Dr. Alfred Taylor remarks:—

“Medical men would rebel against the proposition that they should be excluded from giving evidence at inquests or assizes until they had qualified themselves to pass such an examination as is here sketched out. And yet what can be more absurd than our present practice of selecting the medical man who happens to live nearest to the body of a person found dead, under suspicious



circumstances, to give an opinion on a number of matters on which he had never previously thought, or on which he had had no previous experience?

“When a legal case of difficulty arises, a man does not select the nearest attorney for the purpose of removing it, or helping him through an action or indictment; but he takes the best man he can find—at any rate, a competent man, and one who has had experience in that particular department in which the question of difficulty arises.

“The truth is, the greater number of Medical Practitioners are disqualified from giving evidence in Medico-legal cases. They want experience, judgment, logical accuracy, forethought, and all those qualities necessary for a Medical witness in a court of law.” . . . .

“The deficiencies here referred to are all comprised in this plain statement:—‘The medical witness has not prepared himself for the examination and cross-examination he must undergo.’ He is not acquainted with the practice of courts of law—the rules which are followed in reference to the putting of questions, and the mode in which the answers should be given, in order to save the time of the court, and to place himself in a good position with the legal authorities. The common errors are—not answering the question directly, and giving answers to questions not then put, but which the witness thinks ought to be put. The medical evidence is thus confused, and that which should properly come at a later stage is mixed up with the answers to the first questions. Another point is, that the medical witness has not thoroughly examined all parts of the case for the prosecution and defence, on which his evidence will



certainly be required. He has omitted to take an adverse view to his own opinion, and criticise it as a clever barrister will criticise it in court. He has probably omitted to keep a record of dates, or preserve the identity of articles. Most of these deficiencies are remediable."

Mr. Simon excellently observes :—

"Such *deficiencies* have been chiefly of three sorts—sometimes imperfect information, sometimes imperfect argument, sometimes imperfect impartiality. So far as any such deficiencies seem imputable to our profession as a class, I am not prepared to say that any particular *education* (in the apparent meaning of the question) would be their remedy ; and so far as their occasional exhibition has been a merely personal fault, it is manifestly as impossible that the highest medical standards of knowledge, reasoning, and conscientiousness, should be illustrated on every separate occasion of testimony, as that they should be illustrated on every separate occasion of diagnosis or treatment. As regards the point of impartiality, I think it immeasurably to be desired, not exclusively as regards our profession, but as regards all skilled opinional evidence required in aid of justice and legislation, that the system of giving such evidence on one-sided retainers—a system which has even led to such evidence being publicly stigmatized as 'traffic testimony'—should, as far as practicable, be exchanged for some well-considered system of impartial reference. As regards deficiencies of information and reasoning, if we, as a class, are too open to the charge of being insufficiently critical in questions of proof, and insufficiently strict in distinguishing knowledge from infe-



rence, and probability, in its many degrees, from certainty, improvement in these respects is, I think, far less likely to result from regarding medical logic as a speciality, than from a generally stricter tone of logic, wherever conclusions are to be drawn in common physiological and medical teaching."

The last quotation I shall give is from the answer of Mr. Michael:—

"The great failures to be deplored in my experience in medical witnesses arise from the rarity of the occasions in which they are called on to appear in that capacity, and the want of cultivation of accurate habits of observation. From the first cause they lose their presence of mind; wanting the second, they are not thoroughly prepared to aid justice in detecting and punishing crime. . . . Witnesses too often fail because they have to speak, not from their own experience, but from knowledge got up for the occasion from text-books, and this is specially the case in the examination of stains and spots, whether of blood, or the like, and also in such cases as rape, where, perhaps the case under examination is the only one in their experience."

Now, what should be the proper course to follow? The Medical witness must go into court untinged by partisanship with the plaintiff, the defendant, or with himself. He is there to give his opinion, careless of how it may tell. When he is summoned, as often takes place, in consequence of his having given an opinion upon an *ex parte* statement, it is in human nature that he will seek to defend that opinion, even though facts, which he learns in court for the first time, be opposed to it. Therefore, to give an opinion on a one-sided



statement, and, in consequence, to be retained as a witness, is to be avoided; otherwise you run the risk of being doubly partisans—of the side which retains you, and again of yourselves.

And this is true, whether you go into court to support one side, to defend a previous opinion given on *ex parte* information, or, still worse, to act as adviser to the cross-examiner. I know of a medico-legal case, in which almost every question, in a lengthened cross-examination, was suggested, in a whisper, to the barrister by a retained expert.

But some will say, "Is not our knowledge our property, and may we not sell it, or hire it out as any other property?" It is true that knowledge may be styled property; but it is, as such, held on trust, and that trust, looking at its source, forbids its being used as an article of commerce without some restriction. It is to be employed for the establishment of truth, not for its suppression or mystification. In making use of anything that we are permitted to have, it is to be remembered that we hold it under a trust from a higher power, and the greater the value of the trust, the more careful should we be, that, in our hands, it be not desecrated or turned from its obvious intention.

Therefore it is that, when any professional man goes into court, except as a witness to fact, or when called on as to opinion, and for no other purpose whatsoever, all right-thinking men hold that he drags his gown through the mire.

A wider source of discredit is, that our brethren give evidence on questions of opinion of which it would be better that they should confess their ignorance.



In courts of justice it is too often held that, because a man happens to be a licensed practitioner, he is therefore competent to deal with Medico-legal questions, and great evils are the result. There is hardly a day on which I do not see evidence reported as to the cause of death at inquests which is behind the state of knowledge. One would think that to determine the cause of death was a very simple thing. Dissection reveals a disease or an injury; a sworn opinion is given that this accounts for the death, and the inquiry is at an end.

But the question remains whether, though the man died with the disease, he necessarily died of it. There are some diseases and conditions which are known to be incompatible with life, and the discovery of such would give a great probability that it was the cause of death; but such cases are exceptional. Life can exist with a vast amount of anatomical changes, both acute and chronic, and death occur without a perceptible lesion, as in many cases of essential disease and of poisoning. In the present state of knowledge, to determine the cause of death by dissection alone is often impossible, so that the belief that these inquiries may end as well in the concealment as the detection of crime is justifiable.

In how much better a position would the Medical witness stand who had the knowledge and the moral courage to say, "I cannot tell;" than he who swears to opinions on insufficient and unscientific grounds !

It is certain that the ordinary experience of practice does not qualify us to give an answer to a large number of questions of legal Medicine.

Hear what the representative man of Irish Medicine, Dr. Graves, says in addressing his class in



this Hospital :—" But you are told that you may be called on to decide questions of Medical jurisprudence which demand an accurate knowledge of chemistry; that you will be required to test poisons and detect them when accidentally or purposely mixed with food or drink. What should you do in such cases? Why, do not undertake any investigations of the kind; refuse to make them, refer them to those who are competent to the task. Where will you find a man engaged in the practice of Physic fully capable of deciding such questions? What practising Physician or Surgeon is competent to enter at once upon an investigation of this nature? I have lectured some three or four years on Medical jurisprudence, and have bestowed a good deal of attention on the subject, and yet, if called on to decide a case of poisoning, I would refuse, and say I was incompetent to the task. What, then, is to be done under such circumstances? This is a matter of deep importance to society. It is of the utmost consequence that the wretch who poisons should not escape, and that the innocent should not suffer. It therefore behoves the Government to employ and pay persons capable of deciding such questions. Then, and not till then, will the task be duly performed, and the decisions be such as the public can look up to with respect and confidence."

The subject of State medicine, which includes Forensic, Psychological, and Preventive medicine, medical topography, and vital and sanitary statistics, thanks to the long-continued and disinterested labours of one enlightened member of the Profession, Dr. Rumsey, now occupies a prominent place in the consideration of the Profession, the Medical Council, and the Government.



The Medical Council have appointed a State Medicine Committee under the presidency of Professor Acland, and a Royal Sanitary Commission has been formed, which has already taken a mass of evidence, especially on Preventive medicine and the registration of disease. It has been recommended by the Committee of the Council that in any amended Medical bill which may be prepared for Parliament it is desirable that the requisite permissive clauses for registering a qualification in State medicine be inserted in addition to any of the qualifications sanctioned by the Medical Act.

We may then confidently expect that ere long these great questions, the decision of which is so essential to the public, will be settled in accordance with the advance of knowledge.

We have touched on our duties to society and to our profession; let us now briefly speak of the duties to our patients. These duties, as relating to the treatment of the sick, are best learned in those monuments of Christian charity, our Hospitals and Dispensaries. Here I take leave to say that in the student's career, his clinical attendance and study should be begun at an early period of his courses. It is held that the student should learn his anatomy, his chemistry, and his *materia medica*, before he enters the wards; but will this teach him to know the living, which it is his business to know? Will this teach his hand, his eye, his ear? But more. Will it teach the look of a sick man, sympathy with the sick, charity to the sick, patience with the sick? Will it soften his heart by witnessing their sufferings, or rejoice it by feeling their gratitude? No; and yet these things are of more importance to the moulding of his character



and to his future usefulness than any knowledge of the accessory sciences, and he cannot begin to feel their blessed influence too soon.

We have heard much of the necessity of determining the minimum of knowledge that would justify the granting of a license, and the Medical Council has long been pressed to declare it. A most miserable function for a Council of Education to undertake. It is demanded that teachers should declare to what parts of Medical Science they will confine their teaching! Is the minimum of the moral qualities, so precious to all, to be determined also?

In relation to practice among the better classes, it may be said that, outside medical skill, one of the most essential qualities is that of secresy. As the rule, this has been long and well understood. Yet a few of our brethren, while observing strict honour in great things, have the habit of talking about their attendances. Nothing tends more to shake the confidence of the public than this, for it will be thought that if little things are talked about and made the tittle-tattle of a neighbourhood, greater matters will be so also. You will avoid this. Practise the bridling of the tongue, for not to your nearest and dearest should such things be revealed. The habit of talkativeness unfits men for the Profession, for, as has been well remarked, men cannot go on for ever talking of nothing, and will come to reveal things of greater importance.

But another example of talkativeness is to be noticed as a constitutional defect. It is that of *thinking aloud*. It happens every day that organic disease remains long silent—that is, either wholly latent, unprogressive, and



productive of slight, if any, symptoms. By accident it is discovered, and those who have this failing seem incapable of concealing it from the patient. The consequences are, that they destroy his peace of mind, and do their best to convert an indolent into an active disease. It commonly happens to the Consulting-Physician to be addressed in this way,—“Sir, I have an aneurism of the aorta—or patency of the mitral valve—or tubercular atrophy of my lung—Bright’s disease—or encephaloid of the left lobe of the liver.” I could give you terrible examples of the effects of such communications. A gentleman who had long occupied a high and laborious position consulted a physician for a passing cold. A minute examination of the chest was made, and the region of the heart over-carefully explored. The patient, at length, jocosely asked, “What do you hear there, doctor?” He was answered in these words, “I hear your death knell.” “What would you have me to do?” “Return home,” was the reply, “and set your house in order.” He obeyed; but the shock was too great for the strong man. A convulsive paroxysm of cardiac distress came on for the first time, and he died on his way to his loved wife and children.

There is a darker side to this picture. The declaration of the disease may proceed from the desire of showing a superior skill in diagnosis. This is bad enough so far as the patient is concerned, but when done in the absence of the regular attendant, it becomes one of the gravest breaches of Medical ethics.

One thing more as regards our patients. Do not hold that you have, so to speak, any property in them, or any right, real or implied, that you should be em-



ployed by them on a future occasion. Nor are you to look for what is called Medical gratitude, and you will be saved many a heart-burning. You may have brought your patient through a terrible illness, and exerted your best skill in the case ; but another occasion arises in his own person, or that of one of his family. If he by any circumstance is led to believe that by employing another the chances of cure will be increased by an infinitesimal degree, you may be discarded ; and you have no cause of complaint. It is unreasonable to expect that the smallest presumed chance of a favourable result should be given up for your sake, or in consideration of your former services. Preserve your own independence, be free from self-seeking, eschew servility, and the public will respect you the more. While you do your duty to your patients, hold them with a thread of silk, of cobweb.

In relation to society, no high-minded man will ever touch on the subject of his success in practice ; and I would counsel you, when the belief in quackery is spoken of in a mixed company, to remain silent.

If you say that it would be well for all that the alleged cures brought forward were real, you will be met by the assertion that they were so, for in all such cases the public use the *post hoc ergo propter hoc* argument without seeing its fallacy. If you condescend to discussion you are set down as an interested witness. You will do well to remember, in reference to this matter, that there is a condition of the mind in which the reception of the false is preferred to that of the true, and, while in this condition, it will not be convinced of its error though one should rise from the dead. With the progress of



education these things will cease to be ; but meanwhile you will consult the dignity of your Profession by abstaining from such discussions. And do not think too hardly of those outside the Profession who reject legitimate Medicine ; from Plato and Aristotle down we have examples of learned men becoming irrational when they have touched on Medicine without a knowledge of its foundation—"observation rendered fruitful by study."

In relation to our duties to our Profession, it is obviously right that in mixed society, as it is at present constituted, we refrain from originating the discussion of Medical topics. To be able to speak of nothing but what pertains to our calling is to give an unfavourable idea of the Profession to the public mind. And this is another reason for insisting on a large and liberal education in arts of our young men.

This outline—for it is but an outline of what our conduct should be—would be wanting did we not consider our duty to our brethren also. And here is the golden rule in all cases—first to consider the interest of our patient, next of our brother, and last of ourselves.

There is no Profession in which the motives, acts, and characters of its members can be more easily and, so far as concealment goes, more safely assailed. Therefore it behoves us all the more to be on the watch over ourselves, lest, even though unwittingly, we inflict a stab in the dark.

Professional honour is public safety ; and if the skill of a brother comes in question before any of you, seek not to rise on the ruins of his reputation. While you do what is right, watch that if an error has been



committed it be not exposed. This is another instance of the quality of secrecy and of the value of not thinking aloud. A little exercise of tact can effect all that is right to be done. I am making no charge against my Profession. On the contrary, I believe it, looking at its temptations, to be singularly pure and chivalrously honourable.

All men, even the best, may err in judgment ; but all men, also, are given a rule in conduct from on high—"Do ye unto others what ye would that they should do to you." As the source of happiness consists in living not for self but for others, so success, with a satisfied conscience, depends on your thinking more of your brother's interests than of your own.

If there be one class of Practitioners by whom more than another these precepts should be observed, it is that of metropolitan Physicians and Surgeons. Patients resort to them from all parts of the country, often without notice to their medical attendants, who may be hundreds of miles away. In these cases seek not to make property of such patients. Do not tell them they should have consulted you before. Do not invite them to correspond with you except through their attendant, and should you discover anything that has not been discovered, or should you see any reason for a change of treatment, write in the first instance your opinion to your country brother. This may be, and has been, sneeringly called Medical etiquette. It is but the conduct of a man, and the morality of Medicine.

The safety of the framework of Medical society depends on the adoption of these principles. Let us,



while we profess Christianity, try to follow its moral precepts.

But you yourselves may be injured. Bear it without murmur. Have no Professional quarrel, no matter what the offence may be. If a brother injures you, meet him as if nothing of the kind had happened, for when you are angry every man becomes your master, for you cease to be so yourselves. The Professional quarrel—of which vanity, attended as it often is by the want of self-respect, and by a too ready belief in what may be told us against our brethren, is a common cause—may be accompanied by a desire for, and often an indulgence in, revenge ; but though evil be done, we are not to render evil for evil. “ You may be forced into a dark tremendous sea of cloud. Bind God’s lamp to your breast, and you will emerge.”

A great authority says : “ What would be the consequence, malice or resentment towards any man hath plainly a tendency to beget the same passion in him who is the object of it, and this again increases it in the other. It is of the very nature of this vice to propagate itself.” Perseverance in the right course will make it easier, and while you preserve your own dignity to your enemy, you may at last convert him from being such into a fast and enduring friend.

“ Good my lord,” says Hamlet to Polonius, “ will you see the players well bestowed ?” Polonius answers—“ My lord, I will use them according to their desert.” Then comes the reproof—“ Odd’s bodikin man, better : Use every man after his desert, and who shall escape whipping ! Use them after your own honour and dignity : The less they deserve, the more merit is in your bounty.”



“Suppose,” says Bishop Butler again, “that you were under the apprehension of approaching death or the final judgment; that you were going to appear naked, and without disguise, before the Judge of all the earth, to give an account of your behaviour towards your fellow-creatures. Could anything raise more dreadful apprehensions of that judgment than the reflection that you had been implacable and without mercy to those who had offended you, without that forgiving spirit towards others, which, that it may be exercised towards yourself, is your only hope. A forgiving spirit is therefore absolutely necessary, as ever we hope for peace of mind in our dying moments, or for the Divine mercy on that day when we shall stand most in need of it.”

Gentlemen, I have done. No one in this theatre can be more convinced of the insufficiency of this discourse in relation to its subject than he who has addressed you. May you all long live to discharge the duties of your great and honourable Profession with success, and “in peace and good will to all.”

THE END.







