

The profession, the public, and the code : an address delivered by invitation before the Third General Meeting of the Pan-American Medical Congress, Washington, Sept. 7, 1893 / by Ernest Hart.

Contributors

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THE PROFESSION, THE PUBLIC, AND THE CODE.

AN ADDRESS

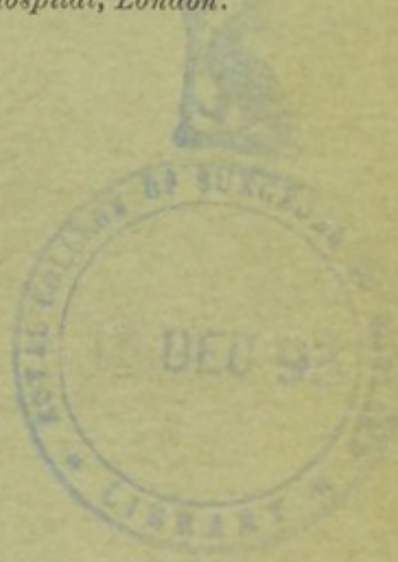
DELIVERED BY INVITATION BEFORE THE THIRD GENERAL
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GRESS, WASHINGTON, SEPT. 7, 1893.

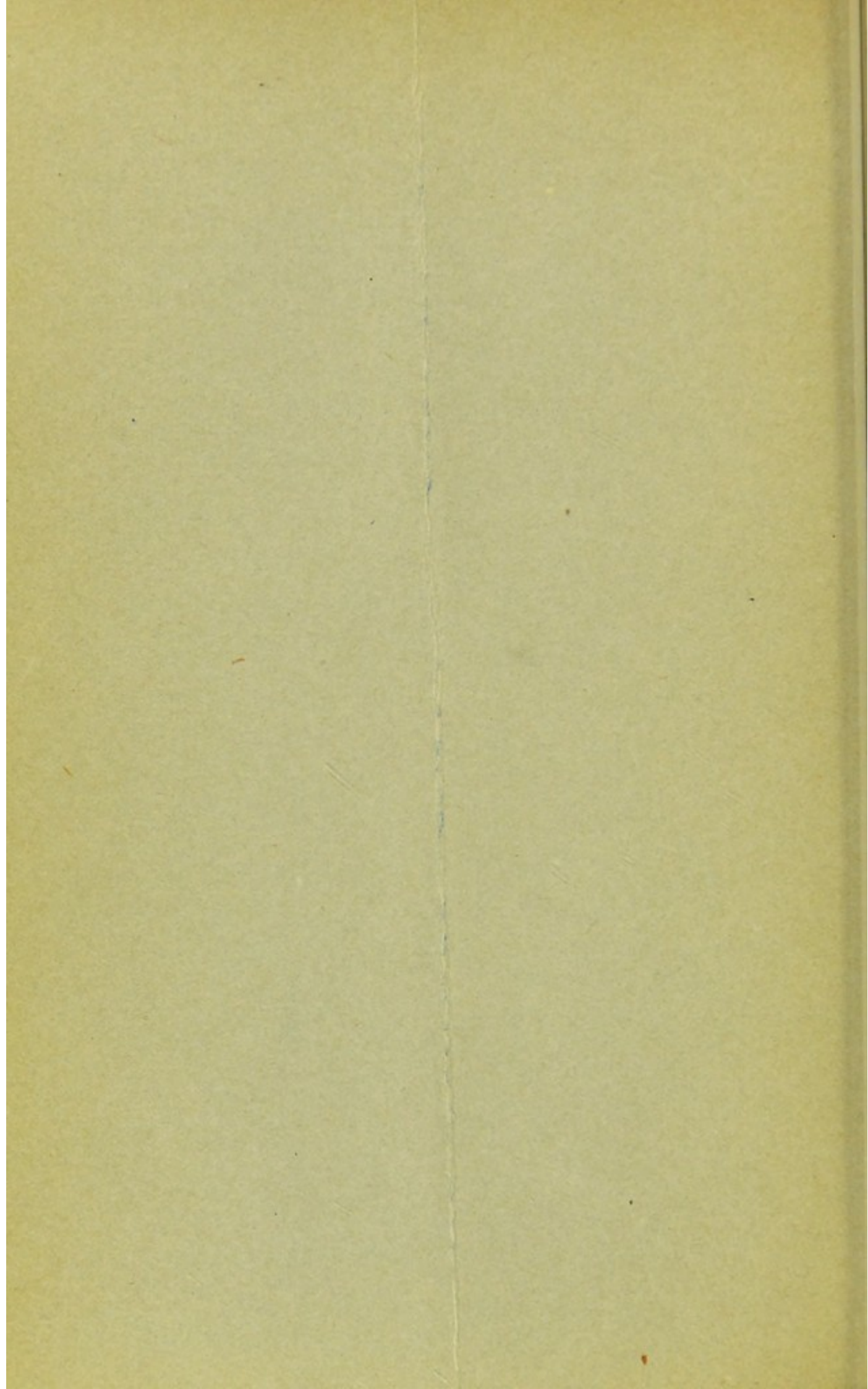
BY

ERNEST HART, D. C. L.,

*Hon. Causâ, Editor of the British Medical Journal, London; formerly
Dean and Ophthalmic Surgeon, St. Mary's Hospital, London.*

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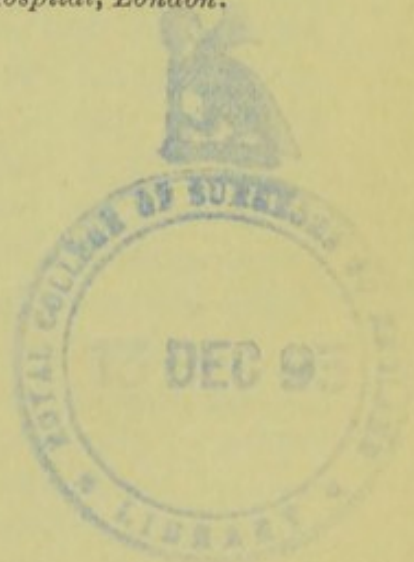
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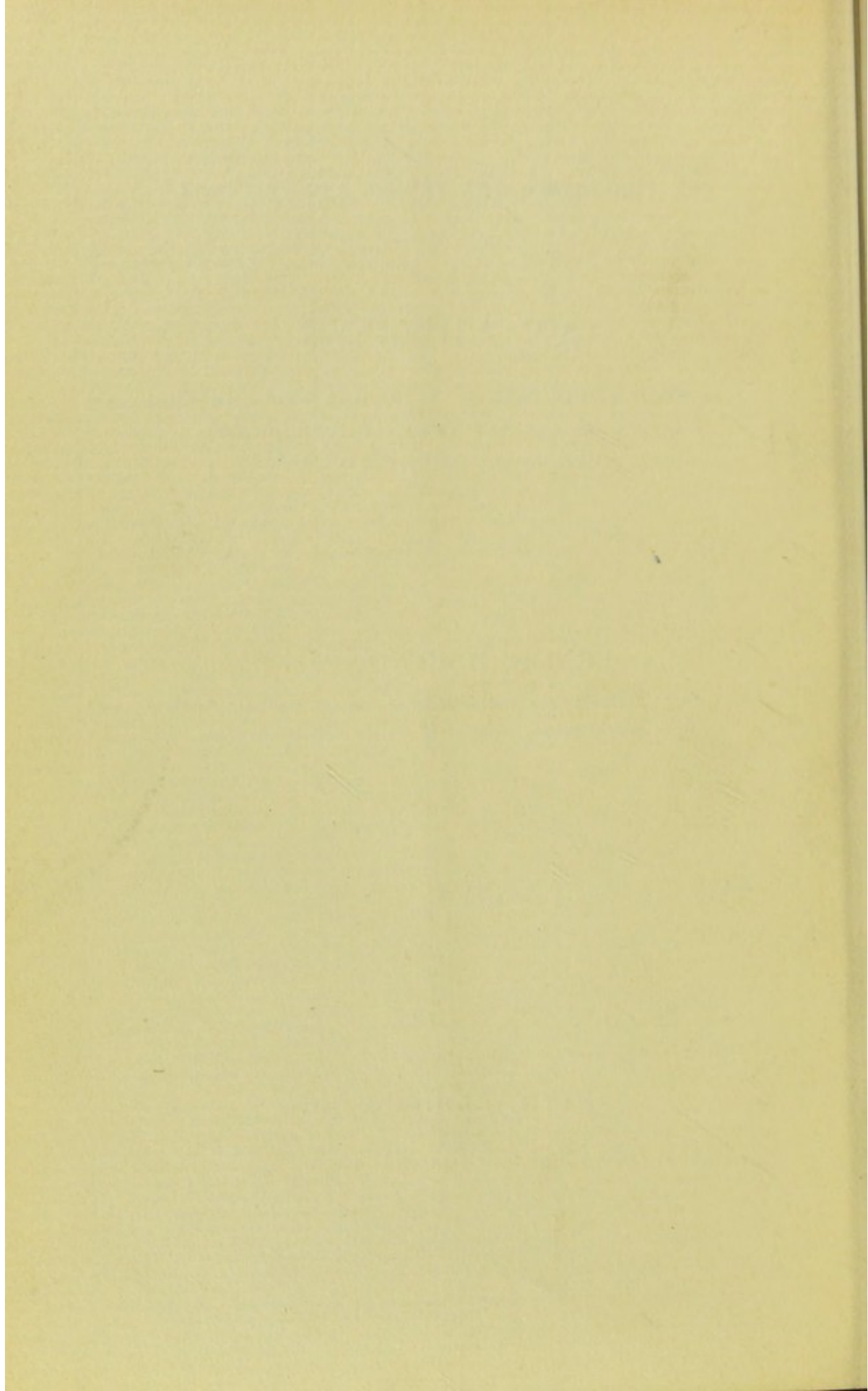
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(STENOGRAPHIC ABSTRACT.)

Sir Astley Cooper, one of the greatest surgeons and most accomplished gentlemen of the last generation, was in the habit of addressing every candidate for membership of the Royal College of Surgeons of England, of which he was president, somewhat in the following words: "Gentlemen, you are about to enter on a noble and difficult profession; your success in it depends on three things: first, on a good and thorough knowledge of your profession; second, on an industrious discharge of its duties, and third on the preservation of your moral character. Without the first,—knowledge,—no one can wish you to succeed; without the second,—industry,—you cannot succeed; and without the third, even if you do succeed, success can bring you no happiness." Those words might form a very adequate summary text for guidance of the conduct of all medical men. And it might conceivably be asked whether there is any necessity for a more detailed and elaborate code. Indeed, it practically has been asked, and there are large questions involved in the decision. On the other hand, it has, from time to time, lately, in our country been found necessary to reinforce and strengthen our code by additional declarations, and I think to some extent in yours; the need for a stringent upholding and development of the code has also become a question of the day. I think it is clear that if ever there were such necessity, at no time could it be stronger than at the present moment. For under the stress of the modern social development, under

pressure of the modern temptation for advertising and the severity of competition, in view of the arts of those who make advertisement a business and a profit; in presence of the temptations held out to draw medical men from the ancient paths of modesty and self-effacement, there is now stronger reason than ever to fortify ourselves against those growing and innumerable seductions by a code so exact, so far reaching, that the physician need never be in doubt as to what is his duty in any complication, or in the face of any doubtful case in which he may be inclined to give himself the benefit of the doubt.

But, first of all, I want to elaborate the view that our rules of medical etiquette stand upon a logical and strong basis, and that their strict enforcement is for the benefit of the public, at least as much, if not even more, than for the benefit of the profession. Medical etiquette has been sneered at by shallow cynicism as mere trades unionism. It is, on the contrary, a self denying code which is made in the interests of pure morality, and for the benefit of the public far more than for the interests of the profession. This allegation of trades unionism is the converse of that of inutility, which those who are prone to call themselves of the younger school allege; but not even the youngest of us, as you know, are infallible, and in this matter it is the youngest who are most likely to go wrong. They proclaim themselves liberals. Is it, however, in some cases, the liberalism of Gallio? Let us look at this matter from the largest and most liberal standpoint. Let us begin by comparing our code with the standards of the legal profession.

My distinguished friend, Sir Edward Clarke, lately the Solicitor General of England, in writing to me on the subject, recently said the essence of the matter might be summed up in a very few words: "Every lawyer ought to be a gentleman, and ought to do only what is right and honest; if he does not, other men ought to have nothing to

do with him." Notice that "if he does not, other men should have nothing to do with him." That position of the bar is strengthened by this, that the etiquette of the bar is absolutely in the hands of the bar circuits and attorney general, and that of the solicitors in the hands of the Incorporated Law Society; so that any solicitor who is guilty of an offence, whether as a lawyer or as a gentleman, can be, and from time to time is, not only temporarily suspended, but deprived of the right to practise at all. In a case tried last July in England, a solicitor in a certain town had been the proprietor of a house used for an immoral purpose, of which he received the rent. That was considered a stain upon his character as a gentleman, and for that he was suspended from the roll and excluded from practice. So that we have at least the example of the legal profession, who have a code even stricter than ours, in insisting upon a high standard of honorable conduct in the profession.

Legal etiquette prescribes certain technical acts which a lawyer must not do. An eminent American lawyer, whom I had the pleasure of meeting, mentioned to me, for example, that he may not conduct a "speculative suit"; that is, he may not conduct a suit in which his pay is to depend on the success of the suit, — a palpable restriction on his liberty. Liberty is a blessed word, but compulsion is, under certain circumstances, often a more blessed word. The reason for this rule is that if a lawyer undertakes such a suit he becomes personally and financially interested in the result, and may be tempted not to give the court all the aid which is his duty, or may in the end lose the relations of harmony and respect which are indispensable between the Court and the lawyers, who are officers of the Court and are bound to help Justice to duly balance its scale.

In the same way "champerty" is a legal offence. So, too, no respectable lawyer will give separate advice upon a

case which is already in the hands of a colleague. As between advocate and advocate, harmony, courtesy, and the forms of friendship must prevail; and at any time they must in the interest of the client be able to come together and to seize the earliest opportunity of avoiding litigation by compromise or mutual settlement, where it is possible and right. The etiquette of the bar is very strict, and is closely observed.

Legal etiquette, is like medical etiquette, a code of honor and of duty by which the public benefit; and those who depart from it or deride it, — “legal shysters” I think they are called in the United States, — are not, any more than medical quacks, those of whom their country or their profession have most reason to be proud.

I will pass at once to the consideration of our code of medical etiquette. I will ask you to consider whether you are of the opinion that it is safe or wise to cast aside the precedents of past experience and to substitute individual judgment for settled rules. If man were a purely abstract and perfectly moral intelligence, no doubt few words would suffice to legislate for his daily needs. Enough to say, “Do unto others as ye would they should do unto you.”

But medical men are not pure creatures of perfect and abstract morality any more than other men. They have, indeed, certain advantages from the outset. From the very beginning of their professional life it is impressed upon them, by their teachers, that their profession is *a mission and not a trade*; a mission involving frequent self-sacrifice and a steadfast regard for interests other than their own. In this, they are greatly helped by the force of precedent, by the example of those around them, and of the leaders whom they most respect. But even these are inadequate. Without the aid of the written as of the unwritten law, even the best of men are apt to decide *wrongly in their own favor*, on a doubtful question of ethics, and often in matters and cases where there

are settled instructions in the code which would guide them rightly.

Let me read to you a few of the rules of our College of Physicians, which command with us a universal adhesion and respect. I do so only as an example of the conclusions to which many years of observation of the impingement of the forces of modern life on professional duty have led some of our wisest heads. I will refer only to a few as follows :—

“No candidate shall be admitted to examination who refuses to make known, when so required by the President and censors, the nature and composition of any remedy he uses.”

“That the practice of medical authors frequently advertising their own works in the non-medical journals, and especially with the addition of laudatory extracts from reviews, is not only derogatory to the authors themselves, but is also injurious to the higher interests of the profession.”

Again, “No fellow, member, or licentiate of the college shall officiously, or under color of a benevolent purpose, offer medical aid to, or prescribe for, any patient whom he knows to be under the care of another doctor.”

A further rule prescribes that no physician shall himself assume any special designation of therapeutic method, such as homœopath, electropath, hydropath, or countenance those who do so.

Again, “A physician shall have no interest in a secret medicine, and that he shall always when called upon by the college disclose every part of the composition of his medicines.”

“If it shall at any time hereafter appear, or be made known to the president or censors that any Fellow or member of the college has obtained admission into the college or that any licentiate of the college has obtained the license of the college by fraud, false statement, or im-

position, or that any fellow, member or licentiate has been guilty of any great crime or public immorality, *or has acted in any respect in a dishonorable or unprofessional manner*, or has violated any statute, by-law, or regulation of the college, relating to fellows, members, or licentiates as the case may be, the president and censors may call the fellow, member, or licentiate so offending before them, and having investigated the case, may admonish or reprimand, or inflict a fine; or if they deem the case of sufficient importance, may report the case to the college, and thereupon a majority of two thirds may declare such fellow or member or licentiate to be no longer a fellow, member, or licentiate, as the case may be, and his name shall be expunged."

Let us consider now those restrictions which operate to forbid a medical practitioner to consult with "homœopaths," and of which the wisdom has been by some disputed. We do not believe, and we cannot appreciate the medical capacity or fitness to undertake the treatment of disease of those who hold that drugs which given internally will produce certain symptoms of disease are the appropriate remedies for those maladies. For instance, medicines which produce skin reddening for erysipelas; leucorrhine for leucorrhœa; syphiline for syphilis. We do not agree that all chronic maladies arise from syphilis, sycosis, or itch, and that medicines act with an intensity proportionate to the infinite diminution of the dose; or that there is any utility in prescribing, in accordance with these principles, say a decillionth of a grain, when we all know that a dose so small, if taken by every being on the globe once a minute would not finish the grain in thousands of years. Nor, again, do we believe that the activity of medicine increases in the ratio of the number of shakes given to the vessel containing it. We hold that we have nothing in common with those who assume to base their practice and theory on this

kind of therapeutics. Being well assured that these methods and this theory are absolutely delusive, the negation of reason and the acme of folly, it would be useless, deceptive, and contrary to good faith and the public interest that we should pretend to consult with those who profess them and who take a designation derived from them, and to cover with the respectability of logical science what they are pleased to term their system of treatment. Faith curing, it may be, but in that too we can take no part under false pretences.

But then it is said, What if the physician or surgeon of good standing is only called in by the homœopath to assist in diagnosing the nature, the stage, the complications, or name of the disease? Ought he not to give this help for the patient's sake? The answer is, the physician is a healer; not a reader of riddles nor a conner of conundrums. He is there not to give a name to symptoms or pathological conditions, but to heal the patient; and if he knows that his solution of the riddle is not to be followed by a method of treatment which he considers capable of attaining that result, he would be infamously wrong, and he is always wrong when he gives the cover of his accepted position, of his recognized ability, and of his professional sanction, to what becomes under such circumstances a dangerous farce or a deliberate fraud. The riddle is read, but the patient is none the better.

But it is said, May a regular medical practitioner not be called in to perform a difficult surgical operation? If a surgical operation meant only cutting, sawing, and sewing, it would be a plausible excuse for the surgeon accepting the responsibility of acting as sawbones to a quack. But there is no surgical operation which does not in its preliminary stages, and may not in its various phases and sequels, require concomitant medical consideration and treatment, or in which septic, constitutional, or accidental complications may not arise. The surgeon

cannot honorably, in the interest of his client, divest himself of the responsibility for the wise and faithful treatment of these as an essential part of his operative interference.

I have used the word quack. It is a word often used now in too restricted a sense. This is Dr. Johnson's definition of a quack: "A boasted pretender to arts which he does not understand; a vain, boasting pretender to physic, one who proclaims his own medical abilities in public places; an artful, tricking practitioner in physics." This strikes at the root of the matter, now as then. Observe, here is no distinction between those who have degrees and those who have not. The great lexicographer makes no distinction; neither do I.

The essential note of the quack is love of advertisement. The public "places" of Dr. Johnson's time were the coffee-houses; they are now the newspapers. Now what are the ways in which the diplomaed quacks adopt the methods and becomes the imitator, the rival, the accomplice of the undiplomaed? You may know them by their works. They are the gentlemen who put themselves forward to be interviewed, and are the sham Jupiters and willing Mercuries of the newspaper world. They confide to the ubiquitous reporter what is their opinion of the last new bacillus, the last new anti-toxine, or invite reporters to their amphitheatre and hospital ward. All this is only an outcome of the venal desire for advertisement. They are the gentlemen who, if they have the good fortune to attend a prize fighter or a ballet girl, or the ruler of a State, are not slow to disclose the secrets of the sick-room, and all for the public good.

Now in the venerated Oath of Hippocrates, which is the foundation of our code of to-day, the disciple swears to impart the knowledge of his art to others according to the law of medicine, and to share with his colleagues by precept and every other mode of instruction all that he

knows. He further binds himself that he will have *no medical secret*, that he will practise his art and pass his life with purity and holiness, that he will abstain from every voluntary act of mischief and corruption, and that *whatever in connection with his professional practice* he sees or hears in the life of men which ought not to be spoken of abroad he will not divulge. "While I continue to keep this oath unviolated may it be granted to me to enjoy life and the practice of the art respected by all men and in all times. But should I violate this oath may the reverse be my lot."

This is the spirit of the modern British code, and I know well it is yours also.

We have dwelt as long as time will allow on the considerations of public utility and professional duty which oppose consultations with homœopaths and their congeners; nor can I stay long to discuss the prohibition of open advertisement. The advertisement in the lay press of medical books intended for the profession; the submitting of technical books to review; the public criticism of the treatment of any disease or person; the thousand and one acts in fact by which the advertising surgeon physician seeks to gain the ear and favor of the public by means of notoriety or self proclamation in place of hard honest work, real professional worth, and the judgment of those whose knowledge makes them alone competent to judge. Self advertisement is the note of the quack. It is as dangerous to the public as hateful to the profession; for it misleads the masses by substituting easily purchased notoriety for merit, and covering by loud talk and bombast and plausible pretences the emptiness of the shallow pretender. It covers also with a pseudo respectability the venal corruption by which whole columns and pages of reading matter of the newspaper are very frequently devoted to quack nostrums and "treatments" — save the mark — often of the most fantastic, false and dangerous

character. It destroys the landmarks of honor and reticence, when in successive numbers of the daily and weekly papers are found the lucubrations of these pests of society, and, along side of them, the interviews, the explanations, and the descriptive narratives put forth for the public good by reputable physicians, *apropos des bottles*, but hardly-veiled self-advertisement.

It is, however, only fair that the physician should have notice of the offence or its penalties, and that this salve which he puts to his conscience should be rubbed off, Hence the value of "A Code." We have seen that the medical man is prohibited from deriving any profit directly or indirectly from any medicine which he uses or recommends, and from tampering, however remotely, with secret medicines. If this were merely an arbitrary rule, if it were not at least as much for the benefit of the public as well as for the practitioner, there might be ground for calling it in question. But it is a rule of the highest public import.

That a healer, whose judgment in prescribing should be clear and unbiased, should possess and profit by a secret remedy is as obvious a source of public peril as it is a heinous offence against professional morality. Every physician has a traditional and immemorial right to expect from, and he is bound to give to, his fellow practitioners every possible aid and assistance in the treatment of disease and in the healing of the sick. He has received such knowledge from his predecessors; he daily and continually receives it from his colleagues and contemporaries, to whose knowledge and experience, and from the results of whose investigations (openly stated and submitted to critical discussion) he owes the great bulk of his knowledge and of his ability to practise at all.

A new method of treatment, a new drug, or a new dogma in medicine is like a new doctrine or a dogma in theology. The one is as much a means of physical salva

tion, as the other is of spiritual salvation. The man who keeps either of them to himself, as a profitable secret for his own mean gain, is a traitor to his profession; he is also a traitor to humanity, and he is false to his mission. It is fitting that the code should provide for such cases and that the penal clause should not remain a dead letter.

But it is sometimes suggested that the usefulness of the "secret" drug may be so great as to overpower and outweigh morality, and call for its prescription. I put it to you all, is there any foundation for such an assumption in the whole history of medicine? In the whole history of the past can we recall any example of a secret medicine which had aught but the most insignificant value, or could not easily be replaced? We may take even the most famous, such as the famous remedy of Mr. Stephen, for dissolving stone in the bladder, for the divulging of which eminent men petitioned Parliament for a grant of £5,000. It was granted, and what do we read of the remedy when divulged? That it consisted of calcined egg-shells or of lime obtained by a filthy and obscene process. Naturally, and like *all* secret remedies when divulged, it ceased to cure. Hartley—the famous Dr. Hartley—one of the most strenuous supporters of the grant, died of stone in the bladder after taking two hundred pounds of the remedy. In our day there is no such thing as a secret remedy in the true, or in any other, than the trade meaning of the word. We doctors know the composition of all of them. They are secret only to the gullible public, to whom they are to be sold. Pain annihilators, blood-purifiers, vegetable and animal extracts, botanical nostrums, invigorators, electric belts, amulets and chains, Asiatic, African electrical pills and phials, "green, blue, and yellow electricity,"—there is nothing secret about them. When examined in our private or public laboratories they are all found to be commonplace in composition, or if they have

anything not well worn in use, it is merely the name of some indifferent or trivial matter,—Indian grass or African leaf added, most often, and chiefly for the sake of novelty. These secrets are trade devices, with which we are not concerned. Let us visit those physicians who dabble in them with the severity of the code. I don't think that is asking more than is due to the honor of the professional body and the welfare of the public.

In respect then of secret medicines, at least, the world has up to this date lost nothing by the stern and scornful disapproval with which the medical profession regards these tricky nostrums, and by the punishment with which they visit, and always ought to visit, those who sell the honor of their calling and the free communication of medical knowledge which is the birthright of mankind for some mess of commercial pottage.

Finally I will say a word or two of what is known as the etiquette of consultation. The patient, it is said, and is said cogently, has the right to determine whom he shall consult and to change his medical advisor if he desires so to do. No one will dispute that. But like other rights it is limited by the legitimate claims of others; and a medical practitioner may justly object if he shall be, without explanation or courtesy, superseded in attending on a case. In such event, moreover, the superseding practitioner is morally and ethically bound to take due care that the same courtesy and respect which he individually would expect to receive be paid to his discarded colleague, not only by himself, but by those who have professionally consulted him.

Every day cases of this kind occur ; few days pass without bringing to me some complicated question arising out of them. The pages of our BRITISH MEDICAL JOURNAL are full of such questions. Very often, all I have to do is to say, see Code, page so and so, section so and so, and that decides both the practice and the principle. Prob-

ably if that is the case with us, it might occur here also, and not less frequently. Of one case I became cognizant here only the other day. An eminent doctor in a capital city of the United States of America was called in, came and saw a patient severely ill, said he would return; when the family physician returned in the evening he was told, "But you are not any longer in charge; Dr. so and so has charge of the case." He said, "But I don't understand, I was here this morning." "Well, it was the particular wish of——that the consulting physician whom you called in shall take charge, and you are not wanted." Exit family doctor.

Once more our College of Physicians explicitly directs that the physician called in to consultation by a brother practitioner shall not express directly to the patient his individual views and the conclusions at which he arrives, but that whatever he has to say shall be said after consultation with the practitioner, and through his mouth; that he shall behave with the utmost courtesy and forbearance to such practitioner, to whom shall be left all explanations and statements of the conclusion resulting from the consultation. Were it otherwise, were consultants authorized to supersede or to snub the family doctor, the public client would be the first to suffer. For anything which creates ill will or unnecessary friction between consultant and family practitioner tends to limit the range and frequency of consultations. Therefore is it forbidden to the consultant called in, subsequently to assume the sole charge of that patient, however he may be entreated to do so, or under whatever inducement. Were it otherwise, the attending or family physician could not call in a consultant without the fear being before his eyes of losing the charge of his patient. There would arise at once the temptation to limit and restrict consultations, and this would be an impediment in the way of ascertaining the best means of cure by consultation. The strict observ-

ance of such rules and of the whole code as to consultations may sometimes be something of a personal trial to the patient, something of a personal loss to the consultant ; but it is a rule which is of infinite importance to the public welfare.

The maintenance of a high standard of professional honor, the acceptance, adoption, and enforcement of a detailed code of professional etiquette, the agreement by all and the observance by every individual of the whole range of limitations and restrictions, which are set up by that code and by the logical deductions from it, — these things are, I contend, demonstrably as valuable to public welfare as for any professional interests concerned or supposed to be concerned.

I infer from the repeated and enthusiastic plaudits with which you have honored me that the opinions and conclusions which I have ventured to bring before you have agreed with your sentiments, and are accepted by you sympathetically, and that you consider them opportune and proudly useful.

I have been encouraged by your continuous signs of general and warm approval to speak at greater length than I had intended. But there is yet much more to say. In thanking you now for this most gratifying ratification by the unbroken plaudits of this representative general meeting of the argument which I have ventured to state, it seems to me of great importance to such progress or fair ethical development, I will only add that I shall be most happy to hear privately from any one who has doubts to solve or arguments to suggest, either for or against or in supplement of those which I have developed before you.