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Contributors

Ferguson, John Creery.
Royal College of Surgeons of England

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(10.) With kind regards
from the Author

MEDICAL ETHICS AND ETIQUETTE:

A LECTURE

DELIVERED

IN QUEEN'S COLLEGE, BELFAST,

FEBRUARY 19, 1864.



BY

JOHN CREERY FERGUSON, A.M. M.B. T.C.D.

HONORARY FELLOW KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND; PROFESSOR
OF PRACTICE OF MEDICINE AND LATE EXAMINER IN MEDICINE, QUEEN'S
UNIVERSITY IN IRELAND; PHYSICIAN OF THE BELFAST
GENERAL HOSPITAL, ETC. ETC.

BELFAST:

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1864.

THIS Lecture was delivered in compliance with the expressed wishes of my Class, and at their request and solicitation I have been induced to publish it, with all its imperfections on its head.

J. C. F.

HOWARD STREET.

MEDICAL ETHICS AND ETIQUETTE.

THE subject of Medical Ethics and Etiquette, gentlemen, is one so very comprehensive in its applicability, and so important to our profession, as to merit more attention and more observance perhaps than it usually receives. To treat of it adequately in a single lecture, presenting, as it does, so wide a field of enquiry, were an impossibility. But I would to-day pray your attention to a few remarks that have suggested themselves to me, on some points that are more intimately connected with, or that emanate from, the varied circumstances and situations in which the medical practitioner, especially the junior, is likely to find himself placed.

It may be true that the grand object of every medical man should be, thoroughly to learn the "art and mystery" of medicine, and, in its practice, to endeavour to become *factus ad unguem*. But no sooner does he find himself launched into that sea of troubles—a practice—than his course is beset by dangers on all sides,—on this Scylla, on that Carybdis, before him hidden rocks, behind him shifting quicksands,—difficulties and dangers which, to avoid and escape, will require cautious, honest, and judicious steering. Happy the man who, after a life spent as a physician, has piloted his bark into a safe haven, with colours at the mast head, and motto indelibly inscribed—"Intæger vitæ, scelerisque purus."

I purpose, in the following remarks, which of necessity must be brief, to take a hasty glance at the relations of a medical man to the Public, to his Patients, and to his

Brethren. I say necessarily brief, for any one of these topics would afford material more than sufficient for a single lecture.

First, then, of our relations to the Public. Every duty and every office that is ordinarily held to appertain to good citizenship is pre-eminently ours. Every such office has been held, and every such duty performed, by members of our profession. We should be ever vigilant for the welfare of the community among whom we live—ever ready to counsel the public in matters especially appertaining to our profession—such as subjects of medical police, of legal medicine and public hygiene. What more important function for the *Civis Romanus* (and than the physician, who better merits that honourable designation?) than advising measures for the prevention or removal of epidemic and contagious diseases? And, when pestilence prevails, who is the first ever “in the deadly breach” to face the danger and labour unceasingly for its alleviation or removal? On subjects strictly medical, and all such as are embraced in the science of Medical Jurisprudence, *we* must be ever ready to give our aid, in the courts of justice and at the inquest of the Coroner. What profession is there whose members have contributed so much of their gratuitous and eleemosynary services for the good of society, or in answer to the calls of suffering and impoverished humanity? And as it ever has been, so do I believe it ever shall be. Still, there should be a limit to this; self-respect and our own necessities require it. When called on as an expert, by any legal functionary, and his opinion, or it may be his observations made at a *post mortem* examination, are required, what could be more equitable or necessary than that the medical man’s services should be remunerated? In fact, if for no other reason, self-respect demands that it should be so, and the omission reflects unfavourably not only on the individual but on the profession. In my opinion, institutions endowed by the public, or maintained by wealthy individuals, societies for mutual benefit, life assurance companies, and the like, should, for

services rendered, undoubtedly pay an equitable professional honorarium. In strong contrast with the practice of days not long past, I am happy to say that of to-day universally recognises this right.

The subject of professional remuneration is one which is intimately blended and mixed up with our relations to the public. I am well aware that it is one also of extreme delicacy, and indeed difficulty. I mean, however, to confine my remarks to a very few generalities. As a rule, I feel I am safe in asserting that gratuitous medical services are neither estimated nor prized by the public. Is it not natural that others should value us proportionately with our estimate of ourselves? This is human nature. Let us, then, carefully avoid self-depreciation; let us not, to speak plainly, make ourselves too cheap by not putting a fair value on our services, and, by failing to maintain self-respect, inevitably lower our status in society. I seek not to establish a tariff of fees. Our social system, perhaps, demands that we should adopt a "sliding scale." But let the medical honorarium ever be proportionate to the dignity of medicine and to the circumstances of the patient. Would that the former were as generally recognised and respected by the public as the latter by the members of our profession.

And now, as regards the Physician's duties to his Patients: they are indeed manifold. I must confine myself, however, to the more obvious and pressing. Our deportment should ever combine tenderness with firmness, and condescension with authority, for these are best calculated to inspire the minds of our patients with respect, confidence, and gratitude. "*Homo sum, humani nihil alienum a me puto*," should ever gleam in letters of light before the mind's eye of the medical man. Every case entrusted to his care should be an exercise of the lesson it teaches. The very caprices and intellectual weaknesses of our patients, racked by pain or debilitated by disease, should ever obtain our sympathy and indulgence. Thoughtless levity or unfeeling harshness will ever engender distrust and dislike, and the very best directed

advice and treatment will, under the circumstances, be rendered ineffectual and worthless.

The familiar and confidential intercourse which usually, and naturally, springs up between patient and physician, calls often for great discretion on the part of the latter. Frequent are the occasions on which the utmost delicacy and strictest secrecy are required of him, and honour and fidelity demand their most scrupulous observance. None of the privacies of family or personal life, no infirmity of body or mind, no defect of character or of conduct should ever be divulged by him. Indeed, so generally is this obligation recognised, and such its force, that even in the witness-box its observance is protected. In our attendance on a case, discretion as to the frequency of our visits must ever be exercised; for, whilst a physician visits his patient as often as the urgency of the disease may require, or as may be necessary for his thoroughly understanding it, yet he should never forget, that visits unnecessarily repeated excite causeless anxiety in the minds of invalids, rather detract from the influence and authority of the attendant, and too frequently render him suspected of interested motives,—the very possibility of which should be ever religiously avoided. And here I may observe that it might be well to hold this point in mind, where, in analagous circumstances, the idea of a multiplicity of consultants may be entertained. In my school-boy days, I remember being familiar with an epigram of the caustic Latin poet, Martial, but must confess that of latter days I have even more keenly felt its point and force—

“*Languebam,*” [says he] “*sed tu comitatus protinus ad me*
Venisti centum, Symachè, discipulis :
Centum me tetigere manus, aquilone gelatæ :
Non habui febrem, Symachè, nunc habeo.”

Judgment and deliberation in forming, and cautious delicacy in delivering our prognosis, should always be observed. The physician should be the minister of hope and comfort to the sick—cordials these, often even of themselves sufficient to counteract the depressing influences of serious dis-

ease—to revive the flickering lamp of life or smooth the troubled bed of death. No doubt, when danger threatens, we are bound to give, at least our patients' friends, timely notice of our apprehensions, and even, if absolutely necessary, communicate our fears to the patient himself. But I think that this latter duty, where it may be avoided, should not be imposed on the medical man, but entrusted rather to some friend whose discretion may be confided in. To indulge in unfavourable and gloomy prognostications, in the hope, on the successful issue of a case, to magnify the value and importance of services rendered, savours strongly of charlatanry, and is worthy only of a disingenuous and little mind.

There can be no doubt that the acts, the words, the very looks and manner of his attendant, may have a direct effect on the life of a patient; thence it becomes, in my mind, a sacred duty carefully to guard against everything that may tend to depress and discourage him. It has been asked, should a physician give up attendance on a necessarily fatal case? To this I hold there can be but one reply, and that a negative one, unless it be at the express desire of patient or friends; and even in such hopeless cases he may confer many and important benefits on all concerned. And here I may observe, that, in all difficult and protracted cases, consultations should be promoted and urged by an attendant; they give rise to greater confidence and better understanding between all parties, and they no doubt often originate increased energy in practice and more enlarged views. To every man, I care not what his experience or status in our profession may be, I believe that to be applicable, but more especially to the young. Nor let any man entertain the absurd idea, that his asking for a consultation, or its being proposed to him by friends, implies in the latter case want of confidence, or in the former an acknowledgement of incapacity,—quite the contrary. Consultations, when conducted with that honest animus and good faith which should ever characterize them, have a directly opposite tendency; they

are productive of general satisfaction and of increased mutual confidence ; nor, in my opinion, should an attendant postpone suggesting, and wait until a consultation be proposed to him, but rather be watchfully alive to anticipate the wishes of others by himself proposing it,—a plan of proceeding which I have myself always tried to carry out, and which, I cannot doubt, will in every circumstance be followed by satisfactory results,—never the reverse.

Irrespective of our more immediate functions, we are sometimes called upon by a pressing sense of duty to offer counsel, or, it may be, remonstrance, where disease and suffering, as too often happens, have been the consequence of vicious conduct ; and never should they be proffered with austerity or harshness, but with kindly and manly feeling, dictated by a desire for the best interests of him to whom they are addressed, and bearing the unmistakable and genuine stamp of true philanthropy. If offered in this spirit and manner, they will rarely be rejected or altogether ineffectual.

In every case in which a medical man has to make a physical examination of a female patient, whether it require a mere palpation of the surface, a stethoscopic search for chest disease, or, more dangerous still, the use of the speculum vaginae, the utmost delicacy and discretion should ever be observed. Wherever the former is absent, the practitioner forgets one of the highest attributes of his calling, and where the latter, he exposes himself to be misunderstood by the virtuous and undesigning, or, by the designing and vicious to be misrepresented and entrapped. Such cases are of far too frequent occurrence, as the records of our courts of law testify, where the fair fame and life-prospects of a medical man have been imperilled, impaired, or lost.

At the very last assizes, in the town of Chester, a remarkable illustration of this occurred. A lady brought an action against a medical man of note and character for the seduction of her maid. She had been his patient, and examinations by the speculum had been necessary, and frequently

made. The young lady proved *enceinte*, and charged the doctor. Some of the highest medical authorities in the kingdom were examined, and, after a protracted trial, a most righteous verdict for the defendant was returned, the jury *not* believing the evidence of the immaculate lady's maid, and fixing, no doubt truly, the paternity elsewhere. But how nearly was this excellent and respectable man ruined !

But why wander so far from home for an illustration ? Has not our own "Athens," but a few days since, offered one to the public gaze, as disgusting in its details and as incredible and iniquitous in its design and object as ever darkened the portals of what should be the temple of Justice ?

"Good name in man or woman is the immediate jewel of their soul," and of none is this more, perhaps of few so emphatically true, as of the medical man ; for, *she* "who filches from him his good name, robs him of that which not enriches *her*, but makes him poor indeed." These remarks are, perhaps, most apposite to the use of the speculum in the practice of our profession. In my opinion, self-protection absolutely requires that it be employed only in the presence of a third person, or in a chamber freely communicating with another, where a female friend or friends of the patient may remain. This I know to be the practice of the most eminent, as I am satisfied it will be that of every prudent man in our profession ; for, "be thou as chaste as ice, as pure as snow, thou shalt not escape calumny."

It has been asked—Is a medical man bound in honour to conceal from the demands of justice information that may have reached him through the necessary and unavoidable divulgements of professional intercourse, when such testimony might prove detrimental to his patient ? In my opinion, good citizenship and honour compel him to forward the ends of justice ; yet should he, in all such cases, caution patients and their friends against imparting to him anything that could be turned to their disadvantage ; nor need he be inquisitive beyond what is necessary to the discharge of his professional duties.

In my opinion, the fewer "morning calls," as they are termed, I mean non-professional visits, the Physician makes, the better: if he hope to make friends and consequent patients by the practice, he will be disappointed nine times in ten, though in the tenth he should succeed unworthily. But to call and make enquiries after an invalid who is not his patient, nor it may be that of any one else, I hold to be self-seeking and mean, forcing himself and his services on those who neither want or wish for either. But should the invalid be the patient of another, the conduct of him who "calls to enquire" for the object of his too anxious solicitude and friendly care (a practice which I fear, indeed know, is too often pursued) I hold to be unworthy and unbecoming in the extreme. Under every circumstance, unless where you are sent for, avoid the knocker and bell of the house that shelters an invalid, as if the plague or something worse were within. The public have a right to employ whom they please, and if they be prevented, by services volunteered or forced on them, they will not be slow to find an opportunity to rid themselves of a veritable nuisance and assert their rights. It has been the dream of some, that, by extending their social intercourse, they would, *pari passu*, increase their practice. There never was a greater delusion. No man will trust his own life, or that of those who are dear to him, to another, solely because he is his social intimate, and boon companion. The self-interest of human nature forbids it. The very qualities, excellent in themselves, that may render you acceptable and sought for in the drawing-room, may directly prevent your being called to and valued in the chamber of sickness and sorrow. Look well to this. Place your trust in no extrinsic influences. Hearken ever to the "still small voice of conscience," as it whispers—

"Worth makes the man, the want of it the fellow."

Let your professional character be your patron, to whom you should ever look for professional success. Cultivate it.

And now, let us turn to the consideration of our relations

to each other. And allow me to premise, that I shall not attempt to bring before you a tithe of the ever-varying and complicated relations that circumstances may engender between individual members of our profession, the which rightly to balance and adjust, may require a knowledge of the laws, or rather principles, of Medical Ethics, and the strictest observance of professional Etiquette. This, of itself, would occupy more time than we can possibly devote to it. I shall content myself by allusions to the more important and essential, the more common-place and frequent, that may demand religious observance from every man who wishes or cares to stand well with his profession; and I can honestly assert, that I never knew a man who stood badly with his professional brothers succeed with the public. As I have said elsewhere—"If we were all to lay down as our rule of conduct that noble maxim of the Great Physician, 'As ye would that men should do unto you, do ye also to them likewise,' and, in every circumstance of our professional path through life, act up to it, then indeed were our code of ethics virtually a dead letter. This, however, may not be, for it needs must that offences come." Let us then have some rules by which to measure and retrain them, and these the mutual good feeling and high moral tone of our profession have supplied and universally recognised.

The gratuitous services of every medical practitioner are assumed to be at the command of his professional brother, not only in his own case, but for his family. Further than this limit gratuitous services are not to be expected, and even should they be required at a distance, care should be taken that the attendant's travelling expenses be provided for.

We are occasionally prevented, by various causes—absence from home, sickness, domestic affliction, and the like—from attending to our patients, and obliged to call upon a medical friend to act as our substitute. Such interchanges of courtesy should ever be willingly performed; nor should any remuneration for such services be accepted, either from the

practitioner for whom we act or from his patient. But should the latter, which sometimes happens, offer fees, on the principle of *accipe dum dolet* (and believe me, gentlemen, it is a wholesome and honest one), as a rule they should not be declined, but of course handed over to the absentee by his *locum tenens*. I may remark, that with accoucheurs, under analogous circumstances, a modification of this practice prevails, and I think with obvious propriety. I believe the arrangement generally adopted by them is an equal division of the fee. Now, these remarks must be understood to apply where a prior arrangement for one doing the other's duty has been made between two friends; but such a preliminary step *not* having been taken, and one is called to attend his friend's patient in his absence, all fees are legitimately his; he may retain or return them, just as he feels inclined, his right to them is clear. Emergencies will arise in which a practitioner, not the usual family attendant, may be prevailed upon to act, but, the emergency provided for, he should as soon as possible hold a consultation with, or hand the case over to the ordinary attendant, and is of course entitled to his fee.

When, as occasionally will occur, a practitioner is consulted by a patient whom he has previously visited, either as *locum tenens* for a friend or as consultant, clearly his duty is to decline to advise or attend, except in consultation, unless the patient distinctly states his determination to change his medical attendant, and insists on his undoubted right to employ whom he thinks fit—a right which no one can, in my mind, question—then, having sustained and defended his absent brother, I take it he is fully justified in taking charge, and should explain the real state of facts to the former attendant. I am aware it has been held by some, that, in every circumstance, such cases should be declined. I cannot think so. Remonstrance and defence of the dismissed having failed, and the patient being determined to exercise his inalienable privilege of employing whom he please, I cannot see why he should be denied his choice, or why, if

no undue means have been employed, the chosen one should not act. But the situation is always a difficult one, and demands a strict observance of discretion and honour.

Accoucheurs, from the very nature of their practice, are often called upon to attend the patients of others, who cannot be procured on the instant. Such cases should invariably be handed over to the pre-engaged attendant, either immediately on his arrival, or when the delivery is complete, as may seem fit; and to the *locum tenens* a fair proportion of the fee is usually accorded.

Under whatever circumstances one practitioner succeeds to another in the management of a case, but, *a fortiori*, where he may have acted for another, he is in honour bound, so far as in him lies, to defend the character and sustain the views of his predecessor, or at least so to modify the expression of his own views and make any necessary changes in treatment as to avoid even the suspicion of reflecting on the previous management of a case; and by similar feelings and principles should the mind of a consultant ever be actuated. Occurrences such as I have just alluded to naturally enough lead to the instituting of comparisons on the part of the public, which are generally invidious, too often odious; but such should obtain no countenance or encouragement from the favoured party—he surely can afford to be at least generous. Above all, let there be no mysterious assumption of superiority, nor affected air of condescension or patronage, where men should be assumed to meet on perfect equality. What can be conceived more dishonourable and degrading, than the base attempt, by word or deed, by look or gesture, by insidious inuendo or crafty mean insinuation, to disparage or depress a colleague? These let us shun even more scrupulously than we would an open accusation of him. Many be the ways and means of doing the vile, the noxious deed, but to us let them be anathema. This, though applicable to all, may be especially so to the consultant. He should, under every circumstance, observe the most honourable and scrupulous regard for the character and position of the atten-

dant he may be called upon to meet. Nothing that could be construed into hint or insinuation should ever escape his lips, or be conveyed by look or gesture; even the very appearance of extraordinary attention or assiduity, with the view of ingratiating himself with individuals or families, should be religiously avoided.

It is held and acted on in our day, that every legally qualified, every "registered" man may be met in consultation; but to this rule some marked exceptions have been lately made. What I may term the legitimate practitioner, now, by common consent, declines to meet the Homœopath, the Hydropath, and the Mesmerist. I fully recognise the propriety and necessity of this procedure, and I act accordingly; but I must own that, for my part, I feel inclined to put more prominently forward, as objectionable, the man who has been guilty of acknowledged professional immorality—the man who has wantonly outraged the very first principles of Medical Ethics, or habitually holds them at nought—with such a man, I for one, will hold no professional intercourse. *Hic niger est, hunc tu Romane caveo.*

Punctuality in all professional appointments, especially in the hour fixed for a consultation, should be strictly observed. A quarter of an hour is the utmost limit that either party is expected to wait for the other, and should the attendant not arrive within that time, the consultant is justified in visiting the patient; but, under every other circumstance, he must await the attendant's introducing him, after he has heard, in private, a general outline of the case. The attendant should be the first to address himself to and examine the patient—then the consultant. An opposite order of procedure generally leads to confusion and irregularity. No expression of opinion, either prognostic, diagnostic, or therapeutic, should ever be given by a consultant during that examination, but reserved until a perfect and mutual understanding has been arrived at on all those points in consultation. The examination being perfected, strictly speaking, the consultant should retire first from the sick

chamber, followed by the attendant, to a private apartment, where, before any communications with friends have passed, their deliberations are to be held ; and here, the case having been fully discussed, prognosis, diagnosis, and treatment are determined, from which afterwards no deviations are to be made. Now, I am aware all are not agreed as to whose function it is to communicate to patients or to friends the results of a consultation,—some say one and some the other. I do not think that any fixed rule can be laid down. Assuredly, patients and friends are ever anxious to hear from himself what a consultant's opinions are ; nor, assuming his *bona fides*, could I ever see any objection to this course, but, on the contrary, much in favour of it. The plan which to me appears most reasonable and satisfactory, and which I much prefer practising, is that division of labour which will give to the consultant the duty of stating the diagnosis and prognosis arrived at, and reserve for the attendant the giving of full and particular directions as to the treatment and regimen agreed on. This system I have found to work well, but I repeat, that no fixed rule can be laid down on the matter. All discussion that may have arisen at a consultation should be held to be strictly confidential ; after it has terminated, neither by word nor manner, should any dissent from what may have been agreed on be insinuated. Responsibility is equally divided, and, save in the presence and hearing of the attendant, a consultant should be very chary indeed of his conversation with patients or friends.

In the selection of a consultant, one or two points of importance deserve notice. Whether a consultation be proposed by the patient, by friends, or by the attendant, the choice of the consultant, except in very rare cases, should be left to the patient or his friends, by whom, most frequently, it will be left eventually in the hands of the attendant himself, when of course he exercises his discretion ; but let him always be cautious—let him avoid showing individual preferences, unless on publicly recognised grounds ;

for instance, some men may have paid more attention to, or have made a particular class of diseases their *specialité*; others may have acquired the habitual confidence of the public, it might be hard to say how, or why; others may be "silvered o'er with age, and long experience may have made them sage." Now, I do not mean to say that an attendant may not have a decided preference for one individual, nor that he has not a perfect right to express it and urge the calling in the man of his choice; but I am of opinion, that the interests of both were best consulted by his not opposing the expressed wishes of patient or friends. Perhaps the best course to pursue would be, where there are conflicting wishes and leanings, to fix on the person whose name was first mentioned. This, I must say, would be my own course of procedure; and I may be permitted to add that, for my own part, I could scarcely imagine a more disagreeable or objectionable position than to find oneself the nominee of a friendly attendant, rather than called in in accordance with the expressed wishes of a patient. The selection of a consultant having been, where necessary, freely discussed, and the attendant having honestly stated the reasons for his preference, unquestionably the safest course for all is, to let the public always have their choice.

It has happened,—but I hope such occurrences are very exceptional,—that a patient or friends have proposed to an attendant a consultation with an individual of most unexceptional professional standing and worth, and that it has been declined as unnecessary, &c. Now, this is a position in which no prudent or right-thinking professional man will place himself. It is a gross blunder, ever dictated by unworthy motives. In such a case the proposed consultant has but one course to pursue,—write to the recusant the wish expressed for a consultation, fix an hour that may be convenient to all parties, and pay his visit. Should the recusant attend, well; if not, then the consultant is perfectly justified in taking charge of the case.

I have been asked, can a senior object to his junior, either

in years or standing, as a consultant? I reply by the following fact:—I was asked, many years since, had I any objection to meet an individual named, who was my senior. I had, and I declined to meet him, on the grounds that he had treated me unprofessionally on a former occasion. A junior was then named, and a fear expressed that that might be an even more valid objection. Far from it to my mind. I at once not only gladly accepted him as consultant, but congratulated the friends upon their selection. I had never reason to regret it, nor should I object to a similar infliction every day in the year. Meet a junior as consultant! And why not? I cannot suggest a reason, unless it be that they occasionally know too much.

When, in consultations, differences of opinion arise, unless they be of a very serious nature, mutual concessions must be made, which will generally prevent these differences transpiring; but should they prove to be irreconcilable, either a second consultant may be called in as umpire, or the first may retire. Such occurrences, however, are so very rare as scarcely to require their being provided for.

During the progress of a case, officious friends will sometimes, without a patient's consent or knowledge, call in some favourite of their own. I should decline to meet him, unless urgently requested so to do by the patient himself. It is a most unwarrantable interference, nor, in my mind, would any practitioner of right feeling allow himself to be placed in such a position, or submit to be made use of so very unworthily.

A consultant should never seek to continue his attendance, even though danger may still be apprehended, unless at the expressed desire of patient or attendant. In fact, in my opinion, he had better never repeat his visit unless he be distinctly requested. If, as I have said, even an attendant should be chary of paying unnecessary visits, a consultant should be much more so. Should he, however, show a disposition to persist,—for some will,—with his fee, let it be distinctly intimated to him that he will be sent for when again

required. I must own I do not envy that man his feelings who puts himself into so contemptible a position.

Now-a-days medical education is so conducted as to qualify for practice in every branch of our art, and in fact such is the habit of the profession generally, to which, however, there are many notable exceptions. In all large communities it has ever been the case that individuals have devoted themselves to Medicine, to Surgery, or to Midwifery as *specialités*, and have confined their practice exclusively to that branch. Some of you may not be aware that it was a fundamental law of the King and Queen's College of Physicians in Ireland, and is, I believe, to the present hour in London, that its members should not practice Surgery, and the having anything to do with the compounding of drugs is not tolerated. Where such distinctions exist (and we find them in all the large towns of the Empire to a greater or less extent), it becomes a necessity that the Physician, Surgeon, or Accoucheur, who confines himself to one branch, should have frequent occasion to call upon his brother of the other for either attendance or consultation. The Surgeon appeals to the Physician on medical cases—the Physician asks for the operative assistance of a Surgeon. Each should confine himself strictly to the management of the special point, and consider himself, as regards the case, as a consultant. And I may make the same remark as applicable to Accoucheurs, who may be called upon or introduced into families by attendants who do not themselves practice Midwifery. Ethics and Etiquette alike require of them that they confine themselves to their *spécialité*.

When called on to visit a patient who has been some time ill, or of whom we know nothing, I hold that inquiry should be made whether any other person were in attendance, and if so, we should decline to visit, unless a consultation with him be arranged: but should that be refused, and a positive statement made that the patient would insist on a change of attendant, on the principle that the public have a right to employ whom they please, I am clearly of

opinion that we have no choice left us ; we have no right to refuse. I would, however, in every such case, seek and have a personal explanation with the original attendant. Let it ever be a primary object with us, thoroughly to understand and keep well with each other. In that quasi-warfare which we wage with the public, surely a professional brother is a safer ally than any from the ranks of the enemy ! Patients who apply for advice in a practitioner's study, it is quite unnecessary to question relative to whom they may have been or are attended by : should their name be " Legion," I should never object to add myself to the number.

Medical men are sometimes appealed to to give an opinion as to the nature of a disease, or the appropriateness of treatment of a case in the hands of another. Too frequently the object of this inquiry is the censure of some brother ; and a one-sided statement of particulars is given. Let us eschew interfering in all such cases. We may do irreparable mischief, and rarely an equivalent good.

And now, in conclusion,—for I fear I may have worn out your patience,—allow me to offer a remark upon what to me has ever been a difficult and delicate matter. I allude to how far a medical attendant is justified or called upon to interfere in the spiritual concerns of his patient. Unquestionably no man, not even the divine, has so many or favourable opportunities of speaking " the word in season." 'Twere well if we just confined ourselves to that. I have already said we must avoid everything that would tend to alarm or depress. Hence I maintain we should not indulge, as some habitually do, in gloomy and dismal views, mixing up a dread of the future and of righteous retribution with even the most trifling and commonplace events and circumstances of ordinary life, but rather in letting in upon all such the bright and cheering rays of hope,—hope sustained by faith in God's love, and the glorious assurances vouchsafed us in the death and resurrection of his best beloved. Let us feel that we are attempting a Christian duty, not indulging sectarian leanings, or making pharisaical display. In short,

let our "word" be the Word of God, and our "season" any well-chosen and appropriate time. If done in this spirit, our stepping beyond our province may bring with it a blessing: but where it consists of mere conventionalisms, where gloomy whine and sectarian cant pervade all we do and say, prompting too often fear of death here and torments hereafter, it defeats its own object—it attains no good end, but in my mind the very reverse. The medical man's religious ministrings should rarely exceed the reading of God's Word, when invited so to do by an invalid; and the presenting to his troubled spirit God as a God of love, who gave his only-begotten Son to redeem erring man. *Our* ambition should be to gladden as well as prolong the course of human life, by warding off disease and by restoring health. Whilst we attempt the former, let us never forget that the latter is our own more especial function. Let us remember that—

"Glorious *our* aim: to ease the labouring heart,
To war with death, and stop his flying dart;
To trace the source whence the fierce contest grew,
And life's short lease on easier terms renew:
To calm the frenzy of the burning brain,
And heal the tortures of imploring pain:
Or, when more powerful ills all efforts brave,
To ease the victim no device can save,
And smooth the stormy passage to the grave."