

Medical etiquette: handbook of elementary deontology / Translated from the 2nd French edition by W.P. Grant, with a preface by Sir Dyce Duckworth.

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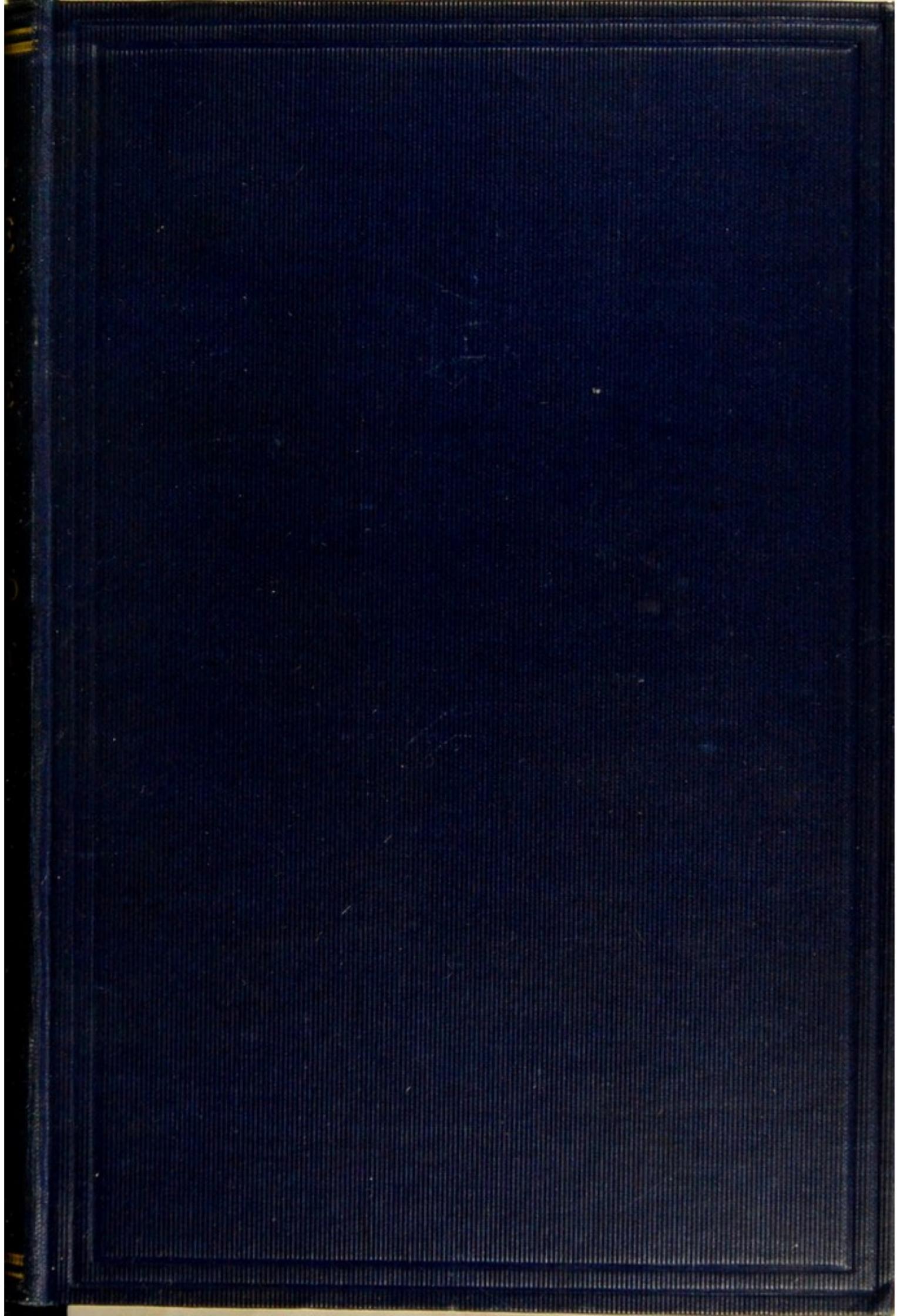
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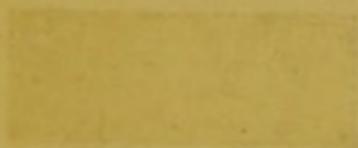
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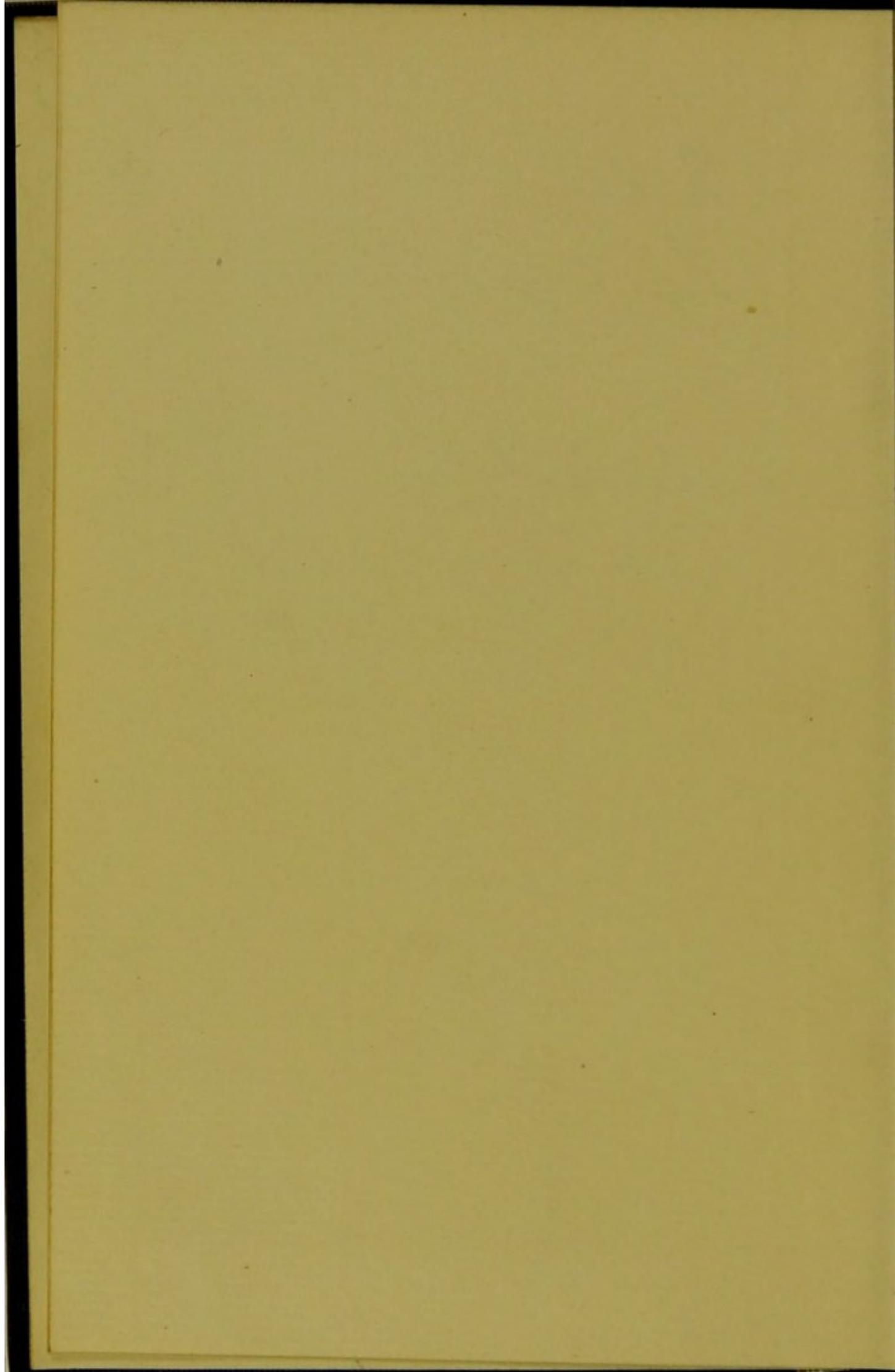
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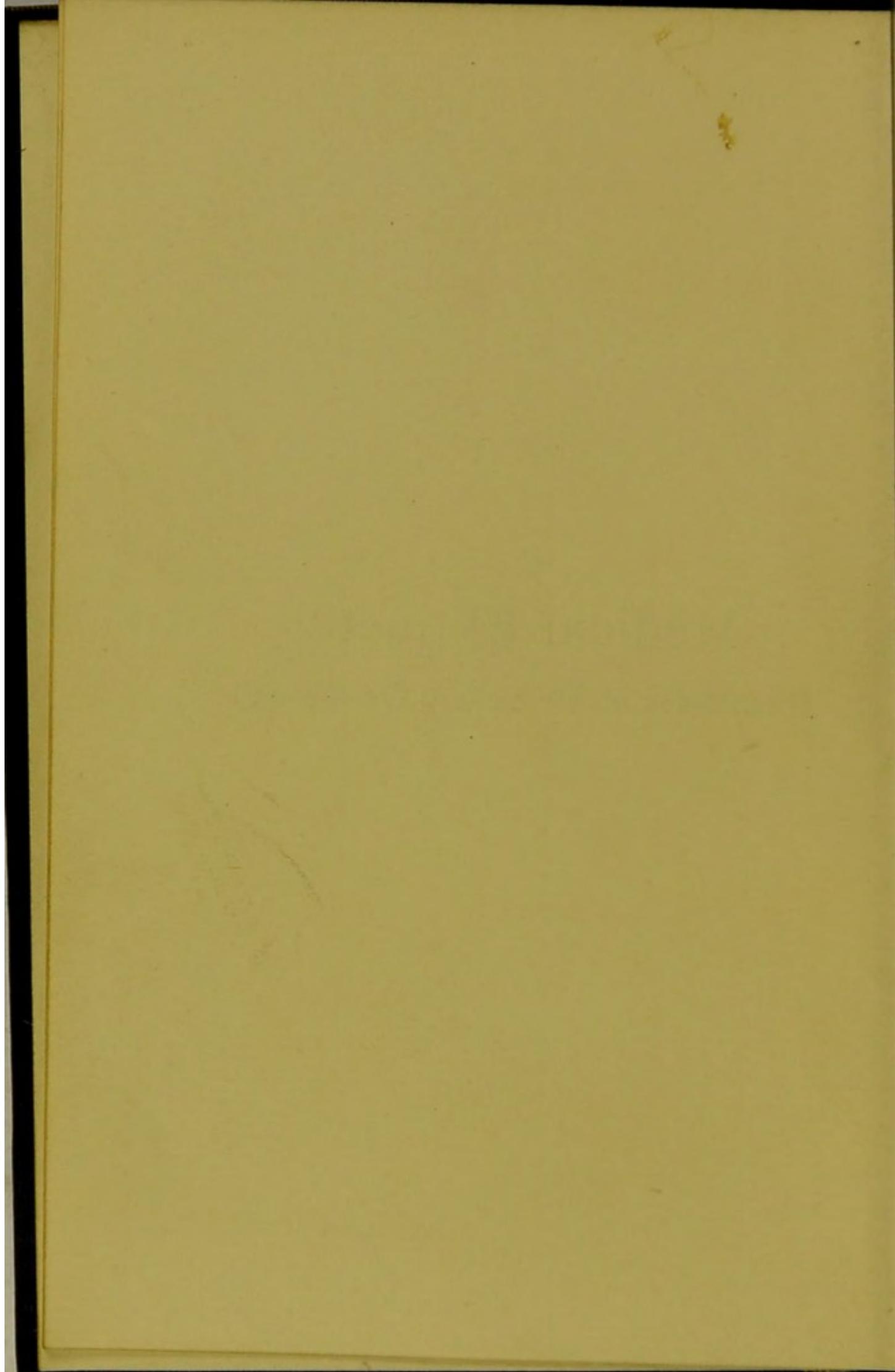
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From Dr. Sackworth,
November 1910.



Medical Etiquette
(Handbook of Elementary Deontology)



Medical Etiquette

(Handbook of Elementary Deontology).

BY

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Translated from the Second French Edition by

W. P. GRANT, M.Sc., M.B., CH.B., M.R.C.S., L.R.C.P.

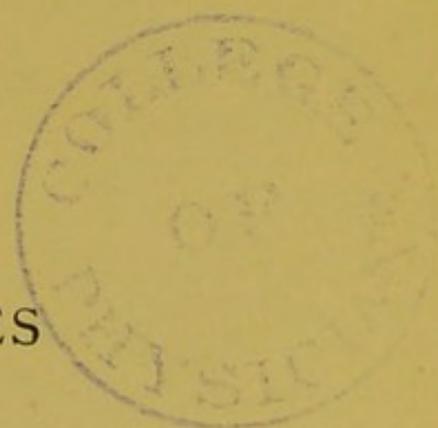
With a Preface by

SIR DYCE DUCKWORTH, BT., M.D., LL.D.

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CONTENTS.

	PAGE
Author's Preface - - - - -	1
Preface to the English Translation - - - - -	3
Introduction - - - - -	7
I. Principles of Medical Ethics :— - - - -	15
Chap. 1. Medical Honour - - - - -	15
Chap. 2. Conscience and Religion - - - - -	18
II. Medical Virtues :— - - - -	25
Chap. 1. Justice - - - - -	26
Chap. 2. Charity - - - - -	28
Chap. 3. Self-Sacrifice - - - - -	30
Chap. 4. Courage - - - - -	33
Chap. 5. Patience - - - - -	39
Chap. 6. Self-Denial - - - - -	42
Chap. 7. Discretion - - - - -	46
Chap. 8. Dignity - - - - -	50
Chap. 9. Honesty - - - - -	54
Chap. 10. Knowledge - - - - -	79
III. Relations with Other Doctors :— - - - -	89
Chap. 1. General Principles - - - - -	89
Chap. 2. Starting a Practice - - - - -	96
Chap. 3. Fellowship - - - - -	100
Chap. 4. Change of Medical Attendant - - - - -	108
Chap. 5. Consultations - - - - -	120
Chap. 6. Dichotomy - - - - -	131
Chap. 7. Substitutes - - - - -	135
Chap. 8. Sale of a Practice - - - - -	138
Chap. 9. Attendance on Medical Men - - - - -	141
Chap. 10. Practical Conclusion - - - - -	145

	PAGE
IV. Duties to Patients :—	151
Chap. 1. Visits	153
Chap. 2. Fees	163
Chap. 3. Treatment	180
Chap. 4. Operations	192
Chap. 5. Medicines	200
Chap. 6. Anæsthetics	213
Chap. 7. Hypnotism	223
Chap. 8. Insanity	228
Chap. 9. Obstetrics	233
Chap. 10. Clubs	243
V. Professional Secrecy :—	251
Chap. 1. General Rules	251
Chap. 2. Special Cases	258
VI. Health and Morality	275

PREFACE.

9,†
Post-graduate medical education was inaugurated in 1908, under the auspices of the Catholic Institution of Paris, with the assistance of a few distinguished young specialists. A course in Deontology was founded, and I received a cordial invitation to take charge of it, in order that an unfortunate gap in the official curriculum might be filled. I have delivered the course several times, and this book represents the substance of my lectures, revised and expanded.

It is a modest sketch and a plain outline, in which I can recognise many defects and omissions; but I wished to publish it without delay, because it deals with a new subject and answers a great need.

I must ask my readers to be lenient towards my small handbook and to give me their

assistance. If they will forward any observations or criticism to me, they will help me to complete the work, and to make it more worthy of our profession.

So many difficult and delicate questions are included in Deontology that I do not pretend to have entered into all the details and intricacies of the subject. Some tasks exceed the powers and baffle the minds of authors. I hope that my readers will at least see a proof of my zeal and goodwill in this attempt. I am extremely anxious to be of use to the rising generation; to encourage and raise the standing of extra-mural teaching; to preserve our honourable and ancient traditions; to safeguard for ever the conscience and honour of doctors, for the sake of the good name and fame of French Medicine.

PREFACE

By SIR DYCE DUCKWORTH, Bt., M.D., LL.D.

The author of this Handbook has requested me to write a preface to the English translation of it, and I have readily consented to his wish. I read the French edition when it appeared last year, and was much impressed by its general tone. I am not aware of any such work having been produced in this country, certainly in recent years, and I feel sure that such teaching is most necessary and important for young practitioners at the outset of their career. The subjects discussed are nowhere systematically treated in our British Schools of Medicine, and are only occasionally referred to by teachers in their respective courses of lectures.

The author adopts the term Deontology which sufficiently defines the scope of his

lectures, relating as they do to conduct in regard to the maintenance of the honour and dignity of our Profession.

It will be found that some parts of this treatise are dealt with as they pertain to the views and practices of our French *confrères*, and in several instances these will not apply to our British practice.

The work is certainly remarkable as an exposition of the views of an experienced, right-minded, and Christian physician, and it must have required some courage to express them in these days when a non-Christian government is in power in France, and actively employing its influence to nullify the Christian faith throughout the realm of the Republic.

As Englishmen, we are in full sympathy with Dr. Surbled's efforts, and his firm tenure of the Roman faith in no degree averts this sympathy, since our faith and his rest alike on the basis of the main features of our common Christianity. We all, happily, belong to the most catholic of professions,

and there can never be anything narrow or petty in a ministry of healing to our fellow-creatures.

We may note the absence in these lectures of any allusion to the work of trained Nurses who in this country now form part of our most important aid in the successful treatment of the sick. Unfortunately, such assistance is not at hand in France, and it is hardly possible to find and train such women as are so largely available in Britain. Our brethren in France lament this disablement very sadly, and their hospital service is grievously behind ours in this respect. Matters have become worse in recent years since the Government expelled the religious Sisters from the Hospitals. The latter were certainly excellent and devoted so far as their imperfect training went, but the substitutes for these are now simply undesirable, if not positively harmful in the best interests of the patients.

Respecting the chapter on Obstetric Morality and Gynæcology, I have felt

myself little qualified to speak with any authority. I could not agree with some of the opinions set forth, and have therefore sought the aid of my colleague, Sir Francis Champneys, to state his impressions of them, and these will be found in a note at the end of the chapter referred to. These are so important for practice that it is well to have an authoritative statement of the opinions now held in this country in regard to obstetric operations.

As a contribution to the whole subject of Medical Deontology, I feel justified in commending this handbook to the study of all my younger brethren, who will not fail to gather from it help and right guidance in many of the difficulties and allurements that may beset them in their practice in all parts of the world.

HANDBOOK OF ELEMENTARY DEONTOLOGY.

INTRODUCTION.

Deontology is, as its name implies, the science of duty; it is a collection of the moral rules which ought to govern the practice of our art. Though the word is new and imperfectly understood by the laity, the subject is as old as the profession, and is of vital importance to it. It is essential for a doctor to examine his actions constantly by the standard of an enlightened and righteous conscience, to judge and direct every act of his practice from the point of view of the moral law. By so doing, a doctor finds security and honour, and his conduct affords valuable guarantees to the patient and his family, and to society at large.

In spite of the antiquity of the subject,

some of the principles of Deontology come with a shock and a surprise, even to the medical profession. Why is it regarded as a bogie by many? Why is it not treated by the Faculty, as it once was? The answer is to be found in the Revolution, which not only overthrew the old Universities, but which broke with tradition, subverted teaching, destroyed philosophy, dethroned morality, and tried to secularise religion.

A lesson in high philosophy might follow here. The subject tempts me, but it would lead me away from Deontology. I must content myself with one practical and important observation.

Deontology varies essentially according to the view which we take of man, of his nature and destiny. If he is a creature of God, a being with a body and a soul, he has duties to perform to his Creator, fellow-men and brethren, to his soul as well as to his body. It is right and even necessary that he should be taught these duties. But if he is one of the Primates, a more or less educated animal,

what is the good of Ethics, and where must we look for its rules and obligations? What morality can we expect from one who owns neither God or authority? What ethics can exist without principles or foundation?

The break with our venerable and honourable traditions, freedom of opinion and licence of manners have produced intellectual anarchy and moral misery, the sad and alarming effects of which confront and astonish us every day. We no longer believe in the soul nor in God; as a result we live in abject materialism without modesty, refinement or conscience. Professional honesty is tainted and lost; so our leaders have bestirred themselves, and have joined us in reviving the teaching of medical morality. But unaided, they will be powerless to stem the fatal tide, because they are divided and do not agree about doctrine. If the morality of the Schools is codified, it will never be more than a utilitarian and surface morality, without power and without authority, unable to mould wills or to direct consciences. We

desire to be a living force, and to redeem everyday honour; therefore we return to true principles, and place Ethics on its original foundation. Sooner or later the Schools must return to those principles with us, if they value their prestige and wish to maintain their authority.

At last our colleagues receive ethical teaching, thanks to the Post-Graduate Medical School. Let us hope they will profit by it! Their seniors have not had the chance of it. We have not received the necessary education in ethics and have had to train ourselves. What has the Faculty taught us? It has said nothing to us of our duties; it has cast us raw, ignorant and unprepared into a troublesome world, unsettled both by colleagues and patients; it has not warned us of the pitfalls and dangers which await us there; it has not told us what we must do or leave undone. We have been compelled to train ourselves with many fears and failures. How many have not actualised their moral education? How many have perverted or

marred it, especially when philosophical teaching goes astray, and when morality, the morality of duty, is no longer taught? We know there is a law of self-interest and enjoyment, but it imparts its own teaching to selfish and mean minds, and there is no need of schools for that.

If the teaching of Ethics is comparatively new, it has already been treated in many books. I instance the important, but not recent, works of Dechambre, Jubel-Rénoy, Brouardel and Grasset; the newer works of Legendre and Lepage; the excellent pamphlets of Professor de Louvain, and lastly my own works published twenty years ago:—

“Le Médecin devant la Conscience.”

“La Morale dans ses rapports avec la médecine et l’hygiène.” 10th edition in four volumes.

In the latter work, the second and third volumes are specially devoted to a number of ethical questions.

The two following books deserve special

mention; they are more recent and didactic in purpose.

Coppens. "Morale et Médecine, Lectures on Medical Ethics." French translation. Preface and notes by Dr. Surbled.

Canon Moureau and Dr. Lavrand. "Le médecin chrétien." Practical lessons in Medical Ethics.

This last work is remarkable, and its teaching is reliable. I have quoted freely from it and recommend my brother practitioners to read it. It does honour to the profession and especially to the Catholic Faculty of Medicine at Lille, from which it emanates.

This Book consists of six chief divisions :—

- I. Principles of Medical Ethics
- II. Medical Virtues.
- III. Relations with other Doctors.
- IV. Duties to Patients.
- V. Professional Secrecy.
- VI. Health and Morality.

I. PRINCIPLES OF MEDICAL
ETHICS.



I. PRINCIPLES OF MEDICAL ETHICS.

Chapter 1.

MEDICAL HONOUR.

Honour is the rule for each and the law for all. We must be true to it in our inner thoughts as well as in our public life. We must be passionately devoted to it, and jealous of it; it is a common blessing which raises us in the eyes of the world; at the same time it is a strict obligation, which we are bound to fulfil to the best of our ability. It must be precious to us, dearer than all titles and distinctions. It is a treasure which belongs to the profession, and we are jointly responsible for its preservation, because it will outlive us.

Let us recall the brave and noble words of François I. on the evening after the Battle of

Pavia, and maybe we may need to make them our motto: "All is lost, but honour." We may lose without regret all our worldly goods, evanescent and perishable property, but if we preserve our honour, nothing is lost and all is saved.

Let trials come, reverses of fortune overwhelm us, patients leave us, appointments be taken away from us, distinctions elude us; what matter if we have kept the moral law, done our duty, and preserved our honour.

At the end of life, when tired and worn out by the arduous labours of our profession, perhaps disappointed by fortune, without patients or friends, let us keep in remembrance the good which we have done, and console ourselves with the expectation of that Good which passeth not away. All is lost, but honour.

We have all known colleagues, old in body but young in heart, poor but honest, awaiting death with unruffled calm, because they can look back on a long life of labour and devotion, and have never been false to honour.

It is to be hoped that most of us will escape such a fate, but we must not be afraid of it. Happiness, true happiness, does not consist in the favours and honours which this world can bestow, in lofty titles and large incomes; it consists in doing our duty, and in the possession of a true, honest, and clean conscience.

Whatever future God may have in store for us, be it brilliant or mean, let us be worthy of our noble profession; let us discharge our obligations to the State; scrupulously preserve our honour; and remain loyally faithful to the Hippocratic oath, which defines our solemn obligations, and states a law which should be, in our eyes, inviolable.

Chapter 2.

CONSCIENCE AND RELIGION.

The Hippocratic oath is the law of medicine. It summarises ethics and contains all our duties. At one time, the newly qualified practitioner solemnly took it in the presence of the Faculty in session, binding himself on his honour, to observe its strict rules. It is very unfortunate that this splendid tradition was ever given up, and I am glad to say that, in our own day, the Catholic Faculty at Lille has been proud to revive it; young doctors now come before the altar and take the ancient Hippocratic oath.

The principle and meaning of the oath are excellent; so is the essential aphorism which must be retained:—"That the doctor must be learned, skilful in his art, and honest in every action of his life."

These words are grand and full of promise,

because they define all our duties. But it is not enough to say them; we must act them; the noble programme of ethics must be carried out. After the fruitless attempts and deplorable failure of ancient paganism, the Christian faith secured a great triumph when it obtained the complete and real practice of the oath. This practice alone has released and exalted minds, enlightened and strengthened consciences, fortified and elevated characters. By the inspiration of the Gospel, and sustained by the help of Christ and His Church, doctors have been able to break away from selfishness, pride and sensuality, to practise the higher virtues of their position, and to raise the profession to its present height in public regard and esteem. When they bestow their care upon humanity, they do not confine their attention to the body, but take into consideration the man as a whole, his mind and soul; they interest themselves in men's physical and moral concerns, and treat them with fraternal love. Their practice is ever inspired with principles of true

righteousness, defined and interpreted by the Church; hence it is imbued with Christian charity and cannot fail to be moral.

It is futile to boast of conduct regulated by civil laws alone. The Code is powerless to guide us. It is not concerned with human life, the individual or conscience; it only regulates the general interests of families or society; it does not recognise religious opinions; it does not affect men, except in their outward acts. We cannot regulate our lives by such narrow rules, or such a poor ideal. How many people are satisfied with them nowadays, and only kept in check by fear of the police? "Not seen, not caught," is their motto. Appearances excuse anything and conscience is only a word. People who listen only to their desires are capable of any roguery. We must certainly break with these morals, which are barbaric and indefensible; we must recognise, publish, and serve the moral law, which is greater than passion and self-interest.

It is a question of conscience. This is our

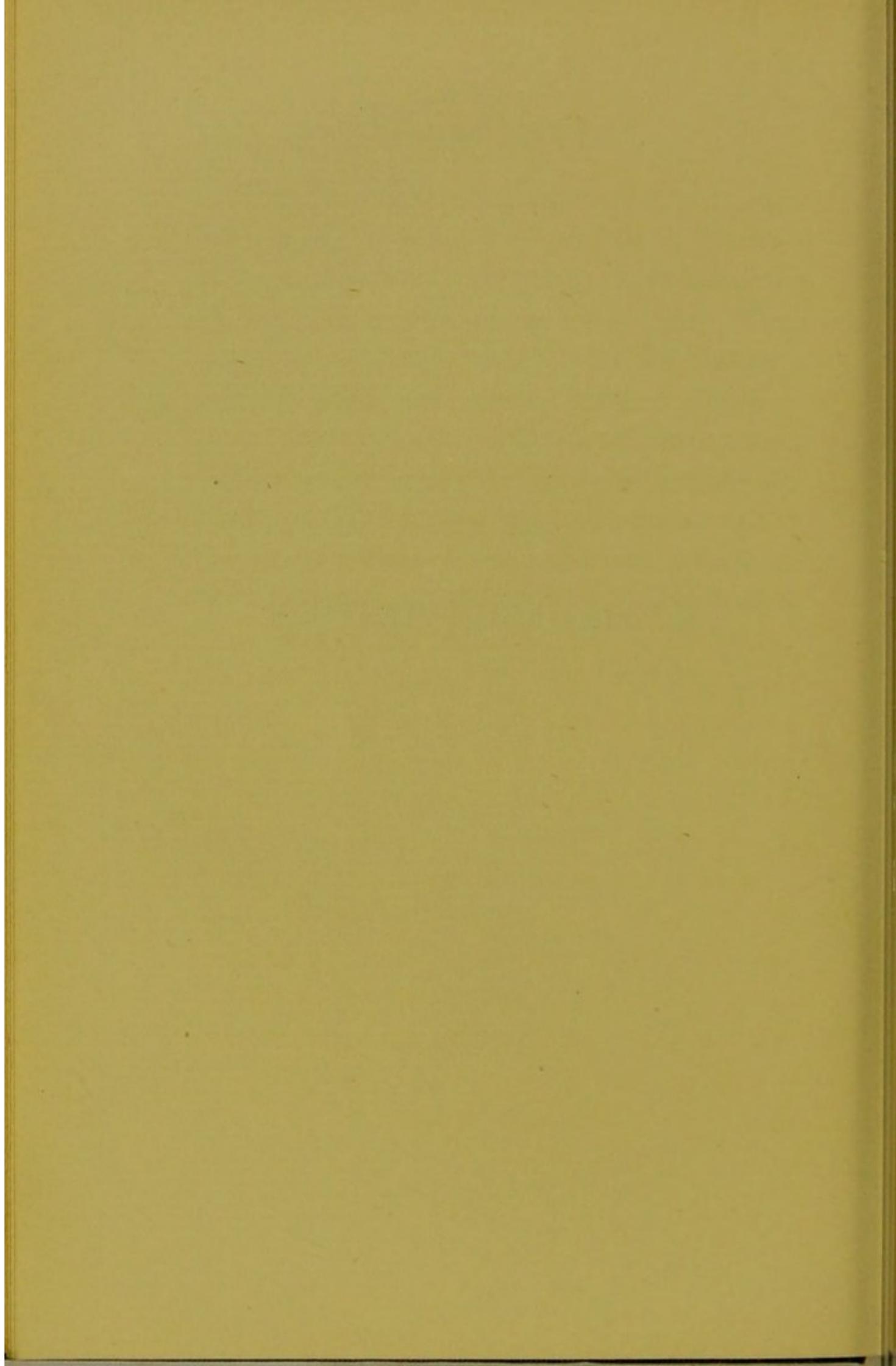
impregnable fortress and our great safeguard. It has to satisfy many demands and face severe trials. How will it perform its difficult duty if it is not inspired with the moral law, if it is not thoroughly religious, if it is not conscious of being sustained and strengthened from above? God implants the moral law within us, and God comes to our help and gives us power to keep it.

We require courage to publish the moral law, because it is a truth of faith and experience that conscience is either religious or does not exist. The doctor must have a religion and practise it without ostentation or wavering, must ever keep his conscience awake to his duty, his whole duty. No morality can be independent of religion.

“An attempt to form a system of ethics, medical or otherwise, apart from any idea of religion, means the overthrow of morality. Take away God, and man, having no one but his equals to look to, will not rise above himself; his pleasure will be his only law.”
(Moureau.)

Does not daily observation sadly confirm the saying of this wise author? "Neither God nor authority" is the cry. Men fall under the degrading yoke of their passions. They suppress God and raise up in His place a hateful fetish, the calf of gold or the beast of luxury. Brutal selfishness becomes the god of each, slavery the lot of all. Only one God can show us our duty and make us free and strong, able to overcome our selfish and brutal nature, and to fulfil our high destiny.

II. MEDICAL VIRTUES.



II. MEDICAL VIRTUES.

The medical virtues are indispensable. They are not only our duty, but a source of honour and power to us. They are also a joy to our hearts, and a satisfaction to our conscience. It will be enough to name them here:—Justice, Charity, Self-Sacrifice, Courage, Patience, Self-Denial, Discretion, Dignity, Honesty, Knowledge.

It is to be noted that these virtues are not set down in haphazard fashion, but in orderly sequence, in answer to a moral and logical necessity. The qualities of the heart and attributes of character are introduced before the intellectual qualities. The former are the most important and necessary, though all are needful. An ignorant man is better than a scamp; but it is essential that a doctor should be neither one nor the other.

Chapter 1.

JUSTICE.

Justice is the premier virtue, and is indispensable to us. It compels us to respect the rights of our neighbour, those which he has lawfully acquired as well as his natural rights. We may not injure his interests or reputation any more than we may shorten his life, damage his health, or dispose of his goods. This shows the wide realm of justice, in which our duty must be exercised. All is comprehended in the old adage: "Do nothing to others that you would not have done to yourself."

I cannot detail here our obligations to justice; they will be stated in the course of this book when considering our relationship to patients and colleagues. I shall content myself with saying that our charity and respect for human life must extend to the child, foetus and embryo from the very com-

mencement of conception, and prevent even the thought of abortion. They should also prevent us from experimenting or practising upon our patients.

The honour of our client must be no less dear to us than his life. We know his secrets and must not betray them. It shows great lack of justice to be guilty of an indiscretion prejudicial to the interests or reputation of a patient without reasonable justification. If we act thus, we do not observe that professional discretion which is a duty; we infringe the right which our patient has to his good name.

All offences against justice, and there are many, are largely due to thoughtlessness. It is rare for an honest doctor to do an injustice consciously and of set purpose. On the other hand, it is common for him to lack charity. Charity is the essential Christian virtue by which civilisation is created, and which our time so greatly needs, exposed as it is to the evil blast of materialism, if it is not to return to the cruelty of paganism.

Chapter 2.

➤ CHARITY.

Charity, which is the primary virtue of a Christian, should also be the characteristic virtue of a doctor. The loss of it robs the profession of its glorious halo of absolute self-sacrifice. It includes, properly speaking, all the other virtues, and we find it at each step which the doctor takes, and on every page of this book.

Charity, which constitutes the law of our life, is not the common and unavailing sympathy which men feel for each other, which was once called Philanthropy, but is now known as Altruism. It is the Christian charity which makes us love God for Himself, and our neighbour as ourselves for love of God. It not only prompts us to refrain from doing to others the evil which we

would not have done to ourselves; it directs us to do the good which we wish to be done to us. We help the sick man as a brother; we give him the care which his condition requires, because it is our duty; we do more; we lavish on him at times, care not strictly due to him, and render him every possible service.

This is Charity at its best. I do not consider it necessary to labour the point. Every Christian or even honest doctor knows the importance and necessity for Charity.

Chapter 3.

SELF-SACRIFICE.

We must spend ourselves in the service of the sick, and charity inspires us with self-sacrifice, that sacred fire necessary to a doctor. I have considered it elsewhere,¹ therefore my remarks here may be brief.

The doctor's self-sacrifice is constant, and is his very life. We cannot imagine the profession without it; self-sacrifice is its heavy burden but our greatest honour. We do not sell attendance, relief and health; we give them. This distinguishes our liberal profession from all mercantile occupations. A grocer will be agreeable and obliging, but the self-sacrifice required from us is never expected from him. Between the merchant and the doctor, there is an abyss which all the new theories can never span.

1. Dr. Surbled : *Le médecin devant la conscience*, p. 115.

Self-sacrifice is our honour. It makes us devote so much of our time to the sick that we neglect family business and all interests. It makes us give up our meals, evenings and even our nights. Obstacles never impede it. It defies the delays and rises above the difficulties which we experience in journeying to the sick; cold, snow, rain, storm in town and country alike. Nothing discourages us, nothing stops our progress. Self-sacrifice answers every demand.

Even age does not cool our zeal. Enthusiasm seems to grow with years and increasing practice, and we see tired and aged doctors equal to the most manifold and severe demands. To many, infirmity and even sickness are not obstacles. We have seen more; doctors mortally stricken, yet hurrying to the sick, even dying at the bedside of their patients. That was, not long ago, the end of Louvain and Foussagrives; and, only recently, Berger and Blache died under similar circumstances.

It is doubtless a noble fate, but we have all

seen and faced death at the bedside of those suffering from infectious diseases at the height of epidemics, and that is still more noble and enviable. I have neither time nor skill to praise medical self-sacrifice in a fitting manner; at least, let me hail here the innumerable heroes of duty, and cite them as examples to the rising generations of doctors. Our fame is to be found on this matchless field of honour. Let us preserve it faithfully. On that field, it is good to conquer and it is good to die.

Chapter 4.

COURAGE.

Self-sacrifice will not succeed without courage. The doctor must have force of character, courage and spirit, if he is to devote himself successfully to the service of the sick. No one has ever doubted medical courage. It asserts itself at every bedside; it is inscribed in letters of fire in the records of the human race; it fills every heart with admiration and respect.

Courage does not come as a matter of course; it has a rough apprenticeship. It has to overcome dislike, anxiety and needless fear, and make us equal to our duty in spite of everything. It is certainly difficult but magnificent at the bedside, where we have to risk sickness and death, unassisted and unobserved. But it is also practised on the

field of battle, in the midst of shot and shell, and then it is heroic. In 1831, sixteen French doctors volunteered to help the Poles who were in rebellion; fifteen died honourably, tending those wounded in the Civil War. I only mention this instance among many others.

What shall we say about epidemics? They do not daunt medical courage; they tempt and attract it. The powers that be can offer no reward commensurate with the doctor's bravery. I will only instance here the cholera epidemics of 1832 and 1849, and the more recent local epidemic in Sarcelles, in which the devoted Dr. Galvani received the red ribbon as a reward, and the no less devoted rector was promoted to be honorary canon of Versailles.

Need I go further and mention the generous imprudence of Desgenettes, who inoculated himself with plague in Egypt in the presence of the whole army, to bring back hope to the hearts of the soldiers, and to restore honour to our arms? This story is in

the recollection of all, but how many similar acts are there, which have not been honoured by a place in history?

Courage increases in proportion to difficulties. The most serious cases do not dishearten it. It makes us equal to the performance of our duty and carries us to the end with unruffled calm. The interests of the sick rule our acts, which are prompted by conscience alone. Courage exposes us to unexpected trials in social life, and sometimes to vigorous resistance and dangerous opposition. It must be equal to all demands.

Pinel was unsupported at the end of the 18th century when he publicly exposed the barbarous treatment of the insane. He caused the chains to fall from the prisoners at Bicêtre by the force and persistence of his protests.

Again, Desgenettes in Egypt, in obedience to his conscience, opposed the will of Buonaparte and successfully defended the sacred rights of humanity. The army was retreating, and several plague-stricken soldiers

were in the camp and about to be deserted. The commander-in-chief ordered his physician to give them opium, a poison. Desgenettes refused, and hurled at him this proud answer: "My art is to cure, not to kill."

In our own day, Legrand du Saulle protected the unfortunate people wounded in our civil war, and refused to give them up to the police with these words: "I do not recognise Federate or Versailles troops here; I only recognise the sick."

There are numerous instances of doctors opposing, with the unaided power of their knowledge and authority, the impulses of the mob, the passions of the time, and the intemperance of the great. They have taken up arms in the cause of justice, and have become disinterested champions of weakness and knights of righteousness.¹

In Burgundy, at the dawn of the Revolution, the township of Recey-sur-Ource was in a state of ferment. The whole popula-

1. Dr. Surbled : *Le médecin devant la conscience*, pp. 113, 114.

tion had invaded the church, and tried to compel the vicar to take the oath to the Constitution. The worthy pastor refused point-blank, vowing that he intended to remain faithful to God and his Church. The mob yelled with rage and were about to ill-treat him, when the doctor asserted his authority and, after some parleying, persuaded them to accept the vicar's resignation and to allow him to depart in peace. The poor priest went away sad at heart, and wandered for some years in foreign lands. Eventually, he felt an irresistible desire to return to France and see his beloved parish again. The doctor alone received him kindly, became his host and hid him carefully, for the Terror was at its height. The vicar said mass for several months in this godly home, resumed intercourse with his flock from there, and was able to carry on his secret ministry until such time as the revolutionary fury came to an end, and worship became free and public again.

The generous and brave doctor was named

Lacordaire. As you may have guessed, his charitable zeal was fully rewarded in the person of his wonderful son Henry, who later became Father Lacordaire, and was a great honour to the Church and to France. We doctors ought to be proud to include in our great family this brave apostle and holy saint, the mighty vindicator of liberty.

Courage does not always receive such a reward here below, but it always derives supreme satisfaction from the knowledge of duty done, not to mention the approval which it receives from men. Is it not a fine and noble part, to devote oneself to one's neighbour, especially when he is small, weak, or sick, and to defend and protect him against all comers? It is a noble ideal and worthy of realisation, apart from any reward but the love of God.

Chapter 5.

PATIENCE.

Patience seems an easy and minor virtue to those whose lives slip by without shocks or drawbacks, but it becomes formidable and meritorious in those who have to practise it every day and hour, as we have. A doctor must have patience, however difficult the exercise of it may be.

I shall only devote a few lines to it, having considered it elsewhere,¹ and shall merely recall the words of Pajot.

This distinguished Professor of the Faculty of Paris, expounding to his pupils the rules of Obstetrics, used to say to them : "You need to have three qualities : the first is patience ; the second patience ; and the third patience." This diverting prescription

1. Dr. Surbled : *Le médecin devant la conscience*, p. 142.

was a vivid expression of the truth. It can and must apply in its fullest sense to the whole of medicine.

It is necessary to have patience with ourselves to restrain our temper, soothe our nerves, check our irritability and anger. It is necessary during examinations, visits and operations, and even when recovering our fees.

Patience is just as necessary in our relations with clients. The sick are often irritable, discontented and impetuous, and we should always give them a pleasant and kindly greeting.

Patience is specially required in dealing with the relations and friends of the sick, who are often loquacious, inconsiderate and covetous. I could give many amusing and some sad experiences, in which my patience has been sorely tried but has stood the test. I will just mention one.

A rich gentleman over eighty years of age was dying. I was at his bedside with his niece, sorrowfully watching the course of the

death struggle. I was called away for a moment, and during my absence his kinswoman, thinking that the end had come, fastened a firm bandage under the chin of the dying man, as is usually done after death. On my return, I was obliged to assert my authority and have the ominous bandage taken away. The patient was not dead; he executed a few respiratory movements at longer and longer intervals; gave vent to a few sobs; and passed away. The niece had been too ready to suppose that the fateful moment for her inheritance had arrived, and I was obliged gently to remind her of the respect due to her uncle.

Conscience is our safest guide, our sure refuge, our real strength. In her must be sought the secret of our patience. Let us be faithful to the laws of honour, and we shall always maintain an unruffled calm in the presence of all human misery.

Chapter 6.

SELF-DENIAL.

Our blessed patrons, Saint Gomez and Saint Damien, gratuitously lavished their care on all, receiving no fees whatever; this gained for them the fair name of Anargyri. They have given us a fine example of self-denial. They are our patterns and protectors. Let us be proud of them and worthy of them, and pray them to train us more every day in the royal road of disinterestedness which leads to Heaven.

Self-denial is a virtue which we must have, for it brings us the greatest honour. It is also the one which is most appreciated by the public. But, alas, it is less and less practised now, and is on the decline. We must revive it and keep it in its entirety, for it is our distinguishing characteristic and safe-

guard. Of course, it does not compel us to be Anargyri; it does not direct us to give up the profits of our art, the just reward of our trouble; but it does prevent us from making our profession into a lucrative trade, and from oppressing our clients. It forbids us to behave towards our patients as though we were cruel vampires, greedy extortioners, and mercenary men. The profession is to provide a living for us and our families, and we must practise it honestly, but not as greedy and grasping speculators.

The doctor lives by his profession just as a clergyman lives by the altar. He gets pay for his trouble when he can, but he does a great deal for the poor, and he does not expect to lose by practising medicine for nothing. Besides, he never claims the full reward of his trouble, even from his richest clients; he merely expects and receives fees. The distinction is important, and respect for it ennobles the profession in a peculiar way. With reference to this, read again the noble words of Henri Perreyve :—

“There are some things which we have to give up the idea of paying for in this world. We cannot pay the soldier on the field of battle, we cannot pay the priest at the altar. Still more, we cannot pay a doctor for risking infection, and holding many times a day, from duty rather than from choice, a hand which perhaps relatives and friends were forsaking. This is a debt which is never repaid except above, from the eternal treasury of God; and here below, by the gratitude and undying remembrance of our patients.”

Even when paid, we are entitled to the gratitude of the sick, whom we have attended, relieved, or even saved. But have we always the pleasure of enjoying it? Alas! No. The ingratitude of patients, when once they have recovered, is quite common. How many pay us badly, how many do not even pay us at all? I shall deal with this important question of fees later. Let me content myself here with one remark. We must be philosophical or must learn to

become so. The profession has in store for us many disillusiones, disappointments and losses. Let us not trouble more than is reasonable on account of these inevitable deficiencies, but let us believe that we should be too rich if we realised all our debts. We must set aside God's share, which will be paid to us above from His inexhaustible treasury.

Chapter 7.

DISCRETION.

We signify by the word Discretion the delicate reserve which we ought to practise towards our patients, present or absent, scrupulously respecting their person, honour, modesty, interests and all their secrets.

Discretion includes professional secrecy with its many conditions, which will be considered later. But it is not confined to this; it has a wider outlook.

For instance, without violating professional secrecy, many doctors are indiscreet. They are open-hearted and loquacious, and not content with the simple discharge of their professional duties; they busy themselves with their patients' private affairs and households; gossip about them everywhere; and thus run the risk of losing confidence and

respect, not to mention the annoyance which their intemperate speech may bring upon themselves. Our self-interest should prompt us not to interfere with the private life of our patients, but to confine ourselves strictly to the health of those entrusted to us. We should practise extreme caution. Prudence is the mother of safety.

We should take care to be extremely correct in bearing and speech, even towards our poorest patients; we must never offend the private opinions or feelings, even of the hypersensitive. Respect demands this, and it is still more a question of politeness. We must reverence custom. Some doctors are callous, ridicule everything, and take indecent liberties, which are embarrassing to their patients. They talk slang, use rude expressions, make vulgar and coarse remarks, and so outrage the most ordinary decency. They wantonly insult their patients, and do themselves very great harm by the eccentricity of their bad breeding. We are not veterinary surgeons; we must show every consideration

to our patients, in our words as well as in our actions. But the standard of the profession has fallen so low, and materialism has worked such havoc, that this surprising attitude and unworthy conduct are common, and tend to become general. We must make a definite stand against the degradation with which the profession is threatened, in the name of dignity and good manners.

We are bound to show respect to all our patients, but especially to women who consult us. They must be thoroughly examined without hesitation, but it must be done with scrupulous regard for decorum. How many doctors undertake this duty without tact! How many are careless and insultingly brutal! They lack consideration for their patients and outrage their feelings and modesty. We cannot be too careful in a consultation which has its risks.

Close examination is, of necessity, difficult and embarrassing. The doctor is a man, and is often moved by the lust of the flesh and the strength of his passions. This does not

matter, if the man is lost in the physician, and the doctor confines himself to his duty. This does not matter, if he has sufficient mastery over his feelings to betray no emotion, to conduct his examination methodically and calmly. Nature is then not suppressed but subdued. The feeling of duty is strong enough to raise us above low instincts, and make us capable of putting all our knowledge and zeal at the disposal of our suffering patients. But it would be idle to maintain that such a task is easy and free from risk; sometimes it involves us in strong temptations and sore trouble, and nothing but the high conception which we have of duty gives us sufficient strength to perform it.

Does not the most ordinary refinement direct us to respect our patients in the practise of our profession? No doctor would be so mean as to abuse his art, and make himself unworthy of trust. It is a question of conscientiousness, and there is no doubt of the answer in the world of honest men.

Chapter 8.

DIGNITY.

Dignity is a virtue which gives us distinction; it raises and ennobles our profession. We must be steadfastly loyal to it, if we consider public respect. Our honour is in our own hands, and we only forfeit it by our fault. "Honour a physician," says Ecclesiasticus. As a matter of fact, all the respect of grateful people comes to us easily, but we must be worthy of it. We must show our self-respect by constant politeness in our behaviour, conversation, conduct, and in all our actions.

The doctor's behaviour and deportment must always be gentlemanly. His manners must be neither affected nor slovenly, neither eccentric nor vulgar. He must not aim at gaudiness, and he must be refined. At one

time, it was the rule to wear black, and it would be seemly to keep to it. But it has become the fashion to dress differently, especially in the country, and there is no objection to this, provided that dignity is maintained.

Of course, a doctor must be very neat in his clothing, linen and person. Not only does health require it, but people are very sensitive on this point.

Deportment is very important. It implies good manners and a perfect education. The well-bred doctor will not lose his composure in any predicament, and is not awkward in any society; this virtue is necessary in our profession. How many doctors do not practise it, and give way to their feelings too readily! How many, who have sprung from the people, cannot put on the polish of the world, and observe its good customs, that is to say, good manners. They are noisy, boastful and vulgar; they take liberties which are in bad taste, and betray their lack of education by their behaviour. They are

hard upon the poor and fawn upon the rich. They do not treat all their patients alike, and cannot preserve their dignity. They make themselves obnoxious to society, and quickly lose their better patients.

Our outward conduct must be beyond reproach. A doctor, who is daily called upon to advise and guide his patients, must necessarily be a pattern to them. It is essential that he should be temperate and well-mannered.

Need I mention that temperance is obligatory? Every self-respecting doctor must abstain from excess at table, and especially from abuse of alcohol. How many unfortunate doctors give way to drunkenness and vulgar debauchery! They run the risk of losing their presence of mind at the bedside, making serious mistakes, and blundering when performing operations. They degrade themselves shamefully, forfeit the respect and confidence of the public, and bring discredit upon the profession. It is the same with those who indulge their passions and

take advantage of their privileged position to tempt young girls or to commit adultery. They must have lost the moral sense to disgrace themselves in this way. The most elementary feeling of dignity enjoins us to respect all our patients, and to practise the chastity we preach to them as wholesome, healthy, and moral. What unequalled power the purity of our lives gives to our advice! How seriously guilty we are, if we do not commend good manners by our example!

The dignity of our actions is seen in the honesty of the means we employ to establish our position, bring up our family, and obtain fame and fortune. Honesty will be the subject of the next chapter.

Chapter 9.

HONESTY.

Honesty has been called the small change of honour. It is all the more necessary to us, because honour is the law of our profession. We must be loyal to it, and specially careful that we are neither injured by any reproach of quackery, nor touched by a suspicion of irregular methods.

The thief and common quack are quickly detected, but the quack with a diploma and a licence, the irregular physician, is more difficult to unmask, because he uses precautions and clever contrivances to conceal his evil practices. He has high-sounding titles, an imposing establishment, numerous decorations, luxurious waiting-rooms and a princely retinue. He has everywhere friends, patrons, and others who are indebted to him. He

uses the press, and offends good taste by advertising extensively in papers, reviews, and even on public hoardings. He engages secretly in business, practises swindling and blackmailing, sells remedies, accepts commissions and bribes, and lives happily and at peace, powerful in the knowledge that he cannot be punished. There is no legal remedy for these faults. We must appeal to the good sense of the public, who will rebel sooner or later against the practice of such gross deception under the protection of a sheet of parchment.

It is to the advantage of every doctor to secure the exclusion from the profession of the pirates who disgrace it in this way. The courts have already suspended, for one, two, or more years, doctors who have not scrupled to practise fraud. For the sake of our common honour, it is to be hoped that these suspensions are rare; but I must say that they are justifiable and necessary.

Many practitioners, though not chargeable with fraud, are really dishonest. They

exaggerate danger, and misrepresent the nature of the diseases from which their patients are suffering. Some doctors, whom we may call Pessimists, habitually behave in this way. They make a rapid examination of the patient as soon as they reach the house, then assume a solemn and serious air, and pretend to be very concerned. They always answer the anxious questions of the friends by saying : "The case is very serious. I cannot answer for the patient. His life is in danger." Then they speak of meningitis, croup and appendicitis, without good reason, merely to distress the patient's relatives. Such conduct is objectionable. How can it be remedied when doctors will not listen to the voice of conscience, and only consider the obvious result of their untruth? This does not mean that in doubtful cases it is wrong to use the greatest caution. We may all be divided into Optimists and Pessimists, and this is not always our fault, but a matter of temperament. But we can and ought to struggle against our personal and natural

dispositions; to try and avoid either pessimism or optimism; to hold the balance justly and adhere strictly to the truth. In practice, it is always useful to take a rather despondent view, especially in doubtful cases; then, if death ensues, we have prepared the family for it; while if the case terminates favourably, we shall obtain more or less credit for the cure. We are not forbidden to be clever, or to take advantage of circumstances.

The spirit of quackery, or, if you prefer it, of commercialism, is also seen in the employment of doubtful, improper and unscrupulous means to obtain patients and money. For example, some people make use of intrigues and tricks; others appeal to the lay public. These means do not exactly constitute robbery, but they are not strictly honest; before their moral value can be properly estimated, the necessary distinctions of particular cases and persons must be made. It is an undoubted fact that advertisement, unknown to our predecessors, is allowed at the present day, and is to a

certain extent necessary; but it must be honest. The chief point is, not to lapse into quackery by overstepping due limits.

We are forbidden on principle to publish books for circulation among the general public. This practice is contrary to professional dignity and honour, and those who trust to it lose every right to the respect of their colleagues. It is the test of our integrity, in fact. We cannot and must not advertise on hoardings or on the back pages of newspapers; we are not tradesmen and we cannot employ their methods.

Publicity among our scientific brethren is quite open to us through the medium of the press (newspapers, pamphlets, reviews and books). In these, we can publish our work and make known our discoveries. If we obtain patients by such means, we reap an honest reward; but even here, there are subtle temptations and dangers, which we must observe and avoid. We run the risk of tending towards quackery, and often lapse into it in the name of science. I knew one

colleague who had charge of a magazine review for which he was paid, and utilised it to recommend sanitary and food products, specifying exactly the mark and address of the manufacturer. He was trading unworthily, perhaps without suspecting it, and was degrading our profession. True publicity lies in our successful cures, in the tried and constant self-sacrifice which we place at the disposal of our patients.

Are we justified in prescribing secret remedies? Certainly not. A secret remedy is a danger to the public health, even though it be profitable to the man who discovered it. The law forbids the sale of such remedies for that reason. No good doctor can prescribe a remedy without knowing its composition; if he does, he endangers his patients, and is guilty of quackery, deceit and imposition. Secret remedies can only excite distrust and fear in us; even the most enthusiastic testimonials should not induce us to use them. It is obvious that specialities, which are coming more and more into favour, do

not come under this category, because the nature of their active principles is known, even if we cannot say in what proportions they are present.

Has a doctor who devises an operation or discovers a remedy, serum, etc., any right to keep it secret and derive profit from the exercise of his monopoly? This is a very delicate question. It has been much discussed, and it has been decided in France that he has no such right. Pasteur and Roux gave their sera to the world without expecting any reward whatever. They worked for honour, for humanity, and the common good. It has been decided otherwise in Germany, and scholars there make the most of their own inventions. Each country has its own manners, customs and inclinations. But, while we do not call in question a practice which is a matter of taste, we prefer our own method. Still, governments have no right to hold aloof from science, and it is their duty to further its progress. It would not be a bad plan to

reward inventors and encourage them in every way, especially by assigning national pensions to them. Jenner had his, and so had Pasteur. Why did not Branly receive one?

Medical self-sacrifice is most praiseworthy, but it has its limits. Does it prevent us from entering into partnership? Certain important distinctions have to be made on this point.

It is not right for a doctor and a chemist to enter into partnership. Such arrangements are always suspicious, entail doubtful measures, and inevitably degenerate into deception and theft. Morality condemns them, but they flourish under many guises for all that. Sometimes a doctor sends all his patients to a chemist's shop in which he has an interest. In other cases, a chemist provides funds for a so-called free clinic at the back of his shop or in a neighbouring house, and some poor doctor attends to give advice. For many years, one of the fashionable authorities on Tuberculosis in Paris has

been giving all his patients a stereotyped, extemporaneous prescription, containing six or seven ingredients; it has to be made up by one particular chemist. It is expensive, but very profitable to the two partners. Some chemists qualify as doctors, and the law allows them to practise the two professions. But the doctor will unconsciously serve the interests of the chemist, unless he has very great force of character. This pluralism is dangerous, though it may be honest in some cases; it is a question for our conscience to decide.

What must be our attitude towards other payments which are becoming more and more common? Sums of money are paid to doctors annually by owners or tenants at health resorts, by the managers of asylums, retreats and surgical homes, by registry offices, and by manufacturers of apparatus, bandages, etc. No single answer will fit all these cases; they must be considered one by one.

Payments by those interested in private

asylums and watering-places are immoral and illicit. The practice should be condemned all the more because well-known doctors, successful men and leaders of the profession benefit by it. They do not hesitate to accept large sums, 10,000 or 15,000 francs a year, or even more, in consideration of their sending wealthy patients who trust and consult them to the hospital or spa. These practitioners misuse their position and influence, take unfair advantage of their professional standing, and become merely canvassers.

Must we likewise censure those doctors who receive three francs for finding a place for a nurse? We know that the choice involves difficulties, that grave responsibilities ensue, and that our efforts are often unsuccessful. I do not think that the doctor should be blamed, and I consider just and lawful the small reward which is given in these cases.

Are we to condemn a doctor who sends his patients to buy a pessary or special

bandage from a reliable shop, which grants him a small allowance? I do not think so. This question of apparatus requires examinations, letters, and sometimes even one or more journeys, for which the doctor is paid little or nothing. Any kind of trouble deserves a reward, provided, of course, that the diagnosis is correct and not fictitious, and that the apparatus is indicated and necessary.

It is further essential that the house recommended should be sound, respectable and of good repute. We shall not send patients to firms which are unreliable, dubious and tenth-rate, simply because they offer us discounts of 20 or 30 per cent. on the price of apparatus sold. This is mere trading and our conscience forbids it.

We are not forbidden to take shares or debentures in companies which own or rent establishments at spas or winter resorts, sanatoria, etc., or which deal in specialities, provided that the institutions are genuine, the specialities reliable, and that we do not prescribe either, except they are actually required. These three conditions must be

combined to satisfy the requirements of conscience. If they are not fulfilled, we must refrain from recommending these places or specialities.

Mineral waters are indicated in certain cases, to which we must restrict their use. Some of our brethren are interested in springs, and become mere agents for them, recommending them on every occasion. I know one, who boasted that in one year he made his patients drink 10,000 bottles of a certain mineral water, which is only applicable to a limited number of cases. He was not afraid to take the risk of ruining the Company and himself with it.

There are good societies, and it is to the interest and honour of the medical profession to support them. They deal in mineral waters, and devote their large profits to secure retiring pensions for aged and infirm doctors, and for the widows and orphans of medical men. Such, in particular, is the French Society of Mineral Water Manufacturers,¹ which has been established twenty

1. Registered Office, 29, Rue de Londres, Paris.

years. It has 5,000 members, makes an annual profit exceeding half a million francs, and has already secured annuities of 1,000 francs for nearly two hundred aged colleagues. I recommend my younger brethren to join it without hesitation or delay. We doctors have neither the retiring pensions of officials, nor the capital of manufacturers, and we ought to secure ourselves against a rainy day, old age and infirmity by joining a mutual aid society.

Some doctors have an interest in certain medical, sanitary, or even food products, and secure a profitable market for them by daily ordering them to their patients. This trade is cleverly concealed, but for all that they are impostors, to use no stronger term. Some are more daring and open; they are not ashamed to prescribe specialities which they have introduced and branded with their own names. They take advantage of human folly in this way, and find it very profitable. I could mention the name of one doctor, who ordered all his patients two of his own pre-

parations. I will call them "Roublard's Syrup" and "Roublard's Injection," so that I may not give publicity to a dishonest advertisement. How can any self-respecting doctor employ such unworthy methods?

In this rapid and not very satisfactory review, we come to the doctors who degrade their art and set honesty at defiance by knowingly giving wrong information, inevitably bringing into their work evils which are unnatural to it. This is particularly the case with specialists. I will endeavour to exercise discretion and caution in discussing this delicate question which bristles with difficulties. The faults which I am about to describe, though rare, are undoubtedly met with. They may frequently be ascribed to genuine unconsciousness, which results from constant and unremitting application to one particular branch of the profession; therefore we ought to be comparatively lenient in dealing with them.

Honour to whom honour is due. Surgeons should be mentioned first, for they are often

guilty of the offence which I am criticising. How can they always resist the temptation to operate? They easily find an excuse for interference in everything, pain, discomfort, and even æsthetics; and does not their knife work wonders? There is certainly a tendency towards excess in operating, and if surgery is to blame, the deluded public undoubtedly has its share in the responsibility. Two or more doctors should carefully consider every case before it is decided to operate. The surgeon is always ready to interfere. It is the duty of the family doctor to restrain him, to prevent excess of zeal, and only to sanction planned and necessary operations. What surgeon nowadays can assert that he has never performed operations which were, to say the least, useless? We should aim at nothing but the cure of the sick, consider his interests as paramount, and remember Billroth's splendid rule. This eminent German surgeon never operated on a patient until he had asked himself this question: "If I were in his place, should I decide upon an opera-

tion?" This is the true criterion from the point of view of conscience.

Masseurs. The services rendered by these specialists are very valuable, but, being specialists, many are inclined to see reason for massage everywhere. The indications for its use are numerous and definite; if we confine ourselves to them, no harm will be done. Many are not satisfied with this, and perform massage when there are actual contra-indications; this is a mistake. There are physical and moral dangers in massage to many, especially to nervous subjects. I will not lay stress upon this. But I must mention gynæcological massage, which has been greatly commended of late. As I have stated elsewhere,¹ I do not consider it desirable, save in exceptional cases. This massage is, in short, only dangerous and immoral friction of the clitoris, and the custom borders on abuse.

Syphiligraphers. These specialists gener-

1. Dr. Surbled : La Morale en médecine, Science catholique, August, 1893.

ally make sure of their ground, but many are prompted to see disease where it does not exist, and are no longer content with a diagnosis of parasyphilis. Men of good standing usually avoid this fault, but not always. It is difficult to resist the bias which results from constantly seeing patients suffering from the same disease.

An elderly bachelor whom I knew exposed himself to risk of infection with syphilis. I examined him several times, but could never find any trace of the dread disease; but he was not satisfied, and remained melancholy and anxious. It was therefore decided that I should go with him to consult a specialist. My learned colleague examined the patient carefully, assured him that there was nothing the matter with him, and gave his advice in these humorous and peremptory words: "Let me warn you, sir, not to come and consult me again for an imaginary illness." This time the sham invalid was convinced, and went away happy and contented.

I could multiply instructive cases like this, which do honour to the profession. Why should I proceed to mention sad instances in which the confidence of patients has been shamefully betrayed? In some cases, perfectly healthy people have been pronounced syphilitic, and treated accordingly. This is a strange abuse of the ignorance of the laity, and the honour of the profession. A doctor treats a case of syphilis which does not exist and obtains a radical cure; here is a triumph of art. But if such a practice is profitable, what does conscience say? Such offences must be deplored.

Oculists. Like other specialists, these men are inclined to extend indefinitely their field of activity, which is only visual after all. It cannot be denied that diseases of the eye often depend on general conditions of health or on diatheses, and it is right to look for causes everywhere; but oculists sometimes go too far and err from excess of zeal.

Electricians. This department is cer-

tainly very popular and peculiarly liable to encroach upon others. Electricians are not short of patients. The indications for their skill are very numerous. How many men tax their ingenuity to extend them, and see them everywhere? The electric current seems to be suitable for all diseases in the opinion of those who use it, and to succeed where other methods fail. One man treats constipation with great success, but it is only cured after fifteen or twenty applications at twenty francs each; the treatment is costly, but very successful and pleasant. Another treats hæmorrhoids, removes superfluous hairs or restores hair, on equally profitable terms. One doctor, called upon to administer an enema of electricity (for intestinal obstruction), said that the treatment was excellent but that it must be repeated to secure a satisfactory result. Unfortunately, the patient did not wait for this, dying before the second enema was administered.

It is natural that electricians should look upon their special branch as a panacea, but

they are not always content with this. Many lapse into quackery, and promise in newspaper advertisements to restore strength to their patients, provided they have not lost all their virility. I do not comment on this conduct at length, for it has nothing to do with medicine, and is not practised at all by qualified Frenchmen. But I should like to refer briefly to the lying promises of quacks, licensed or otherwise, who undertake to remove wrinkles by the electric coil. It is easy to promise a beauty cure, but it is less easy to perform one, especially on those who have forgotten how to be beautiful. The exploitation of human gullibility is like cultivation of smartness in women; they are both interminable, but it is not desirable that our brethren should encourage it. The possibility of gain is a temptation; we must resolutely resist it. We must not imitate the electrician who undertakes treatment by contract. Coil in hand, he promises to attend a patient for three or four hundred francs a year, and save him from every evil

chance. It is good to receive fees, but they must be earned, and earned honourably.

Alienists : Neurologists. The territory of the brain and nerves is new and little known, and it is all the more necessary to be conscientious when dealing with it. The cases are frequently obscure and puzzling; the diagnosis is incomplete; therefore the treatment adopted by different specialists varies remarkably. I once saw a woman suffering from melancholia, who had been taken to three consultants in turn, and had received different advice from each. The first spoke of travel; the second advised bed; the third decided in favour of seclusion. Which was to be believed? The family followed the advice of the third, and were wise. But it must be confessed that they had reason to be perplexed and undecided.

This is not the greatest evil; *errare humanum est*. Alienists are disposed to include everybody in their special branch; herein lies a danger; they see madmen everywhere. Our learned teacher, J. Grasset, admits that

some people are half mad, and we used to ask him to agree that some are quarter mad. But if such a classification is generally adopted it becomes dangerous, for the law of 1838 is still in existence, and a doctor's signature is quickly placed at the foot of a reception order. The professor at Montpellier is conscientious and honest, and everyone may trust him; but there are other alienists. May not some be capable of abusing their skill and power? Every man is at the mercy of their discretion, and their conscience alone can secure us against despotism.

Is this conscience always spotless and beyond reproach? Alas, we cannot say that it is, for quackery is practised in this subject as well, and its results are worse than in other cases. I will give one characteristic example of this.

A young lady patient of mine became insane at the age of sixteen. She was quiet but melancholic, and lived with her family. Her mother, who was very rich, could not reconcile herself to her trouble, and, unknown

to me, went to consult a specialist attached to one of the hospitals. This doctor (who is now dead) had no hesitation in promising to restore the poor incurable girl to health, and undertook the treatment of the case. I am ashamed to state what treatment he adopted.

At first the specialist said that the disease was in the poor girl's blood, that it was impoverished and must be regenerated. For that he boldly proposed transfusion.

I was present at the operation. A young servant living in the house gave her blood, and everything was done properly. The result was entirely unsuccessful. The unfortunate young lady remained insane.

The mother was not disheartened, and sent again for the specialist. Of course, he pronounced the transfusion insufficient and suggested a second operation to arrive at the desired result. This was therefore arranged and soon performed with the assistance of a hospital nurse; the servant was engaged to be married and refused any further assistance. Needless to say, the second operation was as complete a failure as the first had

been; but again the specialist did not go away with empty hands.

Is this all? No. The mother persisted in her desire to save her daughter, and the specialist was anxious to make the most of his good fortune. He was rash enough to suggest treating my patient by hypnotism and suggestion, though he knew perfectly well that these methods are quite useless with the insane. The first sitting was held in my presence; the invalid stubbornly resisted the induction of sleep. Our friend the alienist did not admit his failure, but went away with well-lined pockets and fair promises. He instructed me to continue the treatment at intervals. I obeyed as a matter of form, but I gradually made it clear to the unhappy mother that her daughter could not be hypnotised, and that I was wasting my time. This was undoubtedly true, and was not news to me; but it was a new experience to find myself dealing with a fellow-practitioner who was dishonest and base, in spite of the prestige and titles with which he was invested. Is it necessary to mention that I refrained from

informing the family of this serious indiscretion? It is our duty not to enlighten the public concerning the faults of our colleagues, but we have a right to discuss them with the brethren. We should caution the young against such delinquencies, which involve the honour of the profession.

Let us stop here. If we would be always honest and worthy of trust, conscience must direct our actions. It is our only guide and it is prompted by the moral law, which is the law of God. Some men are full of good intentions, but are discouraged by obstacles, They are afraid of failing miserably if they follow the moral law without faltering. Let them set their minds at rest; let them have confidence and walk uprightly; the way is certain. They have as authority the words of the Gospel: "Seek ye first the Kingdom of God," which may be paraphrased thus:— Practise justice and charity, retain true liberty, always do your duty; "and all these things shall be added unto you." All these things, that is to say profit, respect, honour, but especially honour and happiness.

Chapter 10.

KNOWLEDGE.

It is essential that a doctor should have knowledge. He must be skilful in his art if he is to look after his patients successfully and treat them suitably and promptly; if he is not, he fails in what he undertakes, belies his diploma, does not relieve his patients, and runs the risk of making them worse or losing them.

Medical knowledge must be well-grounded and up to date. But, needless to say, it cannot cover the whole subject. It is important that it should be comprehensive. We must all have ordinary knowledge, and be gifted with the power of rapid observation and skill. We must be competent to deal with ordinary diseases, and to recognise that we ought to summon consultants or specialists in cases of extraordinary difficulty.

Many doctors do not fulfil these conditions. Several disgrace us and do harm to their patients. The ignorance of many is colossal and embarrassing; this does not diminish their confidence, but seems to increase it. Their little knowledge revolves in a narrow circle and clings to a few ideas which date from the Schools. They have derived no benefit from an extensive but routine practice, and have studied neither text books nor the book of Nature. One doctor whom I knew made a practice of diagnosing only three diseases, and proudly guaranteed to cure them; meningitis when there was headache, pleurisy in the case of pain in the chest, and peritonitis when there was pain in the abdomen. He manipulated these with such skill that he enjoyed great success. Another failed to recognise an obvious fracture of the clavicle, and ordered plasters to be frequently applied to the injury. A third was taxed with not having applied a ligature in treating a deep wound of the palm of the hand, and excused his

neglect by saying that the artery had retracted to the axilla. Let us not jest with patients or with truth, but steadfastly maintain a high standard in our profession.

In a word, it is not enough to have knowledge; we must keep in touch with its conquests and progress; we must keep abreast of the times and develop our faculties. We learn all our lives, especially in medicine, but the task requires application and exertion; it is always strenuous and difficult. A diploma does not make a doctor, as students too readily suppose; it marks the beginning of our studies, not the end. The real doctor is made and perfected at the bedside. We all learn as much as we can from the practice of our profession; we study each individual case, think about it, consult text books, and labour constantly and vigorously. Our patients derive benefit from careful cultivation of the field of pathology, and so do we.

In order to keep abreast of medical knowledge, it is necessary to read professional reviews and newspapers, reports of societies,

pamphlets and new books. We learn new ideas, remedies and methods in this way; we do not apply them indiscriminately, but use them with prudence and caution. We should always be loth to adopt new methods, even though an authority may recommend them. We must not forget the distressing history of Tuberculin. This German remedy was very highly commended; it was supposed to save consumptive patients, but, far from curing them, it made many worse and killed others.

All our methods should be based on well-established facts, and we should endeavour to harmonise and balance tradition and progress. We must be well versed in tradition, which sums up the wisdom and experience of past ages; we must not turn our backs upon progress, but must profit by the present; this is the proper way to insure success for the future. Unfortunately, we are too often inclined to go to extremes, to give up tradition in favour of progress or *vice versa*. This is a mistake, and we should guard against it.

My learned friend, Sir Dyce Duckworth, taught us a much-needed lesson on this point at the famous conference organised at the Faculty of Paris by the English "entente cordiale" in February 1908. He showed the paramount necessity which exists for constantly reconciling tradition and progress. We must love knowledge, keep pace with progress, but, above all, study disease by the bedside. It is well to cultivate bacteriology, but not to the neglect of clinical study.

Two months later, in April at Lyons, came Professor Teissier's brilliant reply. It states certain facts, but it is too optimistic and overconfident. I have pointed out elsewhere all the objections it raises. Our leader at Lyons boasts of the advances of science. I do not dispute them, but I know there are vast gaps and distressing defects in our knowledge. He tells us that we can cure plague. Can we cure diseases which flourish under our very eyes, such as tuberculosis and cancer? Unfortunately, we can not. The eminent professor also extols Cytology; it is very

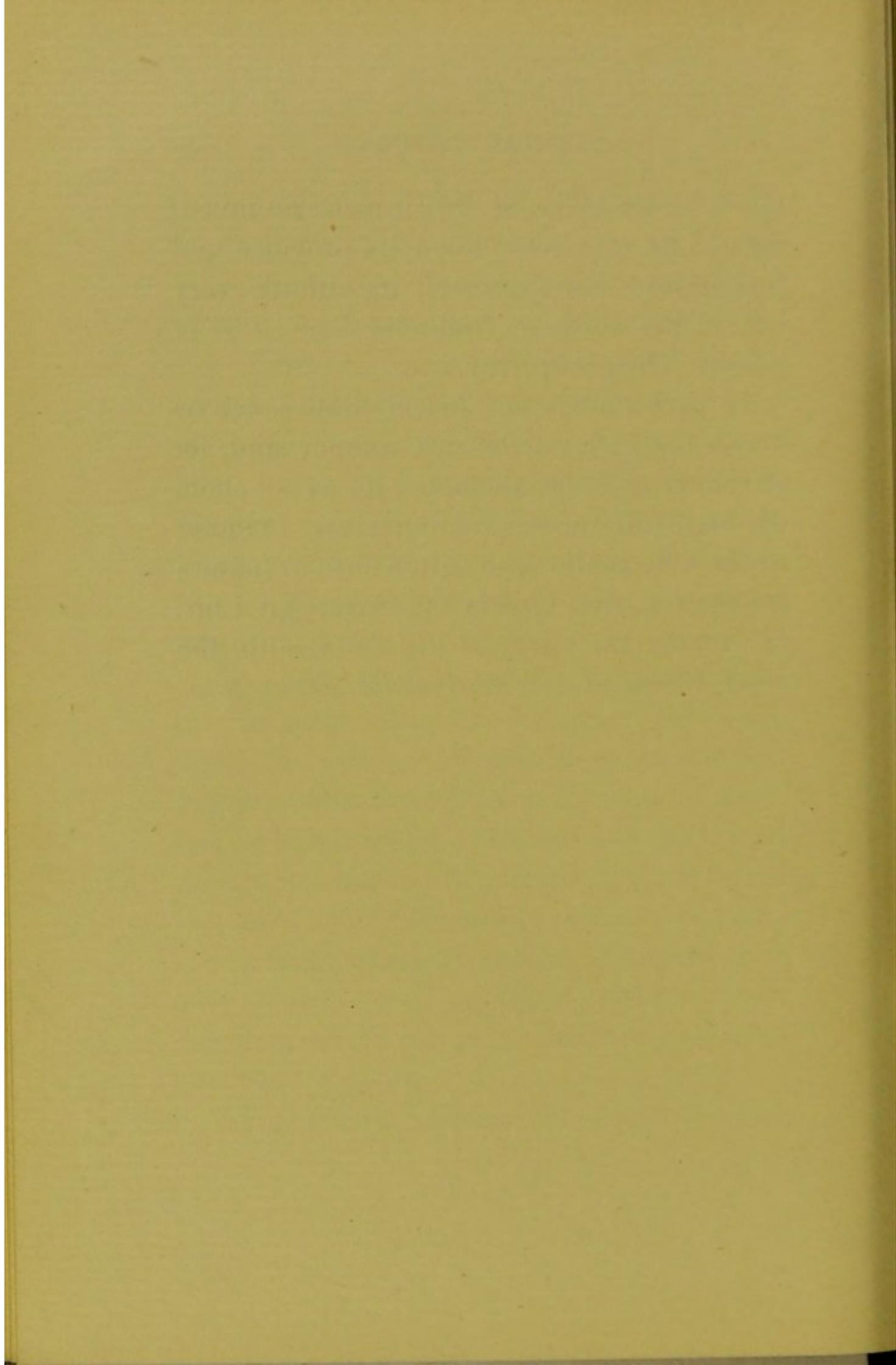
interesting and full of promise, but is it an exact science? Can a doctor rely on it, and derive immediate benefit from preparations made in the laboratory? I do not think so. The different forms of leucocytes (polynuclear, mononuclear, eosinophile, etc.) play an important part, but they have not yet been thoroughly and completely studied. We must await the results of laboratory work, but we need not neglect the study of disease in the meantime; the latter is the important thing.

Experienced doctors should be humble and modest. Let us recognise the weak points of science, as well as its greatness; the failures of medicine, as well as its success. Let us love science, but love truth more, and declare it without keeping anything back. We have abolished neither sickness, old age, nor death, whatever vulgar advertisement may claim, and we must abstain from promises which cannot be fulfilled and from shadowy Utopias.

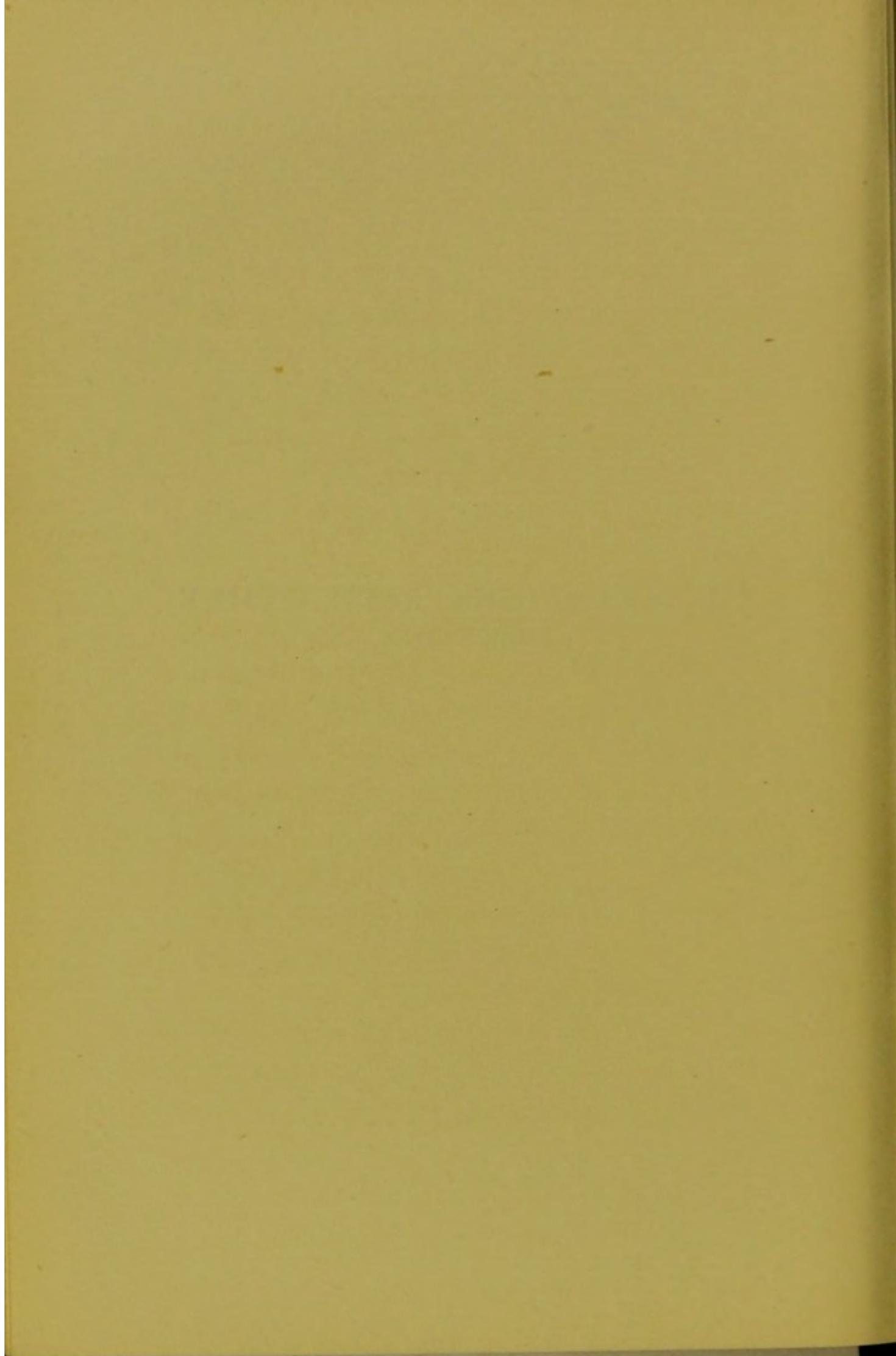
We ought to maintain the noble position

taken by medicine of old; it made an inventory of its resources; knew its province and limitations; and expressed its attitude very well in the words of Ambroise Paré: "Je le pansay, Dieu le gueray."

In performing our difficult duties, let us lavish our care on the sick without stint, let us relieve and cure them, but let us not claim the credit of success for ourselves. Nature works effectually and often heals (*natura medicatrix*), and God is the Sovereign Lord of Nature, the Giver of life and health, the great Physician. *Nos remedia, Deus salutem.*



III. RELATIONS WITH OTHER
DOCTORS.



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Chapter 1.

GENERAL PRINCIPLES.

I have previously shown that medical honour is based on professional virtues, and have given justice and charity the first place among these virtues. They govern, or, to be correct, ought to govern, the relations of doctors to each other.

Respect for fellow-practitioners is not enough; we must combine esteem with it, and, if possible, love. It is difficult to cultivate these qualities, and they are rarely practised. We must not be content with polite speeches; we must respect and love our professional brethren from the bottom of

our hearts. It is necessary to be outwardly polite, but this is not sufficient; appearances are illusory and very often deceptive; our inner feelings must correspond to them. Our relationships are only truly pleasant, cordial, and fraternal under these conditions.

To speak plainly, it is a question of conscience. We all must realise what our duty is, must undertake and fulfil it. I have shown in a previous chapter, and must repeat, that either conscience is religious or it does not exist. Even those who do not accept the Christian Faith only remain honest because they are prompted by Christian principles, by the beliefs of their forefathers, and by a religion which has moved and sustained the world for nineteen centuries. Unless we are influenced from above, Charity will not be awakened and fostered in us, we shall neither be able to rise above human misery, nor to respect, serve, and love our brethren.

Need I labour this point? Is it not strikingly evident? Do not all the facts of our time sadly indicate the fate of medical

brotherhood exposed to the blast of sectarian materialism and utilitarian morality, apart from practical Christianity?

The customs of the profession have degenerated and become corrupt; there is an urgent need for the inevitable reaction, namely, a return to the original principles of Deontology. The profession has departed from these principles, but is now very anxious for a revival. The old proverb, "*Invidia medicorum pessima*," was never truer than it is to-day. We constantly see in others or ourselves the results of conflicts, competition, grudges and wrongs, which amount almost to barbarism and confirm only too well the old saying, "*Homo homini lupus*."

We are victims of a civil war which is a disgrace to the profession and spells ruin to it. Many factors combine to bring about this war. The first is overcrowding, which spoils the best practices and makes the struggle for existence more difficult and severe. It makes doctors less philosophical and patient, more anxious and irritable. The

next and more important factor is degeneration of character through renunciation of the Christian faith and loss of the moral sense; the passions are deprived of every restraint, and manners become increasingly coarse. The social standing of our noble profession is becoming lower, while conscience is falling more and more into disuse under the influence of false teaching. Many doctors are inclined not to believe in honour, but ignore conscience and think of nothing but money-making. They have only one idea: to get rich as quickly as possible by every means the civil law will allow. War between fellow-practitioners in the pursuit of riches is carried on successfully, while we and our patients suffer by it. It is impossible to say what terrible lengths may be reached if we persist in this unfortunate course.

First and foremost, some doctors indulge in discourteous and unkind criticisms, in jealous contempt or, what is worse, false innuendoes, exaggerated statements and doubtful compliments, not to mention the

significant silences, which imply more than the hardest words.

The ill-natured reflections and offensive comments on treatment ordered or methods adopted by some other practitioner are still more serious faults. And yet many doctors are not ashamed to be guilty of such undignified and cowardly conduct.

Such methods outrage justice and charity, lower professional dignity, and do not serve our interests. The men who offend thus often make a rod for their own backs. Professor Brouardel gives an example of this.

One day, a doctor received a visit from a former patient, whom he did not recognise. She explained to him that she had been recommended a certain course of treatment, and had carried it out. "Whoever was foolish enough to order that?" he exclaimed. In reply, she showed him his own prescription.

This is an unusual experience. It recalls the almost classical story of the chemist, who received from an invalid a prescription consisting merely of the words, "*Marsh-*

mallow root,” followed by an illegible signature. “What idiot ordered that for you?” the chemist asked. The customer answered: “I got it from Trousseau.” The chemist made no reply, but it is to be hoped that he profited by the lesson in manners which his mistake taught him. How many doctors will not humble themselves, but repeatedly transgress in this way, forgetting that when they show respect to others they are respecting themselves!

The chief rule laid down by justice is: “Do nothing to others that you would not have done to you.” This should never be ignored in the business of life, but ought to govern our relationship with colleagues, even if that relationship is not inspired by charity. Not only duty but self-interest prompts us to practise this rule.

A doctor who deliberately discredits his brethren, from motives of dislike and envy, is quickly judged and condemned by his patients; they are avenged, and he is punished by the loss of public esteem and respect. On

the other hand, a man who respects his rivals can only gain in dignity and honour. Of course, ill-natured remarks bear fruit; slander and scandal circulate and do harm, but they do not travel far. The public will recognise sooner or later that they are without foundation, and will despise ill-natured doctors who vent their spite in vain, and lose prestige by their insolent remarks. We all have known indiscreet doctors who have sullied and damaged the reputations of their rivals, and have thus enjoyed fleeting and ill-gotten repute for a few years. In the end, they are involved in disgrace, contempt and want. We may pity them, but let us not imitate them. It is better to control our tongues and preserve our good name, by respecting our equals.

Chapter 2.

STARTING A PRACTICE.

The whole course of a doctor's life very often depends on the way it is begun; for this reason, I am devoting a chapter to starting a practice.

Fresh from the Schools, the medical man settles in the place of his choice, and thinks what he can do to get himself known. He will certainly visit the civil and religious authorities and chemists, at any rate in the country or in a small town. He may also send cards to the principal people in the district and to tradesmen. Newspaper puffs and advertisements have been prohibited hitherto, because they are contrary to professional etiquette. But no harm is done by a brief newspaper notice of the arrival of a new doctor.

His visits to other members of the profession are the most important. Every doctor starting in practice should show respect to those already established. He has come to help them, it is true, but his main object is to compete with them, and his respect for them should be genuine. Of course, if he is practising in the country, he will not adopt the same procedure as in a town or in Paris.

In the country or a market town, a doctor will be alone or may have only one rival. If he is alone, his independence is only relative, for one or more doctors will certainly be practising in the vicinity or in adjoining districts. The newcomer should visit them within a month of his arrival; he should also visit a doctor practising in the same town within this period. The same rule holds good in the case of small or medium-sized towns.

The first visit paid by a newcomer is necessary, but not very pleasant; it is always more or less embarrassing and painful. The older doctor should be agreeable and civil, or, at

any rate, polite. How much vexation and misunderstanding might be avoided later, if we could only break the ice at the first! How comparatively easy it is for a doctor already in practice to appear affable! In his own heart, he may not wish his young rival to succeed, but he can and ought to speak kindly to him. The sun shines for us all, and fellowship is so helpful in every way. Why not wish the newcomer success, and so easily win a helper and friend?

I confess with regret that few doctors show this wisdom and breadth of view, let me rather say this charity. On the other hand, many receive young men badly and try to frighten and discourage them. I remember that when I started in practice, my brethren accorded me a very cold and adverse reception. Only one spoke kindly to me, and he was an old doctor and had retired; he was not afraid of rivalry.

Visits to neighbouring practitioners in large towns are expedient and desirable, but not necessary, especially if a hostile and

chilly reception is expected. In Paris, it is not the custom to pay visits. The doctors merely exchange cards. This is to be regretted for the sake of fellowship. But the city is very large, practices overlap and are so scattered, and patients are so changeable that it is physically impossible for all the doctors to know each other.

Chapter 3.

FELLOWSHIP.

It is a fact recognised, not only by the profession, but by public opinion generally, that doctors form a brotherhood. We must make this great claim good in our lives, and so do honour to our noble profession. Mutual respect and esteem are essential to brotherhood. We should strive to love each other with all our hearts, and help each other with all our powers; but many doctors have not the qualities necessary to attain this ideal. If we are thoroughly loyal to the claims of justice, though we cannot fulfil the requirements of Christian charity, we shall still be good comrades.

Fellowship must be more than a mere name; it should be displayed rather by actions than by words, and should govern all

relationships between doctors. We must always look upon each other as colleagues, at any rate, if not as brethren. How do we become members of the profession? Merely by virtue of the official parchment, the diploma granted to us by the Faculty of Medicine when we have passed our examinations. Therefore one practical conclusion is forced upon us; all differences of age, social position, appointments and titles disappear, or ought to disappear, before professional equality certified by the same diploma.

We must accept the evidence; the same certificate is granted to all doctors, and we all have a right to the respect of our equals. On many occasions, Dr. Huchard has rightly insisted on this fact. Many practitioners ignore it, and our honour suffers in consequence. We ought to keep it in mind, if we value the respect of the public. The greatest among us must not only consider the least, but respect and serve them as well, if only for their own sakes. They should remember the words of the fable which are quite true :

“We often need one smaller than ourselves.” Many forget them, boast of their distinction on every occasion, and think the title “former resident” or “hospital physician” takes precedence of any other, and entitles them to unassailable prestige. The humblest doctor is as good as they at the sickbed, and may surpass them in knowledge or in the power of rapid observation and integrity.

On one occasion, I was at the Sorbonne, attending a general meeting of the Society for the Prevention of Cruelty to Children, of which I used to be prizeman. As I was crossing a landing, I met a prominent member of a hospital staff (who is now dead), and offered my hand to him with the words, “my dear fellow”; he insulted me by refusing it. I was young and simple then, and was both surprised and hurt at the treatment I received. For the honour of the profession, I should add that such arrogance is unusual.

But I should like to mention the extremely dangerous conceit of some doctors, who are raised to the envied position of experts by

the influence of the powers that be. This is a shameful abuse and a glaring injustice, which will be removed in time; the equality of diplomas, which is the foundation of our rights and the symbol of our independence, is shamefully infringed by it; this equality ought to be frankly admitted for the sake of the community.

It is well known that a doctor is appointed by the Court to the headquarters of each district, and no one else is allowed to present expert reports. He is not selected for merit, but usually through influence, and sometimes by the intrigues of cliques. The unreasonable privilege granted to him is not just, and causes great offence to other doctors, who are passed over when reports are to be made as though they were incompetent and of no account. They are as fully qualified as the expert, but are not recognised in the eyes of the law. Their statements might at least be received, subject to confirmation; no notice is taken of them. I will mention an occurrence which affected me; it is an instructive

instance of the injury which medical dignity suffers from this flagrant injustice.

I am inspector of infants, and had occasion to complain of the persistent neglect of a nurse who took alcohol to excess, and left her nursling to the care—or rather to the mercy—of her own offspring. One day the poor baby was violently attacked by one of these children, who made his teeth meet through its thigh. I observed very distinct traces of the cruel bite when I called, and at once despatched a special note to the superintendent of police, reporting the facts.

The case was clear; of course you would expect that, as a natural result, the offending nurse would be summoned before the Court, tried, and punished. You are quite wrong.

My complaint was received, and at once pigeon-holed. No action was taken, or rather the incident was just reported in a casual way to the Public Prosecutor. In due course, he instructed an eminent fellow-practitioner—the famous expert—to hold an enquiry. This enquiry was supposed to

relate to the facts stated by your humble servant, and my report was doubtless considered null and void. My colleague set to work leisurely, arrived at the nurse's house a month after the event, and observed nothing. The second report was negative and the matter dropped. The authorities carefully avoided an appeal to the doctor who had seen the injury. He was not a court expert and did not count.

No notice was taken of Doctors Audiat and Bruneau, those brave men of Chateauroux. I am proud to acknowledge their work in the name of the medical profession generally. They had the trouble, and it is right that they should have the honour. They proved the first misdoings of Jane Weber, the ogress, and demanded that she should be placed under restraint. But they had not the ear of the court, and were soon given to understand that they were not considered competent specialists. The great accredited experts appeared on the scene; the second report was decisive and set aside

the opinions of the humble doctors at Chateauroux. The court yielded to the voice of authority and pronounced this monster innocent. She was thus able to resume the practice of her evil deeds. What followed is well known.

The press, which is usually better advised, took the part of the great experts, eagerly recorded their mistaken inferences, and merely bestowed scornful pity or bitter sarcasm on the poor provincial doctors who first called attention to the matter. Yet the sequel showed that their view was correct, and that the learned experts were grossly deceived. *Et nunc erudimini.*

Does this mean that experts are useless or dangerous? Far be it from me to think so. They have a very important duty to perform. But they ought to be modest and accept information from every source. They have no right to disregard, much less to despise, other doctors who make observations on the spot immediately, and form conclusions at first hand. I do not see what harm would

be done, if general practitioners were more closely associated with the work of preparing reports. The cause of justice would be furthered, and fellowship, which is so desirable and necessary, would suffer no loss.

Chapter 4.

CHANGE OF MEDICAL ATTENDANT.

There is one great fact which we are very often inclined to ignore, but which ought to be deeply impressed on the mind of every doctor; patients are not made for us, but we are made for patients. In the light of this truth, all our duties become perfectly clear.

We must never forget that a patient is independent. He has a right to summon whatever doctor he pleases; to change him at will; to summon him again or leave him, even in the course of a single illness. We are doctors but not masters of our patients. They are always at liberty to dispense with our services, and send for someone else. This is a question in which liberty and confidence are concerned. Confidence cannot be forced; it is spontaneous, but liable to

variation. It may be affected by some insignificant or trivial occurrence; it is dependent on our qualities, and even on our shortcomings. A very interesting chapter in psychology might be written concerning this subject, but I will not give way to the temptation. The profession would lose a little prestige, and it has not too much.

Patients are independent and very changeable. Let us not set so much store by them that we cannot bear their defection without disappointment. We must submit philosophically, if not cheerfully, to disloyalty, neglect, and ingratitude from our patients, though we may consider their actions unwise and dangerous. We may be quite sure that many doctors are more competent than ourselves, that we are not infallible. Alas! What follies medical pride begets! We must carefully guard against self-conceit, for it is our stumbling block.

The question may be asked: if another doctor undertakes the treatment of a patient, can we agree to supersede him? We have

undoubtedly the right to do this, and it becomes a duty sometimes. But it is to be remembered that in some cases supersession is not permissible, but would be improper, unbecoming, and unwise. Circumstances alter cases, or rather, our decision is based upon the interests of the patient. In cases of slight illness, we are justified in being particular, and not too obliging. In serious cases, after a formal protest, we comply immediately, for the cure of disease should be our first consideration; we must heal the patient, or at least relieve him. The important thing is to do our duty with due regard for etiquette. We ought to consider the welfare of the patient rather than the feelings of another doctor.

We have no hesitation in going to a patient, even if we take the place of some other doctor. But, from the first, we should display ordinary tact, and not feign ignorance, which would be in bad taste. We must openly enquire if the patient has been under treatment previously, if some operation

has been performed or a dressing applied. We should only agree to supersede another doctor reluctantly and under compulsion, when we see that the patient has definitely decided to change his medical attendant. We even try to bring back the doctor who has been discarded if possible, under the pretext of a consultation, after which the case is left to him. But this high-minded and generous attitude is more theoretical than practical. The patient or his friends have usually lost confidence in the first doctor, and whatever we say to reinstate him is of no avail. But it is wise not to boast of superseding him, for an invalid, whether man or woman, is always fickle, "ondoyant et divers." Let us make no mistake. Our turn will come. While we faithfully perform our duty to the best of our ability, we may repeat the words of the philosopher: "Hodie tibi, cras mihi."

Some have held, especially in medical societies, that before one doctor supersedes another, he ought to insist that his prede-

cessor should be notified of the change and paid. This is desirable in certain cases, but, as a rule, it is a drastic and distasteful procedure. As Dechambre says, confraternity is a good thing, but it must not amount to oppression of the patient. It is not right to allow consideration for other doctors to take precedence of the relief of the sick. Duty comes first; charity must be our chief rule; we must consider the interests of the patient before our own. Moreover, a doctor will never be pleased at the loss of a patient, even if he is notified and paid. In professional life, it is a severe punishment and a real sorrow to lose a patient, but we have other troubles to face; let us be unmoved and resolute. Of course, if the opportunity arises, we are not forbidden to request that the bill owing to the doctor who is superseded shall be paid, and this precaution is expedient in the case of poorer working people. Different classes of society require different treatment.

All that I have just said applies to visits at

home, but not to consultations in the doctor's surgery. These are exempt, and open to each and all, to casual patients. The surgery is neutral ground, to which even the patients of other doctors may come. This is a rule of the profession, which is so definite and obvious that I need not discuss it.

But our duty is the same in our consulting-room as elsewhere; we are bound to practise the fundamental principles of justice and charity. We must consider other doctors and make them respected by all, if we respect ourselves and wish to be respected. If our examination or interrogation reveals a mistake on the part of the previous medical attendant, we should not mention, still less emphasize it; we must do all we can to conceal it, and use our best endeavours to find a remedy. It is both our interest and duty to shield our fellow-practitioner. We need him as much as he needs us. Neither of us is infallible. Moreover, the information we receive from a patient is always incomplete; we know little or nothing

about him, and it is only fair to give our absent rival the benefit of the doubt. Why be wanting in charity and good manners, why appear inconsiderate, dogmatic and rude, when you are not sure of the diagnosis and may find yourself sadly mistaken the very next day? We lose nothing when we are loyal to our rivals, and practise prudence and caution. Even the patient will be struck by our reserve and pleased with our tact; it is not likely that he has lost all sense of gratitude and respect for the doctor who has been discarded, in many cases for some trivial reason—an outburst of temper, an unavoidable delay, or unwelcome remark.

We often recommend to other doctors patients who are removing to another district or town, or who require the special knowledge of a physician or the care of a surgeon. Such messages should be gracious; it is the duty of the doctor who profits by them to acknowledge them courteously. There should be no exception to this rule, whether it affects a modest country doctor or a

Professor of the Faculty. It is not always observed, and this is a serious mistake.

It is also the duty of consultants to respect our rights when they receive patients from us. The latter desire the opinion of a specialist, but have no wish to dispense with the attendance of their family doctor. It is not right to impose upon his confidence. His interests must be considered, and a physician should not take advantage of official prestige to deprive another doctor of his patient. It is the bounden duty of the consultant to communicate with his colleague, to let him know the result of the consultation, and, above all, to restore him his patient.

These rules are all important; they not only imply prudence, good feeling and real fellowship; they sometimes involve even justice. It is not right for one doctor to misuse his titles and important position by taking a patient from another, who is not so well known. It is a shameful travesty of justice to turn people away by dishonest and unworthy conduct. The means vary and

cannot all be enumerated here. Illnatured doctors act for themselves, or indirectly by unworthy connivance.

I may mention first jealous or malicious disparagement of a colleague, which is calculated to do him very serious injury. Thus it is sometimes said in a general way that his patients frequently die, his operations are not successful, he does not know his work, neglects his practice, or takes too much to drink; or it may be said that he did not understand one case thoroughly, or gave too powerful medicine in another. Not all these ungenerous remarks prove effective, but many are believed and repeated. Anxious patients quickly lose confidence, and many desert their doctor through our fault.

Unscrupulous colleagues employ other methods, which indirectly turn patients away. These are not actually wrong, but are repugnant to honourable men, and no self-respecting doctor would have recourse to them. I refer to canvassers in every rank

of society, and of both sexes. Some doctor at a spa or winter resort is praised by touts, innkeepers, servants, tradesmen, independent gentry and commoners living in the town itself or at a distance; they try to send clients to him. Those who stoop to seek patients by these petty and discreditable means are unworthy of respect, and yet it is well known that they are numerous enough.

They find helpers and accomplices in towns, especially in Paris, and this improper traffic is spreading to an extent which must alarm those who have the honour of the profession at heart. Comparatively respectable people in a good position in society become ardent canvassers for certain doctors, even for consultants. They frequent the doctor's house, organise concerts and evening parties, and praise the qualities and abilities of their lion everywhere. Many do not work gratuitously, and receive payment; but some are content with free consultations and good dinners, or sometimes with thanks and favours from the doctor. These people

are not worth considering; they are wretched parasites from whom the profession has nothing to gain.

In conclusion, I must refer to over-sensitive and jealous doctors. They like to charge others with taking their patients and encroaching on their practice, and we need not take them seriously. In their foolish egotism, they believe they are masters of their patients, and that clients belong to them for ever; they will not admit that people may voluntarily leave them. If this happens, and we know it cannot be avoided, they attack and accuse neighbouring practitioners. This frequently occurs in the case of large houses and mansions. The punctilious doctor thinks that all the staff belong to him as well as the proprietor; he will not recognise the fact that they may prefer some one else. Yet subordinates and servants (stewards, tenants, nuns, and others) are independent, and at liberty to pay the doctor of their choice out of their own pockets.

I remember a doctor who rebuked me one

day in harsh and violent language; he said I had been seriously wanting in respect for him, and had dissuaded the nuns attached to a particular castle from consulting him. Neither the worthy nuns nor I were to blame; they had confidence in me and came to me, and I had no right to refuse to treat them. Medicine lives on confidence, and no human being, servant or master, can be compelled to receive a visit from a doctor who displeases him or fills him with aversion. The free choice of a doctor has become a rule of the profession, and it is right that it should be so.

Chapter 5.

CONSULTATIONS.

The knowledge at our command is imperfect, limited and never infallible. However great our skill may be, and however wide our experience, we cannot cure all our patients, nor deal with every disease which arises in our practice. We constantly meet obscure cases, which baffle and confuse us. These demand a consultation with an expert or specialist.

It is the doctor's bounden duty to request a consultation whenever it is necessary and possible. In the first place, it must be necessary, to clear up a diagnosis, dispel doubts, or solve a difficulty which might have serious, or even fatal consequences. It must also be possible, and this condition is often more difficult to fulfil; the patient may

be poor and unable to afford the expense of a consultation; or he may live in the country, where such help cannot be obtained.

In towns, on the other hand, consultations are possible, but not always necessary. There is a tendency to resort to them too freely for the sake of rich patients. Some hurry to specialists for nothing. The family doctor must be guided by his conscience when advising patients; he should not urge them to see a physician, except in cases which are worth the trouble.

The doctor should approach the patient or his friends if he considers a consultation necessary; if they consent, he names the consultant who is most suitable. His choice is not determined by self-interest, friendship, or personal obligation, but is entirely guided by the interests of the patient. Dichotomy, to which I shall refer later, is not admissible; common morality condemns it. Duty comes before favouritism, and deception is out of the question. Startling incidents have been recorded; young doctors have introduced

themselves to families as experts, held consultations with accomplices, received big fees, and illegibly signed the prescription to avoid detection. This is swindling.

Not only the consultant, but the specialist, must be selected on his merits, not for the sake of friendship or self-interest. We may give wrong information on this point, but it is unintentional. I once sent for a doctor who had written a voluminous treatise on a certain diathesis, and discovered too late that he had no special knowledge or ability in any particular subject.

If the consultant we recommend is not approved, our responsibility is at an end, and dignity may compel us to withdraw. Bewildered relatives sometimes request us to summon a consultant and entrust the same commission to some friend or kinsman; as a result, two consultants arrive instead of one. This unfortunate difficulty has happened to me in practice; we must take every precaution to avoid it.

If the patient or his friends desire a con-

sultation, are we justified in refusing their request? Certainly not. Such a proposal is irritating to our feelings at first, but we must strive to master them. Vexation and pride are the sources of our irritation, and neither of these emotions is reasonable. We are wrongly tempted to take offence, to see signs of distrust and ingratitude in mere alarm and bewilderment. The friends see danger and think, rightly or wrongly, that some particular consultant is the man to charm it away. How can we take offence at this fear, or refuse this reasonable request?

We must, therefore, always agree to a consultation in theory. But complex and awkward cases arise in practice. The consultation is sometimes unnecessary and merely suggested by sensitive friends, fawning, selfish, greedy people, or enemies of the doctor in attendance. Conscience does not oblige us to consent under all circumstances. If we consider it needless, we must say so frankly; but express our willingness to agree if the family press it. A consulta-

tion may be dangerous, if it is likely to result in a serious operation; it is then our duty to refuse it, giving our reasons, but these cases are exceptional.

It is more common, alas, to see families summon consultants without the knowledge or consent of the family doctor. The duty of the consultant is then quite clear; he must insist on the presence of the doctor in attendance, pointing out the breach of etiquette involved in the procedure.

Has the doctor in attendance any right to refuse to meet some particular consultant nominated by the family? Everything depends on the particular doctor and the circumstances. Refusal would be wicked and unworthy, if idle vanity alone were concerned. Our feelings are sometimes hurt by an invitation to meet some modest doctor younger than ourselves; but that is paltry pride which we must mercilessly suppress. Our first duty is to protect our patient, or at least satisfy him, and to comfort the friends who are alarmed, perhaps without cause, and all personal considerations must vanish.

We have no right to object to any respectable doctor simply because he is unassuming and does not occupy a high position in the medical world. We should remember that all doctors are equal by virtue of their diploma. Even the greatest among us does not lose, but enhances his reputation, when he agrees to a consultation with another doctor.

It is otherwise if we have grave reasons for objecting to the proposed consultant. These reasons are not always the same. I may instance hostile and unfriendly practitioners; a notorious, disreputable doctor who is in disgrace; an old man who is past his work; a doctor whose system of practice is opposed to ours (for instance a homœopath); or finally, one whose diploma is doubtful. There may be danger or disgrace in meeting some doctors, and no one is obliged to run the risk. I once was bold enough to take it, and am inclined to think it would have been better if I had refused. A man worn out by age was suffering from pneumonia. The doctor in attendance had

covered him with large blisters, and suggested a repetition of the treatment. I was consulted, and my decision was against it, on account of the weak state of the dying man. My colleague had no hesitation in summoning another consultant, who fortunately shared my opinion. The second blister was not applied, and the invalid died in peace.

Another question may be asked: Is the consultant at liberty to accept or refuse the invitation sent to him? He has a theoretical right to refuse, but in practice it is difficult to decline a duty of this kind, unless there are serious reasons. His conscience must decide the matter.

The duties of a consultant are definite and precise. He must show every respect to his colleague, and refrain from imputing any blame to him, by word or sign, in the presence of the invalid or his friends. They may hold different opinions, but neither is infallible. Each must have consideration for the other. If a serious and obvious mistake has been made, the consultant points

it out to his colleague in private, and they endeavour to draw up a prescription to remedy it; but in public, he should testify to their agreement. Of course, he has no right to force his opinion concerning doubtful and disputed points upon the doctor in attendance. It is important that both should express their ideas freely, and come to an understanding which will benefit the patient.

On the other hand, the doctor in attendance has no right to persist in his ideas. He should listen to the consultant; give way to his opinion if he thinks it is well founded; and contradict it frankly if he considers it erroneous. They should strenuously endeavour to come to an agreement. Consequently, as I have said, if the other doctor practises a system of medicine entirely different from ours—such as homœopathy or faith-healing—it is better not to meet him, to refuse a consultation and candidly give our reasons to the family.

A consultation between doctors should be thoughtful, dignified, and profitable. After

the patient has been examined, a conference is held in his house and for his benefit. Nothing but his interests should be considered. It is not idle to recall this rule of ethics, which common civility should suggest. Many doctors, and even consultants, do not observe it. Many think of everything except the patient. Many, alas, find this a suitable occasion to amuse their colleagues, to display their wit and easy manners, to gossip and indulge in frivolity, jokes, and puns. Such conduct cannot be too strongly condemned. It is wrong, because it disregards conscience and good manners; it is dangerous, because walls have ears. Inquisitive people, relations, friends, children, and servants are often on the alert in adjoining rooms or behind doors to overhear the secrets of the consultation; they are hardly edified when they hear remarks which have no connection with its object.

It is best for us just to do our duty; to confine our attention to the condition of the patient; to diagnose his complaint accurately,

and find out some means of curing or at least relieving him. Unfortunately, most consultations are held when the patient is *in extremis* and all hope of cure has been given up; they have only a moral interest. If the patient's condition is hopeless, the conference should be brief, and the result should be imparted to the family without any concealment. The sad truth is not disclosed to the invalid, except tactfully in rare cases.

At the close of the consultation, a prescription is discussed and drawn up by both doctors; it is written out by the junior and countersigned by all present. The nature of the illness is not usually stated.

In some serious cases, if the patient's means permit, the consultation may be repeated at short and regular intervals without further intimation.

The consultant's fees ought to be paid before he leaves the house. That is the rule. It is good, but admits of exceptions. The family doctor may arrange to pay the money to his colleague and add the amount

to his bill. But it must not be forgotten that the fees of specialists are comparatively high, and that, when once the danger is past, patients are easily inclined to forget our attention and the money we have paid. We know the Italian proverb : "When the feast is past, the saint is forgotten." The majority of patients are not rich, and, among the humbler classes, it is not possible to urge too strongly the payment of a specialist in cash.

Important consultants and specialists in Paris and large towns benefit when they show consideration towards their humbler brethren, who are constantly finding them work. They must therefore respect their rights and refrain from taking clients from them. The majority, I am glad to say, make it a rule to avoid this monopoly, but some men offend in this matter.

Chapter 6.

DICHOTOMY.

This learned term is applied to a new custom which is not at all creditable to the profession. A doctor specially called to a patient surrenders part of his fees to the colleague who procures the consultation for him. Surgeons have brought this custom specially into favour, but some physicians and many specialists frequently practise it. It cannot be justified and morality unconditionally condemns it.

In the first place, the very principle of such conduct is dishonest. The doctor sacrifices his patients' interests to his own and selects a surgeon specially for his liberality, whether he be skilful or the reverse. He acquires a taste for profitable operations; readily repeats them, often without good

reason, and quickly becomes a worthless commission agent.

There was once a great surgeon, rightly famed for his worth and success, who surrendered half his fees in this way; he not only did not lose by it, but accumulated a large sum of money. Still, the procedure did not redound to his credit.

The objection is raised that the surgeon only asks his usual fees, and is free to be liberal and generous to his colleagues. This is open to doubt. It would seem that the surgeon's usual fees are raised, by the nature of things, by the whole or a part of the sum which he surrenders to the family doctor, and this allowance amounts to actual theft. Even if the surgeon shares his usual fees with his colleague, he is guilty of a breach of etiquette and is not generous.

Dichotomy is essentially dangerous, unsound, and incompatible with professional dignity. Every self-respecting doctor should rigorously guard against it. If we accept a present from a surgeon, we not only appear

to be, but we actually become, his agents, for the temptation is so very strong and the descent is so slippery that a fall is inevitable. The profession thus degenerates into a sorry and uncongenial career. Henceforth, only material interests are considered. We are liable to advise and perform operations which are not absolutely necessary, which are useless and dangerous, and may even be fatal. We have no remorse at the thought of these dark designs, and we lose our moral sense. We foster the belief in an understanding between surgeon and doctor to make the most of wealthy patients. We show ourselves to be truly "thieves at the fair."

Such a fault is invidious, odious, and degrading. How can it be remedied? By waging war against it at its source; bringing the interested parties and the surgeon directly together; allowing them to discuss the fee for the operation in private; refusing any present from the operator, and certainly any share of the fees. Of course, we have a right to fees for assisting at the operation,

and we claim them without the least scruple. A joint account for the fees of both doctors has also been suggested; this is only possible with certain patients, and in cases which require intricate and prolonged attendance.

I have mentioned that dichotomy is not peculiar to surgery, though scandalous abuse has most frequently occurred in this branch. I regret to say that it is practised in all the special departments. It is scandalous, discreditable, and open to condemnation wherever it occurs. I know one specialist, as poor as he is eminent, who unburdened his mind one day to a doctor friend of old standing, and was frank enough to ask him to send patients. "How much will you give me?" was the answer. As the astonished specialist did not reply, his shameless colleague promised nothing and kept his word. He had so lost his moral sense that he did not understand the lesson. Such bargains are common among the lower ranks of doctors, but that does not render them any less disgraceful and deserving of reproach.

Chapter 7.

SUBSTITUTES.

When a doctor is otherwise occupied, absent or ill, he engages a substitute; he appoints another doctor to visit his patients for him.

The substitute must perform his duties zealously and carefully, but, needless to say, he must confine himself strictly to a minor part. He must accept the diagnosis and treatment and not make any change, unless there is some grave error or urgent indication. In a word, he must support everything that his principal has done. It would be discreditable to hazard even indirect criticism or censure. It is impossible to be too circumspect and cautious. Not only professional dignity, but prudence, good feeling, and honesty are involved. A substitute

has little or no knowledge of his principal's patients, and both are liable to make mistakes.

He has received a solemn trust. He is filling a confidential position. He has entered into a formal engagement with his principal to restore the whole of his practice to him on his return. He has no right to retain a single patient. It would be a downright breach of confidence to take one away. Even if the attempt did not succeed, it would be disloyal and fraudulent. A self-respecting doctor must not even lay himself open to the suspicion of such a mean action.

But difficult cases arise in practice. Honour should be able to deal with them all. Patients became attached to the substitute, follow him, and do not want anyone else. If he is wise, he will receive them coolly and discourage them. He should always refrain from keeping, or even taking, patients whose acquaintance he has made while acting as a substitute. If they manifest a strong desire to change their doctor, we invite them to apply to someone else, for the present at

any rate. It is a question of honour, and we always congratulate ourselves afterwards if we have declined to give offence at the cost of an illgotten fee. We are justified in relaxing this rule after a lapse of time, but at first we should distrust passing fancies and wild enthusiasms, which are transient and make dupes of us all at one time or another.

Fees earned by the substitute are usually received by the principal. The two doctors make private arrangements, and the patients have nothing to do with their business. Nevertheless, those who pay at each visit continue to do so, and fees received at the time remain the property of the substitute. It is just the same with consultations.¹

1. In England the substitute receives a fixed sum, and all fees earned by him are the property of the principal. W.P.G.

Chapter 8.

SALE OF A PRACTICE.

There is nothing wrong in selling a practice; it is perfectly legitimate. But since patients are at liberty to engage the new doctor or to summon another, the sale has a precarious and uncertain character.

Practices are usually sold under one of two conditions: either at the death of the doctor, or when he leaves the district for some reason or other—sickness, old age, inheritance of a legacy, a better opening, family reasons, and so forth.

The sale of a practice through the death of its incumbent is most frequent, but presents the greatest difficulty. The price paid is less, on account of the risk which is taken; it has to be arranged by discussion

with the heirs, usually the widow or children.

A doctor who is selling his practice of his own free will can make a much better bargain. But he ought to draw up a formal agreement in writing with his successor; it is essential that the purchaser should be provided with an exact balance-sheet of the practice from properly kept books; he should also be introduced to the principal patients. When, for some reason, these conditions are not fulfilled, there is ground for doubting the vendor's good faith, and the purchase should not be completed.

It is to be added that the sale of practices is growing more uncommon and unsatisfactory, in consequence of the overcrowding of the profession. Practices are becoming much more uncertain. Patients readily change their medical attendant. The family doctor is a thing of the past; this is to be regretted both for the sake of patients and doctors. Young men, newly qualified, prefer to spend a few thousand francs in starting a practice, to settle down and take the risk; and success

crowns the efforts of many. Perhaps this will become the rule in future, especially if we consider the risks, disputes, and lawsuits which the transfer of practices too often produces, and in which the fair name of the profession is sometimes tarnished.

Practices sometimes change hands without a ready money payment, and are limited to a transfer of the right to the lease of the doctor's house. This fact alone shows that such transactions have become very troublesome.

The voluntary transfer of a practice is very uncommon, and this is to be regretted in the interests of the public. How much a doctor worn out by age would benefit, if he took into partnership a young, enthusiastic colleague—who was honest though poor—and introduced him to his patients. The sick would receive more attention, the profession would be more respected, and a better feeling would prevail among us.

Chapter 9.

ATTENDANCE ON MEDICAL MEN.

Even doctors cannot escape the effects of illness. Indeed, they are more liable to be attacked than other men. Who will prescribe for them? The duty obviously devolves on their brethren. Charity requires us to bestow our care on doctors who are ill, and we gladly admit that this duty is readily discharged. No one refuses such attendance, because honour and duty demand it; what we do for our brother-practitioner to-day, he or someone else may do for us to-morrow. All doctors, rich or poor, great or small, are in the same predicament in the face of illness; they are patients to be pitied, unfortunates who claim the special care of their brethren and have a right to it. It should certainly be stated, in the interests of the profession, that these kind offices are daily performed voluntarily and generously.

When medical students are ill, they are treated as brother-practitioners and enjoy the same privileges. Physicians do not decline to give their services when required, and lose nothing by it.

The matter becomes more complicated and difficult when the doctor's family is concerned, but it seems to me to admit of the same solution. If a doctor's wife is ill and in danger, who would not be eager to give his help? If his children are in the same plight, who would refuse to co-operate with the father to save their lives? And if the father is absent or they are orphans, is it not a still more binding and sacred duty to attend them? Our attitude is equally clear when we meet a doctor's widow, who is poor, frail, old and sick. Troubles are common in our profession, and fellow-feeling or charity should make us sympathise with them.

The widow of an expert neurologist, the author of a great book and eminent in science, was living at the back of a small wine-

merchant's shop, and I attended her until her death. It was a pleasure to me to give my services. Any other doctor would have done the same. Let it be stated to our credit that we all are agreed on this point.

Have the more distant relations of doctors, brothers and sisters, brothers- and sisters-in-law, nephews, nieces and cousins, any right to gratuitous attendance? The answer to this question is extremely doubtful, and at any rate quite open to discussion. Our poor relations undoubtedly have a right to be considered, but that is all. We are not bound to attend them gratuitously, but we may grant them this privilege. Everything depends on circumstances, their social position and condition as regards money. All who are well-to-do and especially the rich, even among our nearest relatives, obviously ought to pay for attendance. But when they are in moderate circumstances, no fees can be claimed; and the more precarious their position, the more necessary this duty becomes. If the patients concerned be com-

paratively rich, and especially if the illness be long and complicated—requiring much attendance or an operation—some terms should be arranged. We send an account for a moderate sum or accept a present. Kindly feeling must decide this question; the answer to it cannot be formulated in a rule.

Chemists and veterinary surgeons are not entitled to gratuitous attendance. They are not brother-practitioners. Sometimes in Paris, and often in the provinces, chemists gratuitously provide us with medicine, and we may attend them without fee on the score of reciprocity. But justice does not compel us to do this. It is a matter of arrangement between the persons concerned.

The same may be said of veterinary surgeons. In the provinces, they attend the doctor's horses without payment, and reciprocity then becomes necessary. But motor-cars are growing in favour now, and agreements with veterinary surgeons are becoming less common and a thing of the past.

Chapter 10.

PRACTICAL CONCLUSION.

I have shown that good feeling must govern our mutual relations, but it is not idle to return to this important question, and bring my remarks to a practical conclusion.

Every other doctor is a competitor and a rival in the field of practice; he is not, or ought not to be, an opponent or an enemy. One doctor does not willingly lose patients to another, but endeavours to attach them to himself. Doctors' interests do not agree; they are opposed. What one gains, another loses. Practices rise and fall from very different causes, always at the pleasure of patients, and seldom in accordance with our wishes or endeavours.

We cannot expect doctors to be more nearly perfect than other men. Few men suffer the loss of a good patient without

regret; few rejoice at the success of their neighbour. We cannot expect or promise deep affection or perfect harmony in the relations of doctors to each other.

But it is essential for them to be outwardly sincere, and certainly polite and civil. This attitude is obligatory on our part, if we are to maintain mutual respect, and secure a worthy recognition from the public.

Our intercourse should be brief and pleasant. Let us not seek out our rivals, weary them with our conversation and visits, nor take undue liberties; but let us show them every respect.

It has often been noted that doctors who are too intimate do not long agree. Close intercourse is fatal to their friendship. It is followed only too often by obstinate dislike, which nothing can overcome. It is better to see little of each other if we would enjoy peace.

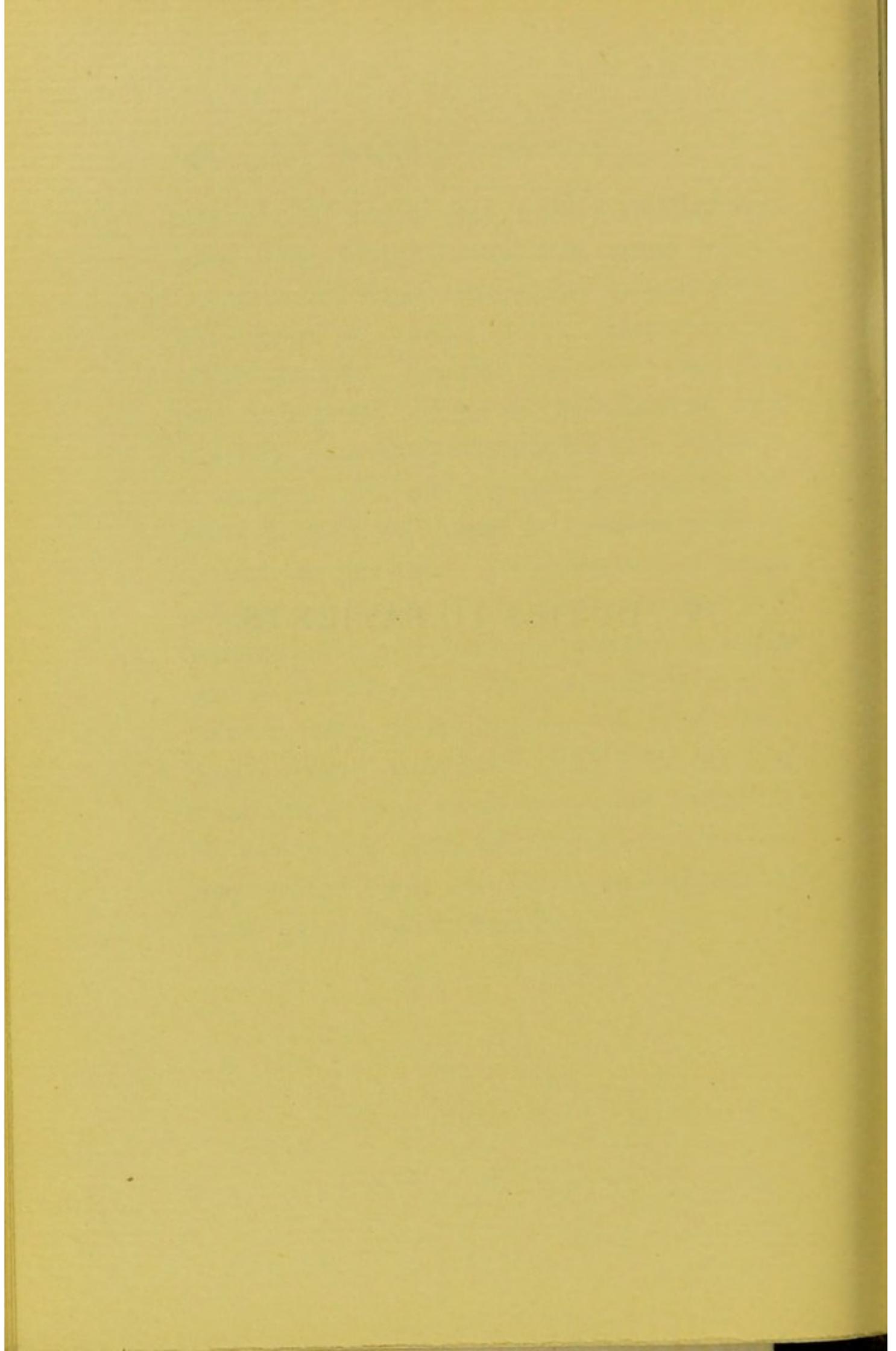
When town or country doctors meet on the road or in the street, custom requires them to acknowledge each other. Good manners

demand this; it is an excellent practice, and should be preserved and extended. It is very unbecoming and undesirable for doctors to ignore one another and behave in public as complete strangers, though they follow the same profession. People seize readily on the least sign of coldness or enmity, and make the most of these unworthy feelings for their own advantage. They obtain pleasure and profit by setting off one doctor against another; they use and abuse the services of the profession. Moreover, when two doctors do not meet, there is a risk that chance circumstances may bring them together; the want of agreement between them may then become painfully evident; the public health and their unfortunate patients may suffer. This may be seen when two or more doctors are unavoidably brought together by such accidents as a factory explosion, a mine or railway disaster. Surely, under these circumstances, duty should end their miserable dispute, and make them vie with each other in zeal for the rescue of the

injured. I admit that public misfortunes have often brought about this happy result.

Let us not angle after empty compliments, but let us be correct in our relations with other doctors. Caution is ever our law and safeguard. Let us be discreet and watchful, especially in what we say. Silence is golden. If our patients are discussing other doctors, we should be cautious and say as little as possible. Nevertheless, if mean actions are imputed to them or they are accused of imprudence or mistakes, silence would be culpable. We should refuse to believe these ill-natured remarks and challenge them. Brotherly charity is then at stake and it must never be a mere form. It is honourable and ennobling; it wins us respect and love, and unites us inseparably to the great medical family.

IV. DUTIES TO PATIENTS.



IV. DUTIES TO PATIENTS.

The doctor's duties to patients are governed by two principal virtues, justice and charity, which we have studied in an earlier part of this work. These supply the sacred fire and involve all the other virtues; constant self-sacrifice, which is necessary both day and night; courage, which faces all risks and overcomes all difficulties; patience, which insures success; discretion, which keeps secrets and observes good manners; self-denial, which makes us place honour before distinction or profit, and raises us in public esteem and in the sight of our own conscience.

Inspired by all these virtues, the doctor bestows his care on the sick. To them he devotes his time, strength, body, mind, heart, health, and even his life. The profession

is a true priesthood when it is understood and practised worthily. It is a very real and practical Christian brotherhood; it is charity in action. We must consider how the laws of this brotherhood may be applied, and what moral regulations are necessary. We shall first discuss visiting, or attendance at the patient's home.

Chapter 1.

VISITS.

Our principal duty is look after the sick; consequently, we are obliged to visit them when they summon us. This obligation arises under many conditions, which must be considered one by one.

If a doctor receives an urgent summons, and particularly in the case of an accident, duty compels him to answer it, unless there is some serious obstacle. He must go to the patient, provide for immediate needs, and guard against contingencies; in a word, he must do all that is necessary. He must not be deterred whether the visit is by day or night, whether the sufferer is an ordinary or casual patient, whether he will pay or not. The same duty devolves upon a doctor who is retired and not practising, unless he is

feeble and infirm. Urgency includes, not only cases which require immediate attention, but those to which another doctor cannot be called in time to avert danger. The interests of the patient control our actions entirely. Conscience compels us to give him help, however troublesome our duty may be. *Dura lex, sed lex.*

If a doctor is practising alone in a district, and therefore has no fear of competition, it is his duty to extend the benefit of his skill to everybody; he must answer every genuine call. Charity demands this; moreover, he has to meet these exacting demands in return for his privileged position. If a doctor will not fulfil this obligation, he quickly falls into disfavour with the people and has to retire. I consider that he is justly punished.

This duty is less binding and we have more liberty where several doctors are at work in one district or are near neighbours, so that patients are interchangeable; each doctor is then only responsible to his own patients.

But our duty towards the latter is plain. The family doctor has no right to shun his obligations. If he refuses to attend, another doctor may certainly be summoned; but the patient is placed in an unsatisfactory position; his health may be endangered by our neglect. There is the risk that the second doctor may be unwilling to go; he may be otherwise engaged; he may be afraid of intruding on another man's practice; he may dislike the thought of a long and troublesome journey, a night visit, and the like. Our refusal to go, except there be some good reason, imperils our patient's health and even his life, and it is impossible to avoid condemning it.

Some people urge that certain patients are intolerable nuisances. You cannot compel the most complaisant doctor to look after them for ever and attend them constantly. This objection cannot be gainsaid. But if we wish to be rid of a troublesome patient, we should never choose the critical moment when he needs us, for we shall find

other opportunities of severing our connection with him. It is easier to lose a patient than to keep one. We should visit him when he is ill and sends for us; if we fail, our neglect may subject him to needless suffering. Our conscience should be equal to every demand.

A doctor is at liberty to accept or decline new patients in cases which are not urgent. Custom concedes us this right; we need not scruple to avail ourselves of it. If a disreputable patient applies, we may refuse to attend him. If someone who is well-to-do sends for us, we have no hesitation in answering his summons, except under circumstances I have previously mentioned. Certain conditions must obviously be fulfilled before we can accept patients under treatment by other doctors.

Various reasonable hindrances have to be considered, and weighed against our obligations. Many circumstances interfere with the performance of our duty. Any substantial reason is a sufficient excuse, except

in those cases which are really urgent. But we must not deceive ourselves, and consider trivial reasons to be valid. Thus, an excuse will never be considered sufficient if it is to avoid trouble or a tiresome interference with our arrangements, a tedious journey or a night visit. It is our business, or rather our duty, and we must fulfil it at all costs.

Night visits are specially trying. They are usually required for some frivolous cause, and this does not lessen our displeasure. Our rest is disturbed nine times out of ten by a minor accident or some slight illness (false croup, indigestion). The higher fee charged for the visit does not deter those who are unduly alarmed, and many who eagerly summon us fully intend to forget the fee when the danger is once past.

Attendance is under civic control in Paris, and the abuse is very real. People wait for the fateful hour (eleven o'clock), hurry to the police station, and ask for the night doctor; they thus obtain gratuitous attendance, which they could not command by day. The

doctors receive a remunerative reward, and do not complain of a condition of affairs which is seriously injurious to the finances of the capital. Let me mention another abuse; some impecunious doctors obtain profit by a night visit in two ways. They invariably pronounce the case serious and alarming, and urge the necessity for a second visit the following morning; for this the patient has to pay. This is a mean practice; it infringes the rights of other doctors, and it robs patients. We have no right to take advantage of people in this way, and thrust our visits upon them.

The question of visits is very important, and controls the work of our profession. How long should we continue to visit patients under our care? Everything depends on the gravity of the case.

If the patient is in danger, our visits should be continued just so long as the danger lasts. We visit the poor without reserve; we should only visit paying patients when it is absolutely necessary; but we must

neither appear over-shy, nor require a reminder.

Difficult questions often arise in suburbs and in the country, in the case of working people who are not in good circumstances. A patient summons a doctor once, and may or may not pay him. He is not expected to call again, unless he receives a second message. In serious cases, silence would be culpable; it is our duty to speak; we must lay stress, if necessary, on the need for watching the patient, or at least for paying a second visit; if our request is refused, we should disclaim responsibility for the consequences or give up the case. When workpeople or servants are seriously ill in towns, especially in Paris, the hospital is the rule; this rids us of all responsibility.

When the illness is not serious, our duty is clearly defined; we must confine ourselves to visits which are requisite, and formally intimate that it is not necessary to continue them. But we are quite at liberty to go again, if the friends insist.

Chronic invalids only require visits at longer or shorter intervals, unless they are inclined to be despondent and consider themselves forsaken and forlorn. Our visits then answer a moral need. They are repeated more frequently when the patient is in better circumstances. The rich take undue advantage of doctors, but nevertheless they are subject to pain and illness, and do not escape death any more than others.

The question of the frequency of visits is important in practice, but it is very difficult to answer. We visit patients more frequently when they are better able to pay, but conscience prescribes reasonable limits, and no one has any right to overstep them. Tact and honesty are required to decide these limits. The mind can become accustomed to all kinds of illusions. Our self-interest gives rise to many temptations. We must consider each case in the light of a strict conscience. We must not multiply visits needlessly to increase the bill, nor exaggerate the gravity of the illness to frighten the patient and place him at our mercy.

Such conduct is a breach of trust, and amounts to trickery and theft; we must guard against it at all costs.

In the nature of things, we always pay visits which are not absolutely necessary. These must be proportioned to the state of the patient's means. We do not spare millionaires, but we do not take unfair advantage of anyone. We humour those who would be displeased if they did not receive great attention. But we spend less time with others, who would be alarmed if they constantly saw us at their bedside. Patients differ greatly in disposition, and we must accommodate ourselves to all. Some are generous and do not consider expense, but the majority are niggardly. It is better to visit too seldom than too frequently. We thus avoid back-handed compliments and irritating insults; we make ourselves not cheap, but respected and loved, and so do honour to the profession.

The time required for a visit varies; it must be neither too short nor too long, but

of sufficient duration to inform us of the condition of the patient. We should take special pains and spend the longest time over the first visit. Subsequently a quarter of an hour may suffice. Each call should be made rather rapidly, but without hurry. We must be guided by conscience here as ever. But the personality or rather disposition of the doctor must be considered. The vigorous will always get through their work more quickly than the easy-going. Boldness and energy are better than timidity and indecision. The power of rapid observation is essential to us all; no doctor can be a true clinician without it.

Chapter 2.

FEES.

A doctor lives by his profession, just as a priest lives by the altar. He gives his patients the benefit of his skill, and he has a right to just fees. He receives them to meet the requirements of his position, and satisfy the needs of his life.

What shall the fees be? What fees are just, and what exorbitant? What fees has the doctor a right to charge? At what point do they become excessive, and we as a result become mercenary? These questions are important and not easily answered.

Fees are obviously necessary to a doctor, if he and his family are to live as respectable citizens; they must be reasonable, but not too low. Are most doctors agreed on this point? Does not the question of money

become more distressing to many, as the difficulty of earning a livelihood increases? We must certainly keep within just limits at all costs; we have no right to demand unreasonably large sums. It would always be pleasant to receive them, and we could always obtain them if we insisted on our rights. Our treatment has a just value, and this is now shown by well-known and regulated scales of fees.

The tabulation of fees is quite an innovation. It is the work of the medical societies, which have been established within the last thirty years. I am glad that I had a share in founding them. For a long time, there was no rule about fees for our attendance; every doctor charged what he thought fit; as a result, bills were frequently disputed, and our interests suffered severely. The medical societies took up the question, so that disputes might be avoided in future, that there might be an end to doubts, difficulties, and mistakes, and no more claims for damages. As a result of their deliberations,

a minimum scale of charges has been drawn up, based on the position of the patients and the nature of the treatment given. In this scale of fees, patients are divided into three classes:—(1) Squires, great landowners, and independent gentry; (2) merchants, gentlemen of moderate means, and officials; (3) clerks, domestic servants, and workpeople. The treatment is set out in detail, and priced for each class; surgical interference receives special attention, but the schedule includes everything connected with our work.

It is right and proper that fees should be regulated; in this way, excessive charges and undercharges are alike avoided. But those who fix the scale must be honest, just, and conscientious, and every latitude must be allowed. It would be improper to consider the scale more than a useful guide, and quite a mistake to adhere to it too strictly, without admitting the possibility of exceptional treatment. *Summum jus, summa injuria.* Whatever we do, we must be just and charitable; we must be just, and refrain

from arbitrarily increasing the usual fee; we must be charitable, and allow each doctor to decide for himself, leaving him free to attend gratuitously the needy, the respectable poor, and impecunious patients. We must have absolute liberty. Rules must be neither oppressive nor exacting. The dignity of the profession demands this freedom, and our interest is served by claiming it.

One rule applies to patients in all classes of society. A doctor is valued at his own price. The higher his fee, the more highly he is esteemed. Such a statement is humiliating to intelligent men, but facts compel me to make it. A pork-butcher's wife, whom I accompanied to the rooms of a well-known physician, returned in raptures; she had paid forty francs for the consultation. How many patients are like my pork-butcher's wife! What harm doctors do to the profession when they charge little for their treatment! We must not raise our fees too high, but it is our bounden duty never to lower them.

Under certain special circumstances, the minimum price for our attendance, whether scheduled or not, can and ought to be raised. I will briefly indicate them.

I may mention first the peculiar conditions of the visit. It is paid at night, or at a long distance; it is accompanied by an operation, a dressing, or by special treatment. Such conditions all explain and justify a higher reward, and, moreover, this is shown on the scale. Furthermore, when doctors are summoned to give assistance in the case of serious accidents (fires, explosions, collisions, mine disasters, and so forth), a considerable allowance, which may amount to thousands of francs, is willingly voted to be divided among them, as a reward for their trouble and devotion, and justice demands this.

A doctor's reputation entitles him to charge a higher fee than those of his brethren who are less distinguished and eminent. He is justified in this, because he has taken an exceptionally long course of study, his knowledge is more extensive, and he has

acquired wider experience. He is gifted with the power of rapid observation, and possesses unusual skill. Finally, he may have distinguished himself at his examinations. The laity are astonished, and sometimes scandalised, by the large sums paid to surgeons; these payments are partly explained by the skill and elaborate precautions which operations require, and partly by their rather infrequent occurrence in ordinary practice. Surgeons are not all summoned daily to use the knife, neither are physicians requisitioned for a solemn consultation every day. It is right that they should receive more for their trouble; on these grounds, the higher fees must be approved and defended. We must always remember that they help to raise our charges, and to keep the fees of the majority at a reasonable level.

Should a patient's means be taken into account in fixing our charges? They certainly ought to be considered, because fees are not the price of a commercial commodity, the same for all, but a contribution towards

an honest living for the doctor. We give our services to everyone; the poor do not pay us; in common fairness, the rich should reward us handsomely. But, needless to say, those favoured by fortune rarely spoil us. One patient of mine was a millionaire ten times over, but he only paid me three francs for each visit. Our fees must obviously be in keeping with the patient's income—I do not say in proportion to it. But we must never unduly increase our charges. When the fees are once fixed for the higher classes of society, they should be applied to all without exception. It would be impracticable and quite wrong to draw up a special scale for each individual, to try and proportion fees to the income, which is sometimes so difficult to estimate accurately; a system of progressive charges would be established, and disputes would soon arise. It is better to trust to the good feeling of the rich. It is their duty to practise good manners, and reward us suitably.

We must now consider certain other con-

ditions under which fees are raised, which seem to me open to criticism and contrary to the teaching of ethics.

The first is the successful result of our treatment. We are to be remunerated according to our success; the patient is to pay more for a complete cure than for temporary relief. An agreement of this kind is possible in exceptional cases, but only occasionally. Is it perfectly legitimate? Certainly not, because we are not masters of life and health. The doctor does his best to obtain a satisfactory result; he ought to be paid for his treatment, whatever the outcome may be. It would be unreasonable to favour us for a recovery of which we are not the cause, but it would be extremely unjust to deprive us of part of our reward when we are defeated after a long struggle with death. Some patients prove generous in their gratitude, and voluntarily increase our fees; but such an occurrence is very rare.

The nature of the illness has been put forward as a reason for increasing our fees.

A secret illness does not justify this; such a procedure would be disgraceful blackmailing, and it is of the greatest importance that specialists, who are most exposed to this temptation, should be careful to guard against it. Contagious disease requires our treatment like any other; while we take a special risk, it does not justify a higher fee. It must be stated to our credit that no doctor thinks of selling his devotion in such an emergency.

Some thoughtless people have stated that the severity of an illness should be taken into account in fixing our charges. They argue from the fees of surgeons, who are paid more or less according to the importance of the operation. But, in this reasoning, there is a fallacy which is easily dispelled. The physician, as well as the surgeon, is paid according to the extent of his intervention; he has to increase the number of his visits in serious cases. He has therefore no need to make his bill larger; it grows automatically. Moreover, how can we fix a just

proportion between our fees and the severity of an illness? It is better to adhere to the old rule. We charge the same fee for each visit, both in serious and slight cases, and in this way we get the amount to which we are entitled.

The tabulation of a scale of fees is advisable and useful, but, if it is overdone, it becomes objectionable and makes us disliked. Certain societies have carried this principle too far. A recent decision of the doctors at Melun seems to me extreme; they have doubled the charge for Sunday visits, on the pretext of keeping the otherwise excellent law that work should cease on one day in each week. This law applies to the world of commerce and industry, to clerks and workmen; it is not made for us. As doctors, we do not and cannot recognise the weekly rest. We visit the sick every God-given day, and we can only rest when sickness is no more, and that will never be.

What is the opinion of the profession concerning medical contracts? Different

arrangements are made in different cases. Some are more satisfactory than others. People may agree to pay a fixed sum for medical attendance during a period of six months, a year, or more; this is an honourable and profitable means of insuring against sickness. But it must be remembered that such security may be detrimental to the doctor's interests, unless the salary is high. Terms may be arranged for a particular illness. It is quite lawful to stipulate for a given sum in case of cure, and a smaller amount if unsuccessful; but this is not consistent with our principles, with the generosity of the French nation, or with the dignity of the profession. It is desirable to oppose it and keep to the old tradition.

Fees should be claimed by a detailed statement or by an account in a lump sum, according to the social position of the patients concerned, and accounts should be sent every six months or at least every year. This is necessary to anticipate the statute of limitations, which comes into force at the end of

two years.¹ It is also necessary because ingratitude is a human weakness, and we suffer severely through it. Many patients do not think of the doctor when once they are cured. As the Italian proverb says: "When the feast is past, the saint is forgotten." Some people not only delay indefinitely the payment of their accounts; they dispute the amount, and wrangle about the visits and charges. They sometimes act thus because they do not intend to pay, and it is difficult to compel them. No doctor would exact the payment of his fees, or even a written undertaking to pay, at the commencement or during the course of an illness. Such conduct is not consistent with our dignity. We must trust to people's honesty, or at least to their gratitude, and preserve the high standard of the profession.

Doctors disgrace themselves, and humiliate us not a little, when they insist on payment before attending cases of serious illness or

1. The statute of limitations only comes into force after six years in England.—W. P. G.

accident in casual patients. Such conduct is scandalous, inhuman, and intolerable; distressing examples are reported only too often. It is our duty to help the needy in urgent cases; if we fail to do so, and the patient grows worse and dies, we are morally responsible for the disaster; we can also be compelled to pay damages. The courts have decided several cases in this way, and we can imagine how such an incident would be discussed among a doctor's patients. Our interest is at one with our duty, here as ever.

Patients are only too often inclined to avoid their obligations to us, and we should take care to remind them of a solemn debt, and to use the compulsory means which the law provides, if necessary. But we must employ patience, discretion, and great tact.

If litigation arises, the legality of our fees and the accuracy of our account have to be proved. The patient is not required to furnish evidence in writing of the origin of the debt, but we can produce our books if

required. Oh! How useful those books would be, if we took care of them and kept them up to date. They would save us serious loss and unpleasant complaints. We do not pay sufficient attention to them; we neglect them very much, and omit many entries. At the end of some days, it is very difficult to sit down and remember all the visits, and to record them methodically. Many entrust the books to their wives to save trouble, and profit by this plan. But it must be remembered that these books contain all the secrets of our profession, and it may be dangerous to entrust them to the discretion of a woman. Moreover, no one but the doctor can quite remember all the complex details of his treatment.

It cannot be disputed that a doctor has the right to sue in a court of law for the recovery of his fees. We must do our best to avoid such a step, but we have to reconcile ourselves to it with a class of patients which is increasing in numbers. Bad payers are very numerous; they will only discharge

their debts when compelled to do so at the sheriff's office. We should not forego fees from those who are able to pay, and employ means which are actually dishonest to escape their obligations. Moreover, the number of patients is decreasing, while rivals are growing more numerous, and practices are smaller and less reliable; this is a further reason for not remitting fees. We must have an eye upon our out-standing debts, watch and rouse the defaulters, and never leave accounts in abeyance. If we neglect our books, our losses increase and become irreparable. The law enforcing the recovery of fees is strict but just; it has been greatly weakened by recent enactments, and we are justified in resorting to it. We may also claim the money which is sometimes returned at the end of the year to the members of thrift societies like "La Fourmi." Economy is to be encouraged, but not at the expense of a doctor who has attended the family, fought with disease, and perhaps saved one of its members from death. We should not

be deceived by false ideas of philanthropy, but we should teach everyone to respect our rights and take our self-sacrifice into consideration.

Dishonest patients abound; they go from one doctor to another, impose on all, and pay nobody. It has been suggested that they should be deterred and restrained by notifying them to the profession in a "black-book." Each doctor would enter his bad payers in this book, and all would undertake not to treat those patients. This is a serious and cruel step; it may and must entail abuse; it does not give the results expected from it, and it is neither practicable nor desirable. Worthless and disreputable people are not the only ones who figure in the fateful "black-book"; entries are made by mistake; for instance, the names of people who are honest in spite of their poverty, those who have lost money through misfortune, the uncomplaining poor, artisans who are in straitened circumstances through sickness or lack of work, chronic invalids, old people

and children. If an entry is justifiable, it serves as an excuse for refusing help, even in urgent cases. What honest or conscientious doctor could ever use the black-book? It is a brutal, barbarous, inhuman method, and unworthy of us. We should mistrust rules which are supposed to admit of no exceptions. Everybody supports them, and nobody in his heart intends to trouble about keeping them. The remedy is worse than the disease.

Chapter 3.

TREATMENT.

Rich and poor alike have a right to our treatment. The noble profession which we follow opens to us the doors of the most wretched homes as well as the most luxurious, and we must exercise our skill with the same care, zeal, and charity in every case. Our most eminent leaders have set us this example, and Récamier's conduct is quoted even to-day. He renounced the salons of society, and climbed mean staircases to visit the pallets of poor patients, that they might have the benefit, not only of his wisdom, but also of his love.

As Christians, we give preference and special consideration to the poor, our brothers in Jesus Christ; we bestow our care on them without stint. Those who do not accept our

faith do the same, because they have become imbued unconsciously with Divine charity through living in an atmosphere of Christianity.

The free treatment of the poor, organised by the authorities, will always be unsatisfactory and defective, because self-sacrifice cannot be forced, and there is no confidence between doctor and patient. The appointment of doctors by the Benevolent Society of Paris does not answer the purpose for which it was intended in any way, and there is every reason to expect that the system will be abandoned in the near future. The unfortunate patient has to notify the relieving officer; he informs the doctor, who often lives at a distance; and the visit, which is so eagerly expected and sometimes so urgent, is not paid till the following day or even later. The poor often live near a very clever doctor, but they have no right to summon him. In this way, a very exclusive and invidious distinction has grown up in Paris in course of time between doctors who have wealthy patients and those appointed by the

Benevolent Society. Such a system is detrimental to everybody and well calculated to perpetuate misunderstandings and social grudges. Fortunately, it is not practised in the provinces, still less in country districts, where any doctor may be summoned to attend the poor; it ought to be given up in Paris. The poor all desire freedom to choose a doctor, and we support their demand. It is impossible to conceive a more equitable arrangement, and that is the real reason for the delay. Specialists at the height of their fame, like Récamier, receive the poor willingly, and look after them voluntarily. Moreover, are not our hospital staffs treating gratuitously, or for a nominal fee, those who cannot afford to pay? Freedom in the choice of a doctor is imperative. Both the poor and the profession would gain by it.

The diseases which require our treatment are not all harmless, but nothing should check our zeal or daunt our courage. Contagious disease involves a risk which cannot

be avoided in our noble profession; we face it bravely. We have no right to shirk it by keeping away. But we are forbidden to be careless, and it is our bounden duty to take every precaution which hygiene and anti-sepsis suggest. We are not acting fairly to our patients if we needlessly expose ourselves. We must take precautions, not only for our our own sakes, but still more to avoid spreading disease.

If there is an epidemic, we stand at our post in the fight without flinching; it is a position of honour, self-sacrifice, and charity. All the inhabitants ran away when the short but severe epidemic of cholera broke out at Sarcelles; the doctor and parish priest alone remained, and devoted their time to the care of the sick, ministering to them and burying them. Flight is impossible under such conditions; it would be a desertion of duty and a crime against humanity. Sydenham escaped from London at the beginning of 1665, shamefully betraying honour and duty; his conduct is a blot upon his memory.

Not alone by the attention paid to those suffering from infectious diseases does the doctor's courage make itself felt; it has a very cheering moral effect on the friends of the patient and on the population at large; it reassures people, gives confidence and hope, and at the same time increases the doctor's influence. It is so general and constant that it evokes no surprise; it is a tradition and a boast with us.

Self-sacrifice is the watchword of our profession; it is exercised during our visits by many acts of kindness and patience, and by conscientious and unobtrusive services. It may be truly said that we must practise in the homes of our patients the medical virtues which we have previously discussed. I shall confine myself to a consideration of the virtues which must be exercised during visits.

The first is undoubtedly civility, which controls our words and actions and gives confidence to the patient. It is specially necessary with children and old people, and

towards them it assumes the form of kindness and condescension. It is useless apart from decision and firmness, for we must prescribe and order all that is necessary to secure the patient's welfare; we should make him obey our instructions in spite of his distrust, whims, and dislikes. But we must combine kindness with authority, so that it may find ready acceptance. We can only pity doctors who are rough and abrupt, who have loud voices and heavy hands; they make their patients suffer and do not succeed in practice, except perhaps among certain classes of workmen. Kindness is patient and will overcome many obstacles.

Patience is another virtue which is no less important to a doctor. I have discussed it separately, and only revert to it now to state that it is indispensable to us, because it is required at every moment. We need to have patience, not only with the invalid, his friends and neighbours—who are often more trying than the patient—but also with the disease. We must have leisure and take

time to study disease, if we wish to understand it. A young doctor has the faults as well as the good qualities of his years. He is often short of patience; he thinks hurriedly; comes to a rapid conclusion; decides too quickly; and makes mistakes. As a result, he wastes useless or dangerous drugs; does not obtain good results; and becomes discouraged at the very moment when danger appears, and true insight is most necessary. We must study our patients carefully, and only prescribe after due consideration. We must beware of haste. These precautions are essential to the health of the patient and to our professional success.

The examination of patients demands all our care and skill. It is the basis of diagnosis and the starting point of treatment. It must be performed carefully, methodically, and conscientiously. It should be distinguished by two qualities; it should be thorough and thoughtful.

Our examination will be thorough, if it is directed towards all the factors necessary to

elucidate and explain the symptoms of the disease. These factors are sought either by physical examination of the patient or by the help of concise questions. We should not stray into trifling details or useless interrogations, but should confine ourselves to essentials. It is important not to neglect anything, even when dealing with women. We must not omit the examination of any organ, and we must not be bashful; the doctor should look at everything from a medical standpoint, and confine his attention to his professional duties. The presence of a third party is desirable from motives of prudence in the close examination of young girls and some young women. If the investigation is not welcomed, and particularly if it is refused, we wait coolly until consent is obtained before expressing our opinion or giving instructions for treatment. We must never chafe at ill-will, refusal, or even groundless alarm, but remember the prerogatives of our profession, and insist on them.

One general rule must be observed. We

must see everything for ourselves, and not trust to the diagnosis of another doctor. Our treatment involves a serious responsibility, and we will not share it with anyone. We must examine the disease directly, if we are to apply suitable remedies. This rule implies neither conceit nor presumption, but merely prudence and dignity.

The examination must be thoughtful as well as thorough. When the factors are collected, they must be weighed and arranged, so that we may obtain a precise idea of the nature of the disease, that is to say an accurate diagnosis. But in many cases the symptoms do not harmonise, or some of them are not present. We must then wait and temporise. It will not be long before light comes to our minds in the course of our visits, from observation of later symptoms, and from the progress of the disease.

A careful study of the patient is obligatory. Many doctors neglect it and conduct their examination rapidly and at random. Most of them are thoughtless, deaf to the

voice of conscience, and unable to perform their duty properly. They examine their patients carelessly; write out a prescription hastily; and go away satisfied that they have observed the rules of the profession, but quite indifferent to the effect of their remedies or the health of the patient. Others are vain, conceited, and pleased with their figure and deportment; they like to hear the sound of their own voices; they congratulate themselves on their appearance of authority and power of discrimination; they think of nothing but surprising and dazzling their patients with learned and high-sounding words, and discovering new diseases and wonderful remedies for them. I must also mention, and strongly criticise, the ignorant who act boldly to hide their incompetence; and the greedy who hurry to rich patients, and whose only thought is to increase their profits. The unfortunate example of these doctors who bring disgrace on the profession should teach us what our duty is. It is only possible to learn our exacting obliga-

tions by the light of conscience. The medical virtues are necessary to every doctor who wishes to be honest and worthy of our great and noble profession.

Finally, the question may be asked: Ought we to tell our patients the whole truth? In other words, has the doctor any right to lie under certain conditions? Many think so, and do not hesitate to deceive their patients. They even consider themselves justified in this course, and compelled to tell lies in order to spare the nerves, feelings, and minds of their clients. Deontology does not confirm this view, but considers it an obviously exaggerated opinion and also a serious error of doctrine. Its teaching is as follows.

We can and ought to tell the whole truth, even in serious cases. Patients have a right to it when they trust us, when they are eager in their enquiries, and when we know that they possess strength of character. They demand to be treated as conscious and free men, not as children; they have a right to know

the truth, provided it is communicated with due caution. We must be tactful, and employ the hints which custom prescribes.

In any case, we must not lie. We must not deceive patients, but we are not bound to tell them the whole truth brutally and without reserve. Such a step would distress the sick and make them worse, and might even kill them. The forms vary in different cases, according to the social status and individuality of the patient. We speak of hope at some future time, of early improvement, of alleviation, and of prolongation of life. We neither promise a cure nor guarantee health to those who are at the point of death. We are more frank and outspoken when the patient is spirited and not excitable.

Chapter 4.

OPERATIONS.

Conscience should direct all our actions, therefore it ought to control surgical interference. We cannot justify every operation, and the knife may not be used at will. A doctor is forbidden to cause the death of a patient, and is not allowed to promote or hasten it. The inviolable law of the Decalogue is always in his mind:—*Non occides*: Thou shalt not kill.

We are neither allowed to kill a man, nor to sacrifice the life of a child, foetus, or embryo, even though it may only have lived a few days or hours. Thus, in obstetrics, morality will not sanction embryotomy, even to save the mother.¹ Abortion under various conditions is likewise tabooed. This is a question of special interest to accoucheurs, and I shall return to it later; I wish to

1. *Vide* p. 239.

consider here merely the duties of surgeons.

These duties may be summed up in the following proposition:—No difficult or dangerous operation is warranted, unless its principal object is to save the patient's life, to rid him of some serious disablement which makes existence intolerable, or to ease constant acute pain which cannot be borne. There is no doubt that such pain as this is sometimes more difficult to endure than death. But the surgeon will refrain from interference which has no chance of success and would only hasten the patient's end. He will be guided by the indications present when he operates, and he will do no more than is necessary.

These are the outstanding principles of Surgical Deontology. If we adhered to them, many useless or dangerous operations would be avoided, and many lives would be spared. Too many surgeons lack judgment and prudence, and several premature deaths result from their rash indiscretions. I will give just one historical example.

On one occasion, Professor Poirier operated on an ex-Minister. He was invited to interfere again, and refused pointblank. A German surgeon was then consulted. He operated without any hesitation, and the unfortunate Minister died under the knife. He infringed two rules of ethics by his conduct; either Professor Poirier or some other well-known French doctor should have been invited to assist, and he should not have operated on a dying man.

Such indiscretions are common. Where fame or profit is concerned, doctors agree to operate whatever the consequences may be; they seriously overlook their duty, because they do not confine their attention to the patient's interests. These are grievous and glaring mistakes. They justify only too well the harsh expression contained in the suggestive title of the book by my learned friend, Professor Guermontez of Lille, "L'Assassinat médical."

We must carry out the spirit of the commandment: *Non occides*. Operations which

offer no chance of success are unjustifiable and not allowable. A conscientious doctor will object to any interference, whatever the profit to himself may be, if it is likely indirectly to hasten the patient's end; he stoutly resists the temptation of Dichotomy. Monetary considerations are secondary, here as always; the question of right and wrong over-rides every other motive; we must be faithful to conscience, which is prompted by dignity and honour.

We must beware of useless operations for the same reason. Many cases may be instanced. We may take senile gangrene as an example. Is it right to amputate? The operation is generally useless and only hastens death. One doctor whom I knew was called in consultation to see an old gentleman suffering from gangrene; in a low voice, he asked the doctor in attendance whether the family were prosperous; when he received an affirmative answer, he at once decided to amputate. The operation was performed, and the patient died two days

later. The transaction was not so successful as the young surgeon expected. The heavy bill was referred to the courts and reduced by one half. No one should covet fees thus earned.

Do indolent and benign lipomata require an operation? This question is open to discussion. The æsthetic point of view is put forward; I look upon it as secondary and of trivial importance. We may be permitted to doubt whether interference is necessary, or even desirable.

The same remarks apply to certain small and indolent fibrous tumours of the uterus in women who have passed the menopause. I am not sure that it is generally desirable to operate on these patients.

Lastly, what should be our attitude towards operations on small, indolent, and admittedly benign tumours of the breast? They alarm, perturb, and distress the ladies, and surgeons have only to say a word to induce them to submit to the knife. But have they always a right to speak that

word, and take unfair advantage of a groundless fear? Every doctor has seen operations on cases which did not call for interference. Unfortunately, we meet surgeons who make it their business to remove breasts which are more or less diseased, and convince the women that they have been saved from a cancerous tumour. On the other hand, it is true that low class quacks undertake to treat all tumours of the breast in special hospitals without operation, and they effect many radical cures, which bring them no fame, but much profit. *Vulgus vult decipi.*

In all doubtful cases, we should make it a rule to consider what would be most advantageous to the invalid. Moureau and Lavrand remark: "When the surgeon is considering this question, he should place someone very dear to him in the position of his patient; he will then obtain an answer which will always be consistent with the real teaching of ethics." Billroth, the great surgeon, adopted a still better plan; before

he made up his mind to interfere, he used to consider seriously: "What would be my decision if I were suffering from this accident or tumour?" He operated or stayed his hand, according to the answer given. This is the proper application of the injunction: "Do nothing to others that you would not have done to yourself." It is sufficient to protect us from the evil motives of vanity, curiosity, and gain.

In conclusion, we should make it a rule not to attempt any serious operation without informing the patient. The acquiescence and consent of his family, or of those on whom he is dependent, should also be obtained. Many doctors excuse themselves from this restriction. They have no right to do so, even if they consider their interference necessary and urgent. Of course, they can and ought to point out the consequences of refusal, but they can go no further; they must give way if they meet with determined opposition. No one is obliged to undergo an operation if the thought of it is unwelcome and dis-

tresses him. If the result may be fatal, the surgeon should tactfully inform the patient, or at least the friends. We must never lose sight of the fact that each one is master of his own body, and no one else has any right to dispose of it against his will. We should request or even demand the consent of the parents or guardian, before an operation is performed on a child. Indeed, it is a good plan to have this consent in writing. But here, as ever, conscience should determine our intervention.

Chapter 5.

MEDICINES.

When patients are under our care, our sole object is to cure them, or at least to relieve them. We must devote all our strength and energy to the attainment of this end by the surest, shortest, and most economical means. These means we usually borrow from Nature. They are called medicines or remedies.

Nature provides many useful or health-giving substances, and it is for the doctor to apply them. Both are good and necessary according to the testimony of the Apocrypha. "For of the Most High cometh healing," says Ecclesiasticus. "The Lord hath created medicines out of the earth; and he that is wise will not abhor them. The virtues of plants are revealed to men; and

the Most High hath given them skill, that He might be glorified in His works. By this skill, the physician will take away thy pain; the apothecary will compound sweet liquids and healing balms; and of his works there is no end." (Ecclesiasticus, xxxviii.)

When a doctor is treating a patient, he must be conscientious, and should only prescribe well-known remedies which have been tested and found satisfactory. The welfare of the patient is his only ideal. His motto should be *Primum non nocere* rather than any other. Therefore he only employs reliable remedies. We only become certain about the reliability of drugs through experience and scientific control. Such experience must be obtained by the accumulation of facts, and must have the approval of the leaders of the profession; it must not be acquired by experiments on patients. Scientific control implies observations in hospitals, not the discreditable puffing of new products which constantly appears in the press. We have no right to use those products until

searching and reliable tests have proved them good and useful, or at least equal to the old remedies.

Some doctors do not observe these reasonable rules, but endanger and sacrifice the lives of their patients by singing the praises of new remedies. Accidents occur, but do not seem to teach or embarrass them. Yet these ill-advised doctors incur a very heavy responsibility when they pay so little heed to the voice of conscience that they are willing to hazard the lives of their patients.

Every drug has not been tested and found reliable. Opinions differ concerning the action of some; others have not been studied fully; others again have a double action, and may do the patient as much harm as good. It is prudent to avoid all these.

One rule is obviously important; we should not prescribe a substance when we know absolutely nothing about its effects. Such conduct is not only irrational, but dangerous. Many doctors have been, and still are, guilty of it, though their patients suffer.

I will mention Koch's Tuberculin as a sad example; it was applied prematurely, and killed patients instead of saving them.

In place of ordinary classical remedies, we are allowed to prescribe others, from which we may anticipate good results, and which will at any rate do no harm. This is a question which the doctor, not the chemist, should decide; the latter ought to dispense a prescription to the letter. A chemist has no right to change the drugs, but, if he does, he ought to be guided by the foregoing rules. Many do not consider themselves bound by these rules, and indulge in dangerous fancies. I remember a case of infantile diarrhoea, in which the chemist altered my prescription, and gave a drug with an opposite effect, namely a purgative. The child died, and the chemist made the excuse that he had not been able to read the prescription.

If a drug usually gives good results, but may have ill effects, we are forbidden to use it. In practice, we must always weigh

the danger against the beneficial effect, and consider what is best for the patient. The doctor acts as though he were treating himself. He should avoid theoretical and preconceived ideas, which lead to sad mistakes. One doctor absolutely condemns purgatives because they are dangerous and proceeds to prescribe opium for constipation, at the risk of inducing some more serious complication. Another uses and abuses purgatives, just as Broussais abused venesection at one time. We should beware of discussions which gratify the intellect but are not conducive to the well-being of patients.

Some drugs are very active in small doses, always dangerous, and sometimes fatal when given in large amounts; this is especially the case with alkaloids. We should be very careful and precise when we prescribe them. Certain precautions ought to be taken; we must remember the proper doses; write distinctly; read over what we have written; state the quantity in full; and sign our names legibly for once. We must take care not to

confound milligrammes with centigrammes or grammes. Doctors rarely make such mistakes, but they are only too common on the part of chemists. Apprentices and boys who are little more than children are allowed to act as substitutes for the proprietor; they cannot read well and confuse drugs or bottles; serious, and even fatal accidents may result. The Insurance Companies, which protect the chemist against these events, are not acting rightly; in return for a small premium, they insure against damages up to 10,000 or 15,000 francs, in case the injured party should sue for compensation.

Some substances, though not actually poisonous, are very dangerous; when taken to excess, they slowly produce injurious effects. I refer to narcotic and intoxicating bodies like opium, morphine, ether, cocaine, and finally, alcohol. I do not mention chloroform and other anæsthetics, which will be considered separately.

If opium is habitually taken to excess, it

seriously deranges the constitution, especially the nervous system. We know what opium-smoking has done for China. The English, who are responsible for this baneful trade, have themselves experienced the harmful effects of the poison through the dreadful abuse of black drops and laudanum, which are even given to children. Contemporary literature has described these effects only too realistically ("Confessions of an Opium Eater," by Thomas de Quincey). It is a doctor's bounden duty to point out the ravages of this evil and fight against it with all his might.

There are special reasons for checking the growing abuse of morphinism. It is well known that a subcutaneous injection of morphine gives instant relief to the most acute pain and produces a delightful sensation of well-being. Doctors purposely adopt this method to give their patients ease, but only repeat the injection when it is absolutely necessary. They should be specially careful neither to allow the syringe to fall into the

patient's hands nor to let him use it himself, for this practice inevitably degenerates into abuse. Doctors who are weak-minded enough to permit it always have cause for regret; it is dangerous and criminal, and moreover it is not to our interests. Morphine does very great harm, and we must do all in our power to check it.

Almost equally disastrous results are seen in ether-drinkers, cocainomaniacs, and those addicted to chloral. People obtain relief once, and return of their own free will to the sedative because they like it; in the end, they take it to excess. We must resist these bad habits to the bitter end; they ruin the health and intellect, and derange the nervous system.

We must also oppose the use of all forms of alcohol. Lectures, tracts, and books are very useful, but the practice of temperance is best of all. The power and influence of a temperate doctor are very great, but one who drinks to excess sets a terrible example. I should like to refer to a vice which is peculiar

to some women; they lay in a stock of Melissa water (98 per cent. alcohol), and secretly consume large quantities. We cannot caution them too strongly against this evil habit.

Experiments. These may be either physiological or medical, and I have discussed them fully in another book.¹ I shall confine myself here to a few important points. Both scientific and medical experiments are forbidden. The temptation is very strong, even to the best of us, but we must withstand it. Love for knowledge must yield to love for our neighbour, and the desire for truth to the duties of our art. A doctor has no right to make dangerous or risky experiments on human beings, either in the name of science or under the pretext of humanity. *Primum non nocere* is our motto. Experiments on any of the patients under our care are unlawful; they become barbarous if children or old people, the blind, the insane, or hospital patients suffer by them, or if they are per-

1. Dr. Surbled : *La Morale*, Vol. III., pp. 216—236.

formed on patients under chloroform who have not been warned beforehand. They cannot be condemned too strongly. They betray want of charity and justice.

Are we justified in performing experiments on patients suffering from incurable diseases? Certainly not. No one, least of all a doctor, has the right to cause pain or shorten a man's life. Such a practice as this would be a serious offence against humanity.

An exception may of course be made in the case of experiments on criminals condemned to death, if they are promised pardon in case they survive. In this way van Beneden, the distinguished scientist of Louvain, was able to carry out his researches on the genesis and development of the tapeworm.

Some have stated that experiments become justifiable if the person concerned gives his consent and willingly submits to them. This is quite a mistake; just as one man has no right to dispose of the life of another, so he may not do what he likes with

his own. We may not violate the law of Nature *Non occides*. A man is not allowed to shorten his life by committing suicide. It is illegal to make such a request, and it would be wrong to consent. I remember that an engine-driver who was nearly crushed to death under his engine in a recent railway accident begged and prayed the bystanders to put him out of his misery. A certain doctor considered that the man was entitled to make this request, and stated later that he would have acceded to it, if he had had a loaded revolver in his hand at the time. I only mention this incident on documentary evidence, but it shows a remarkable perversion of morality, and does not reflect any credit on the profession. We are only justified in putting dogs out of their misery.

Exposures and scandals are common nowadays; they tend to weaken the power of conscience and to destroy the religious sense. Many examples of cruel and disastrous experiments might be mentioned. For

instance, syphilis was inoculated at the Saint-Louis hospital, and the notorious Avzias-Turenne administered preventive injections. The results of these two experiments were not so dreadful as might have been expected, owing to Ricord's mistake. This famous specialist showed the distinction between blenorrhœa and syphilis, but denied the existence of two forms of chancre. The experimenters frequently inoculated non-contagious pus, and in this way many patients escaped. Need I go further, and mention the inoculation of syphilis in children and old people at Breslau; the misdeeds of that jade, Koch's specific; and the inoculation of cancer by Hahn and Bergmann at Berlin in 1887? This last was severely condemned by the Paris Academy of Medicine in 1891, notwithstanding the pressure brought to bear by some of the members. Experiments are repeated all the same, because the standard of character has fallen so low nowadays; but conscience raises its voice in protest, and will continue to do so.

Has a doctor any right to run the risk of injuring his health or sacrificing his life by performing experiments on himself? This bold theory has been defended, but ought to be condemned. It is wrong to urge the case of a doctor risking infection during epidemics. In the latter case he is doing his duty; in the former he is not. We have no right to risk our lives, even in the interests of a most necessary experiment. Every consideration compels us to keep our health, strength, and self-denial for the sick; to sacrifice our very lives for them, if need be. Here only lies our duty, and it is enough to satisfy our conscience and our honour.

Chapter 6.

ANÆSTHETICS.

Is it right to give narcotics to patients who are in pain? Is it proper to administer chloroform as a preliminary to an operation? These questions are frequently asked, because they have an ethical interest. In my opinion, the answer to them is in the affirmative.

Anæsthetics possess the wonderful power of abolishing the condition of complete consciousness and the sensation of pain; therefore, very long and painful operations can be performed by their help. Such operations as these were almost impossible at one time, but they are now quite frequently undertaken without hesitation.

There can be no doubt of the value of anæsthetics, and it is absolutely necessary

to use them. It would be impossible to operate on an injured man still suffering from shock, without making him unconscious. We thus relieve him of the excitement caused by the thought of his accident; we get rid of the pain, and secure ease and relief for cases of injury which otherwise would inevitably be fatal.

I have shown that anæsthetics are of great value to mankind, and we need not hesitate to employ them. Does not Holy Writ plainly sanction their use in the words addressed to the sick: "The physician shall take away thy pain"? (Ecclesiasticus, xxxviii.). Does not experience teach us that the outstanding feature of nearly all diseases is pain; and that our usual duty is not to cure the sick, but to relieve them? Our office is pleasant and agreeable; moreover, it seems to me important, for it dries many tears, hushes many curses, and brings back many souls to God, Whose obscure and imperfect instruments we are.¹

1. Dr. Surbled; *La Morale*, Vol. III., pp. 201, 202.

It is advisable and quite right to employ anæsthetics. But use readily and almost inevitably degenerates into abuse, just because of the very great advantages which they offer, and the unerring and rapid effect which they have upon pain. If narcotics and anæsthetics are taken to excess, they injure and disorganise the nervous system, upset nutrition, destroy the power of sensation and thought, and quickly produce deterioration of the intellect and of the body generally. When an anæsthetic is administered for the first time, it gives great relief and produces a sensation of ease; therefore the patient does not hesitate to use it again, but is glad to do so, if he has the slightest pain or any acute sensation. The result is always so satisfactory and so rapidly produced that the distressing and incurable habit is gradually acquired. But by frequent use the effect is diminished and retarded, although the dose may be gradually increased and the drug administered in more concentrated form; eventually, enormous

quantities are taken, with the result that the constitution and intellect are slowly but surely poisoned. This is the history of many unfortunate patients at the present time. As doctors, we must not aid and abet their evil practices, but do all in our power to prevent them.

It is right to fight against pain, but we must use discretion, and either administer the drugs ourselves or only allow them to be used under our supervision. We select the narcotic or anæsthetic which is most reliable and least dangerous; we give a safe dose, and repeat it if required; we take care not to use it for an indefinite period, except in cases of urgent necessity.

If anæsthetics are used wisely and cautiously, they are invaluable and very efficacious. But they are only applicable to certain cases. They should only be used for important surgical operations, or to ease unbearable pain. We do wrong if we employ them for slight operations, such as the opening of an abscess or the extraction of a tooth.

A lady patient of mine, who arranged to have the roots of several teeth removed by a dentist, asked me to attend and give her chloroform; but I refused her request. She had to be content with the injection of cocaine into the gum, but the operation was performed without any trouble.

Is the administration of chloroform necessary in cases of ordinary normal labour? I do not think it is; I have stated the reasons for my opinion in another work,¹ but it would take too long to give them in detail here. Besides, the use of an anæsthetic is a new departure in obstetrics. It was inaugurated in England at Queen Victoria's first confinement, whence the name "chloroforme à la reine," which has been given to it. Only light anæsthesia is required. Even under these conditions, it is strongly condemned by Professor Pajot. There is no law against it, but it seems to me unnecessary and sometimes dangerous. The sentence pronounced

1. Dr. Surbled: *La Morale*, Vol. II., pp. 251—256.

by God upon Eve remains unchanged: "In sorrow thou shalt bear children."¹

Before giving chloroform, it is necessary to examine the patient, and make sure that he is not suffering from any disease of the heart, lungs or kidneys, because anæsthetics would be dangerous and attended with risk in such cases. Accidents sometimes occur and may be fatal; the doctor will be held responsible for them, if this preliminary examination is omitted. Unfortunately, even the healthiest individuals under the influence of chloroform are liable to syncope and other accidents, which may be fatal. Patients are sometimes overcome before they begin to absorb the vapour of the anæsthetic, owing to the impression produced by extreme fear; but these cases are unusual.

We are advised to think carefully before administering chloroform to the dying, at the request of the friends or of the patient himself. Even small doses of anæsthetics have a powerful effect on these people, and readily plunge them into a state of torpor and coma,

I. British practice does not follow this advice, which is not binding on conscience.—W.P.G.

which deprives them of the possibility of regaining consciousness before they pass away. It is therefore wise and even imperative not to put them to sleep; moreover, the pain which we are trying to alleviate is often diminished and numbed just before death. We should resist the requests of relations who urge us "to soothe the patient's last moments." Many employ this dangerous and unworthy euphemism when they wish "to shorten the days of their beloved relative." We must not be parties to base designs or to hypocritical sentimentality; we must just do what is best for the patient. If he urgently requests us to give him a narcotic, and we have to do something to relieve his mind, we merely give him mild sedatives to ease the pain, but nothing strong enough to make him unconscious; in other cases, we avail ourselves of factitious means to satisfy his excited imagination (draughts of sugar and water, gummy mixtures, or subcutaneous injections of plain water).

The bishops of the Province of Quebec, assembled in Council twenty-five years ago, defined the doctor's duties in the sense I have just indicated, and strongly condemned the administration of anæsthetics to the dying. "Since the fate of the soul during eternity depends on the last moments of life," the Fathers state, "doctors should absolutely refuse to administer drugs which tend to make a patient insensible and deprive him of the power of performing acts of piety. These drugs rob him of the final merit which he might obtain, and sometimes expose him to the danger of eternal damnation." (21st Article.)

Fatal accidents during the administration of chloroform are rare. Nevertheless, we ought to exercise great caution, so that mishaps may be as far as possible avoided. We must use discretion, and pay constant attention to what we are doing. Unremitting watchfulness is essential. It has often been stated that the anæsthetic is more important than the operation. Therefore, chloroform

should always be administered if possible by a qualified doctor.

It is not wise to perform an operation under chloroform single-handed. Nobody can pay proper attention to the movements of the knife and the use of the handkerchief or mask at the same time. Many doctors have regretted undertaking such a great responsibility. I was once tempted to anæsthetise a patient in order to remove a broken needle from his heel, but I found I was not able to complete the task. On one occasion, a doctor whom I knew was operating and giving chloroform without assistance, and the patient nearly lost her life from asphyxia, because her tongue fell backwards. We cannot be too careful to avoid such a practice.

All that I have just said about chloroform applies to other general anæsthetics, especially to ether. Local anæsthetics such as protoxide of nitrogen, ethyl bromide, cocaine, etc., are not free from risk. They must be used with care, though the danger is neither so direct nor so immediate with them.

It is better to do without them for minor operations of short duration. Ethyl bromide, which is frequently employed for the removal of adenoids in children, is not free from evil consequences. I know it has been given up at one important hospital in Paris, in order to avoid the risk of accidents, which, though rare, are always possible.

Chapter 7.

HYPNOTISM.

Hypnotism is a very wide subject, and includes many complex questions which cannot be treated fully in this work; I have devoted several lectures to it,¹ and, as is well known, Coconier has discussed it in a masterly essay.² I shall confine my attention here to a consideration of the medical point of view.

In the first place, is hypnotism genuine? I think it usually is, but special cases must be excepted. My opinion is shared by all doctors who have studied the subject, particularly by Professor Grasset, and also by theologians of repute, such as Father Coconier and Canon Moureau. Summing up the

1. Dr. Surbled : *L'Hypnotisme guérisseur*, Sueur; *L'Hypnotisme en Justice*, Sueur; *Pour ou contre l'hypnotisme* : *La Morale*, Vol. IV.,

2. *L'Hypnotisme franc.*

teaching of Rome, the latter writes:—"The teaching and practice of hypnotism are permissible, with the exception of those phenomena which must surely be preternatural.¹

The employment of hypnotism in therapeutics is therefore permissible, but is it beneficial or of practical use? That is a different question, which I answered some time ago in these words:—

"The practice of hypnotism introduces serious dangers to physical and moral health, though it is neither devilish nor essentially bad. It seems to me unwise to indulge in it ourselves or to recommend it; but it is not necessary to condemn it absolutely; it is enough to look upon it with distrust."

I still hold this opinion, which is daily confirmed by facts. Moreover, what are the suggested uses for hypnotism? It is only advised in a few cases, and for these its value is open to doubt. The substitution of hypnotism for anæsthetics during surgical

1. *Le Médecin chrétien.*

operations has been suggested. But the insensibility caused by induced sleep is unstable, and we cannot depend on it; some doctors have resorted to it merely as a passing fancy for slight operations. No one thinks seriously of giving up chloroform for hypnotism in surgery.

Some people boast of the power of hypnotism over certain bad habits such as nocturnal incontinence of urine, masturbation, and alcoholism. Skilful suggestion extended over a long period has undoubtedly obtained a certain measure of success; but there have been many relapses and several distressing failures. The method is too uncertain to be highly commended.

The results are no more satisfactory when it is applied to teaching. Bold scholars like Liébault, Liégeois, and Bérillon state that they have reformed spoilt and defective children by its means, and have turned them into very good citizens. They mention several cures, but never state how long they have lasted. Education by hypnotism is not per-

manent and should not be allowed; it does not answer the requirements of true education, for there is truth in the statement that this is the work of two people, and the result of effectual collaboration between pupil and master.

Hypnotism is powerless to perform moral or physical cures, or to remedy any disease whatever; moreover it is dangerous. It is like a two-edged sword. It upsets the nervous system; it may derange it, and do more harm than good. We know the history of the little girl who was hypnotised to cure nocturnal incontinence of urine; she developed St. Vitus' dance, which is a far more serious disease. I have mentioned elsewhere¹ the unfortunate case of a nervous young girl, who was made so much worse by the lectures at the Salpêtrière Hospital that she had to be placed under restraint. It is not right to trifle with nervous diseases.

In my opinion, hypnotism is a method of treatment which should not be recommended.

1. Dr. Surbled : *La Morale*, Vol. IV.

But I ought to state that all writers do not take this adverse view, and that some authorities sanction its use with certain reservations. Canon Moureau is one of these. "Ethics does not forbid us to employ it in some cases as a doubtful and dangerous remedy, provided that more reliable means have failed, and that some definite therapeutic purpose is in view; and assuming that the operator is skilful, cautious, and honest."

These conditions are not often fulfilled. Some hypnotists are respectable, conscientious and honest doctors; but most of them make capital out of their speciality in a manner which renders their integrity doubtful, and their conduct savours of quackery. They do not inspire us with confidence. Finally, it ought to be stated that the practice of hypnotism is at a discount, and nowadays there is a tendency among the authorities at the Salpêtrière Hospital to employ suggestion.

Chapter 8.

INSANITY.

Doctors in private practice and experts appointed by the Courts are frequently called upon to estimate the mental condition of patients, and state whether they are insane or not. The Courts or the patient's relatives ask our opinion when an attempt is to be made to set aside such documents as a will or contract, executed by some person who is supposed to be insane; when an application is made to restrain such a person from administering his estate temporarily or for life; or when he is to be confined in a hospital or retreat. In criminal cases, we are required to state to what extent the accused should be considered responsible for his crime. This question of responsibility and mental derangement is very im-

portant, and bristles with difficulties. We are frequently required to answer it. Are we always equal to the task? It would be rash and almost ridiculous to assert that we are.

There is a definite relationship between soul and body, between mind and brain, but there is more discussion now than ever concerning the nature of that relationship. Do not materialists still assert that there is no soul, and that mind is a result of the activity of the brain? This unfortunate doctrine is very widespread, but observant scholars and all thoughtful men will always strenuously oppose it. There is no doubt that we have a soul—that the human mind is immaterial, and finds themes for its thoughts and materials for its activity in the brain. There is no truth in the statement that the brain is the centre for some so-called higher function. The discovery of localisation shows more and more plainly that it is the organ which presides over sensation and movement, and it is nothing more than that. It is the grand

centre of the imagination, which is subservient to the elaboration of thought, and is the habitat of the soul.¹

When we have stated these relationships between brain and intellect, we are obliged to confess that we are almost entirely ignorant of the working of the mind. Science does not seem ready to throw light upon it. The nature of the mind in health is a closed book to the physiologist; how can we understand that disturbed condition which constitutes insanity?

The difficulties encountered by scientists when they attempt to throw light on this question are increased because they have no philosophy, and make a boast of professing narrow and sectarian materialism. They began to study the various forms of insanity a hundred years ago, and have not yet been able to arrive at any suitable terminology, because of the physical conceptions which have governed their classification.

1. Dr. Surbled: *L'Ame et le Cerveau*, 3rd edition. *Le Cerveau. Le Problème Cérébral.*

The actual nature of insanity is extremely obscure, in spite of all the labour which has been spent upon it;¹ it will only be revealed by the progress of cerebral pathology and by the light of rational and perfect philosophy. It has only been possible to study completely one mental disease, namely, general paralysis; the course of the symptoms and the lesions it produces in the brain have been worked out. Others are in a fair way to be accurately explained. But there are many gaps. We are inclined to believe that some forms of insanity are due to a special intoxication, which affects particular elements of the neurons. The question is very complicated; while we are waiting for it to be solved, all our knowledge of insanity is obtained from outward signs and the deceptive analogies which result from introspection of normal brains.

Under these conditions, we must be very careful when making our examination, and manifest extreme caution when forming con-

1. Dr. Surbled : *La Folie*.

clusions. All varieties of insanity are not definite; some border on the normal healthy condition. We must not lightly conclude that any person is insane; on the other hand, we must not fail to recognise a case of insanity; if we do, we shall set at liberty some poor creature who is dangerous or unable to take care of himself. Insanity is so imperfectly understood that many prisoners simulate it to escape punishment, and they are often successful. It is true that the doctors entrusted with the examination of these cases are specialists, particularly in towns; but are not authorities on the same footing as ordinary practitioners in the unknown world of insanity? Even experts make innumerable mistakes. This must not be attributed to their lack of insight, but to an ignorance, common to us all, of the working of the brain.

Chapter 9.

OBSTETRICS.

We should always respect, love, and serve those who seek our aid. No patients are more precious or more helpless than those with whom the obstetrician has to deal; embryoes, foetuses and children—men in the making. It is our bounden duty to protect them at all costs.

The foetus is a human being, and is alive as soon as it is conceived. Article 906 of the Civil Code states that the mere fact of conception entitles a child to receive a gift or legacy. There are still stronger reasons for respecting the life of a foetus. Foeticide is homicide; it is a crime which is condemned by conscience and punishable by law. The practice is forbidden, even to save the mother. The divine precept is explicit: "Thou shalt not kill."

These principles once established, it behoves us to draw certain practical conclusions from them.

Embryotomy. It was the custom to suggest this dangerous and murderous operation in cases of contraction of the pelvis, and it used to be performed until recently. There is no necessity for it nowadays, owing to the progress which surgery has made. (Pinard.) Cæsarean section, pubiotomy, and symphysiotomy conveniently take its place, and give very satisfactory results.

Abortion. This homicidal practice is absolutely forbidden. In former times, it was employed for the treatment of many conditions, which I shall now consider.

Neither pelvic contraction nor intercurrent disease justifies the interruption of pregnancy by abortion. (Pinard.) The foetus may be allowed to continue its natural development until full term is reached, and may be delivered by Cæsarean section or symphysiotomy.

It has long been stated that vomiting of

pregnancy is an indication for abortion, but this view was abandoned when it was discovered that the unlawful remedy was ineffective. Vomiting is not arrested by expulsion of the foetus; it may be serious as early as the first month, and is no excuse for homicide (Tarnier, Budin).

Abortion is not permissible in cases of fibroma complicated by pregnancy. Medical opinion will not agree nowadays to the interference which used to be suggested at one time. Pregnancy is allowed to take its natural course, and premature delivery is never mentioned.

Extra-Uterine Gestation. This condition has been the subject of considerable debate; I have devoted a special essay to it,¹ and will state here the conclusions which I have formed. Pregnancy frequently runs its natural course, and full term may be almost reached; there may be no accident, and the condition may not even be suspected. A sudden interruption sometimes occurs as

1. Dr. Surbled : *Autour du mariage*, 4th edition.

early as the first month through rupture of the foetal sac. Very serious complications result, and acute peritonitis is common. The mother's life is in danger, and the foetus is doomed. Interference seems to me to be indicated in these cases. The unjust aggressor is not the foetus, which is condemned to death, but peritonitis, which has no mercy. An operation is performed, and the foetus is immediately baptized. In all cases but these, which are very infrequent, and in which the surgeon rarely arrives in time to do anything, interference is forbidden. It will not save the foetus and it exposes the mother to the risk of serious hæmorrhage. (Lepage, Ribemont, Des-saignes.)

Accidental Abortion. If the mother is in danger, the doctor may adopt any treatment necessary to save her life even if there is risk for the child, provided that the foetus is not purposely destroyed. All operations with that object in view are forbidden (induction of abortion, separation or perforation

of the foetal membranes, section of the cord, passage of an electric current). But we are allowed to employ other methods of treatment, which are likely to be satisfactory without causing abortion or killing the foetus, even though these results may be produced accidentally against the doctor's will. If the foetus dies or is expelled, the doctor will not be held responsible for an unavoidable complication which he neither desired nor sought. The end in view is desirable; therefore he may run the risk of inducing an unfortunate complication.

Artificial premature delivery. This operation is difficult and there is danger to mother and child, but it is right and lawful. The child is able to live outside the mother's womb, though it is delivered before full term. Of course, it is only justifiable if there is an urgent need for interference before pregnancy is completed. The employment of incubators is usual, and allows the foetus to be saved at the end of seven, or even six months.

Porro's Operation. This term is applied

to removal of the uterus and its appendages. The operation was praised too highly when it was first devised, but it is indicated in certain cases. It is only permissible for the treatment of a diseased uterus, or to avoid serious complications after operations on that organ. We are not justified in performing it merely to save a woman from repeated dangerous pregnancies. I stated some time ago that Porro's operation is less simple and more dangerous than Cæsarean section. The latter should always be preferred.

Embryotomy after death of the foetus. It is generally recognised that this operation is quite justifiable. How can we be certain that the foetus is dead? It is doubtful in some cases, and it is better then to refrain.

Post-mortem Cæsarean Section. A full term child, and even a foetus, survives the mother for a variable period, according to the nature of the illness and the manner of death. Humanity then compels us to save the child, but our decision should be made quickly, and we must operate at once. We must lose no

time and use any instruments which are at hand, especially in the country. The operation presents many difficulties.

If the mother is dead, we hasten to operate, after looking for the classical signs of dissolution and finding them present (arrest of pulse and respiration, flaccidity of the eyeballs, etc.).

Only a professional man is justified in performing Cæsarean section. Doctors are not all competent or willing to undertake it. If two are present, they quickly arrange to share the responsibility and help each other at the operation. If the child is born alive, but asphyxiated and at the point of death, it is at once baptized.

Note by Sir F. H. CHAMPNEYS, Bt., M.D., (Oxon.), F.R.C.P., Physician Accoucheur to St. Bartholomew's Hospital; Chairman of the Central Midwives Board.

By the laws of England it is lawful to destroy the foetus to save the life of the mother.

Homicide is justifiable where the life of another human being is threatened.

This tallies with the general opinion of serious Englishmen, medical or others.

It is true, we think, that the foetus has rights, but we do not agree that its life is to be weighed against that of the mother of a family. The only exception being pregnancy complicated by cancer of the cervix, in which the mother's life may (in certain cases) be obviously doomed. In such a case as this a woman may be encouraged to go to full term of pregnancy, and submit to Cæsarean section, which (however) entails considerably enhanced risk over the average of that operation. Fifty years ago Cæsarean section was almost always fatal.

According to the Roman Church, a woman was bound to sacrifice her life (and the husband was bound to sacrifice his wife) to the unborn foetus. In this we did not, and do not, agree.

If Cæsarean section was not possible, or advisable, the foetus could not be destroyed,

though it was allowed to die. This entailed two deaths instead of one, for the mother generally died also. In many cases the perforation of the head of a child (which was bound to die anyhow) would have saved the mother's life. We dissent from the view which entails such consequences.

In recent times aseptic methods have greatly diminished the risks of Cæsarean section and other similar operations, and we are only too glad to resort to them more frequently.

It is not correct to say that abortion never saves life. In the pernicious form of vomiting of pregnancy, depending on toxæmia, lives have been saved by its use. The ordinary neurotic form, however bad, probably never requires it.

But we hold that where pregnancy threatens life in the early weeks, and nothing short of terminating the pregnancy seems likely to save it, abortion is the right course.

In all such cases a consultation should be held.

Both perforation of the foetal skull and evacuation of the uterus before the viable age are occurrences of rarity in England; it is several years since I felt obliged to advise either, though I have been consulted in cases of severe vomiting with a view to sanctioning abortion.

(For the question of operations for the surgical removal of the full-time living foetus (Cæsarean section, etc.) see a discussion before the Harveian Society of London which will appear shortly in the "Journal of Obstetrics and Gynæcology of the British Empire.")

Chapter 10.

CLUBS.

Everybody is entitled to the benefit of our skill; it is a point of honour with us never to turn a deaf ear to the cry of suffering humanity. We thus place our services at the disposal of the great human community. The State is a community of a different kind, and is constituted arbitrarily for purposes of administration. The State calls upon us to perform many public duties, and we give our assistance when we can. But we decline to become part of the machinery of government; we are not willing to be officials. We should forfeit our liberty and dignity if we took that step. We must be proud of our independence, and stoutly maintain it against all those who seek to take it from us.

We are cheated by the State as well as by

individuals. Our services are inadequately rewarded, and we are weighed down with taxes. But we are defrauded most of all by clubs, which are becoming more and more general in the community.

I may mention first Mutual Benefit Societies, which are equivalent to Insurance Companies. They are excellent institutions, and we are their chief benefactors and principal supporters. Our names are entered at the head of the list of honorary members; that is the first concession we make. We make a far more substantial concession by undertaking to attend all the members at a ridiculously low rate.

There are several ways of paying for medical attendance. Sometimes a contract is made, and a round sum paid every year. In other cases, a capitation charge is made; 2, 3, or 4 francs per head per annum. Both systems are faulty and should be condemned. The doctor is overwhelmed with visits which take up his time, without giving him a reasonable return; patients often complain

that they do not receive sufficient attention. There is only one way of satisfying everybody; we should arrange to be paid according to the number of visits, and apply the minimum scale.

Societies for working men and agricultural labourers fulfil a legitimate need for union, and have increased in numbers in modern times. They often require the help of doctors to support the claims of members who are injured in the course of their employment, and we cannot refuse it. The life and health of sick, infirm, and disabled workmen have to be protected against the greed of Insurance Companies or the harshness of some employers. We do our duty, here as ever, whatever interests are at stake.

Insurance Companies have long exploited the medical profession by offering a ridiculous return for their services; they had to give way to our reasonable requests, when we were in a position to state them collectively in the name of the medical societies. The associations which doctors formed more

than twenty years ago took charge of our interests, which were misunderstood by the Insurance Companies, and conducted a vigorous and successful campaign to support the honour and rights of the profession. I am proud to have had a share in this struggle; I was secretary and treasurer of one of the principal societies.

The condition of affairs which we attempted to remedy was indeed intolerable; payment of 4, 5, or 6 francs entitled any person who was injured to medical certificates and treatment till he was completely cured, even if an operation was necessary. The Insurance Companies declined to improve these severe conditions, and struggled desperately to retain them. Many had to be prohibited and tabooed. The doctors were united, and the good cause of the Medical Societies eventually triumphed. The bill concerning accidents in the course of employment was introduced and passed, and our fees were recognised and raised.

But victory is not yet complete. Although

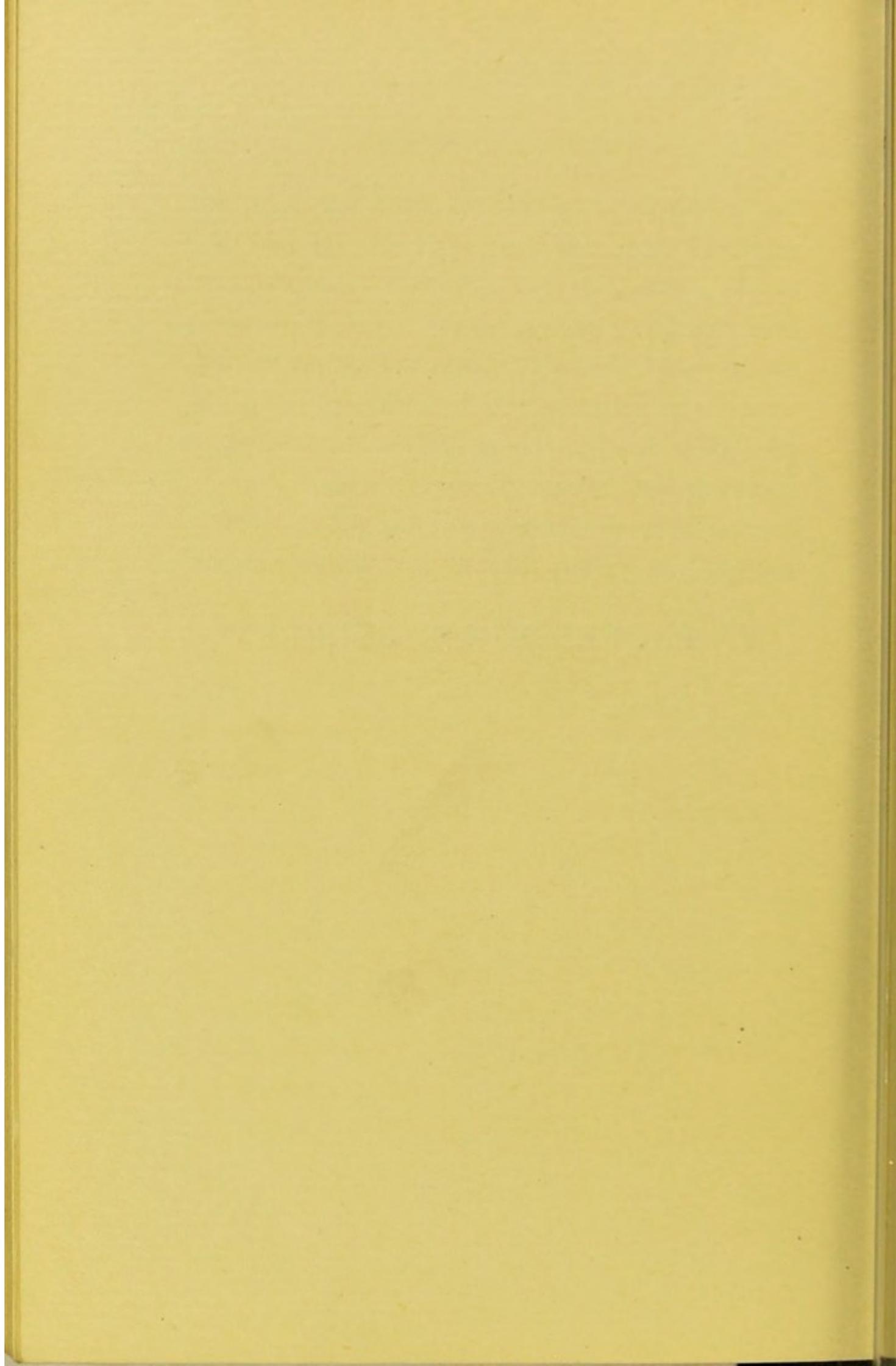
our scale of fees has been materially raised, and separate payment for certificates has been secured, doctors are still appointed by the Insurance Companies. This privilege is intolerable and contrary to the interests of all parties. We must strive to realise that ideal which is so important to the profession, namely, the free choice of a doctor.

Freedom of choice should not be the peculiar privilege of those suffering from injury; it ought to be open to all members of Mutual Benefit Societies, whether they are incapacitated by sickness or accident. The workmen desire it as much as the medical profession; it would be to the advantage of all, and would satisfy the dignity of both parties. The workman should have an equal right with his master to summon any doctor he may choose; that is only common justice.

Therefore we demand that the rule of freedom should be applied universally in medical matters; that all officials should be at liberty to choose their own doctor; that

the poor and those on the list of the Benevolent Society should enjoy the same freedom and justice. Nothing can be more objectionable than to compel a man to submit to a visit or receive treatment from a doctor whom he does not like, simply because he is poor or an official. That is slavery and unworthy of our times. Liberty must be general; liberty for the patient towards the doctor, and liberty for the doctor with regard to patients.

V. PROFESSIONAL SECRECY.



V. PROFESSIONAL SECRECY.

Chapter 1.

GENERAL RULES.

The laws of professional secrecy are strict and binding. It is always a serious mistake to break them, and sometimes amounts to injustice, for which reparation is due. Professional secrecy has always been observed by the profession. We find it included in the Hippocratic oath, five centuries before Christ. The Schools religiously preserved the precept in the Middle Ages, and the University of Paris states it in these words: "Aegrorum arcana visa, audita, intellecta, eliminat nemo." Finally, it is enacted by Article 378 of the Penal Code that: "Any physician, surgeon or medical officer, and any chemist, midwife or other person en-

trusted with secrets by virtue of his position or profession may be punished by imprisonment for a period of three to six months, and by a fine varying from 100 to 500 francs, if he reveals those secrets, except in cases where the law compels him to denounce a criminal."

It follows from this formal statement, and from the law laid down by the judges, that all such assistants as house-surgeons, students, nurses and attendants are bound to professional secrecy in the same way as physicians, surgeons, medical officers and midwives.

The obligations of secrecy are very extensive, and involve a serious responsibility; they affect every part of our professional work, especially if loss or injury might result from disclosure.

Brouardel is more explicit, and enumerates the conditions under which we ought to be silent as follows:—

1. Secret illnesses, such as venereal or contagious disease.
2. Hereditary diseases, the disclosure of

which would injure the children or prejudice their interests.

3. Any disease which might do a patient harm by hampering his career, or might prevent him from obtaining reasonable promotion, such as phthisis, diabetes, albuminuria, etc.

4. The severity of an illness. An outsider might take advantage of such knowledge for an unworthy purpose.

5. Any incident of the disease which might harm or compromise the patient by indicating the existence of another establishment, or of a house of ill fame at which he had been seen; or details which would betray him or cause him to be suspected of a crime or misdemeanour.

In a word, we are enjoined to keep silence, by virtue of the principle which should govern all our actions: *Primum non nocere*.

But if the patient's secret is public property like Polichinello's, are we still compelled to be silent? Certainly not. We may speak about it like anyone else, but we must never

repeat anything which we have learnt in our professional capacity. Still, the distinction is so fine that it is best to say nothing. Silence is golden.

Many ways of divulging a secret are described. It may be divulged directly, by calling attention to matters which are within the limits of secrecy or to the person whom they concern. It is divulged indirectly, if we make unfair use of the secret to the disadvantage of the patient who confided it to us. Brouardel gives the following example.

He states that a doctor should never answer questions concerning a syphilitic patient about to be married, but he thought he ought to advise a future father-in-law to ask his would-be son-in-law to insure his life. The young man avoided the trap by refusing to be insured, and the marriage did not take place. The eminent professor had indirectly divulged the secret; but he had protected a family. Who would refuse to follow his example? We shall see that in

such a case it is permissible, under certain conditions, to elude the law of secrecy.

One doctor need not hesitate to confide a secret to another; it remains sacred, and both are bound to respect it. If either doctor divulged it to an outsider, he would be considered guilty of an offence.

The Code absolutely forbids us to reveal secrets, except in certain specified cases. There is a marked tendency to adhere less closely to this rule in modern times; for though the common weal is important, it is not sufficiently weighty to give the patient unlimited rights. Three conditions are described, under which a secret may be revealed.

1. With the patient's consent, provided there is no other objection.

2. If it is necessary, in order to avoid substantial and serious injury to the patient or some other person.

3. If the authority of the law steps in and compels it.

All these conditions can be readily de-

fended. The patient may give us permission to speak, provided that disclosure does not harm another person. For instance, a father's permission would not give us any right to reveal facts detrimental to his children; the sanction of a husband would not justify us in publishing statements which would harm his wife, and *vice versa*.

Consent may be given explicitly or by inference. Explicit consent may be signified verbally or in writing; it is desirable that this condition should be fulfilled in the case of a prosecution. Consent may be inferred from a fact stated by the patient; for instance, if he submits willingly to a medical examination, though he is quite aware that the doctor will make a detailed report afterwards.

The law of secrecy may be disregarded when its observance involves serious injury to others, especially if several persons are affected; for instance, if the health of a convent, a family, a boarding school or a village is at stake. But our course is less clear when a single individual is concerned.

The patient's rights are entitled to as much respect as the rights of others; his interests and those which would be injured are equally precious; it is only right to sacrifice them if the patient has been at fault, and the mischief to be avoided can be definitely laid at his door.

The authority of the law compels us to give information concerning crimes and infectious diseases; it makes us sacrifice the interests of the individual to the public weal, and compels us to protect society.

We must give way to the demands of the powers that be, because they coincide with the interests of the community.

We are only obliged to divulge secrets in cases prescribed by law. They are entrusted to our honour, and it is for our conscience to decide whether we shall speak or not.

Chapter 2.

SPECIAL CASES.

Insurance. Life Insurance Companies always send two doctors to examine the person to be insured, to ascertain the state of his health and his family history. One of the selected doctors may be the applicant's family physician; if so, he is bound to excuse himself; he must not issue any report whatever, even if the patient gives him permission. He may not even make the bare statement that the applicant is or is not fit to be insured. He must not give a report out of courtesy, and so run the risk of stating a truth which is detrimental to the patient, or of mentioning only those facts which are in his favour.

The doctor appointed by the Insurance Company is quite at liberty to examine the

applicant and draw his own conclusions. When he frames his questions, he has to trust to the honesty of the applicant, though it is to the interest of the latter to mislead him. If he discovers a disease which necessitates refusal, he must not mention it, except to the Company, so that the applicant may not suffer; he ought not even to tell the applicant, lest he become uneasy. If he is requested to examine one of his own patients, he must at once decline. Above all, if one of his patients is suffering from any disease or diathesis and wishes to insure his life, the doctor must dissuade him. Some of our brethren who have elastic consciences do not act thus; I know one doctor who urged a patient to insure his life for a large sum, though he knew quite well that the man was suffering from a serious disease, namely cirrhosis of the liver; the doctor helped him with a very good report. Such an unscrupulous act as this is a disgrace to the profession; it is a crime punishable by law.

At the death of a person who is insured, the Company will not pay the heirs, until they have received a certificate stating the nature and duration of the illness which caused death. We are bound to refuse point-blank to give a certificate, even at the urgent request of the heirs. The most recent decisions of the courts support this view. The dead man's secrets are not transferable; neither the heirs nor the Insurance Company have any right to take his place, and sanction the disclosure of his secrets.

Some Mutual Benefit Societies will not allow us to treat certain diseases, particularly syphilis. No doctor can approve of this rule, for it is a violation of the law of secrecy. We must do our utmost to have this provision removed from the bye-laws.

Marriage. We may be consulted concerning the health of one of our patients, who is about to be married. Ought we to speak or to keep silence? The answer varies according to the nature of the disease. It is not permissible to keep silence in the case of

syphilis in an infectious stage; that would be criminal. Of course, we must respect the patient's secret, but we are only obliged to consider it so long as no serious injury befalls a second person through our patient's fault. Serious injury would be done if a patient, suffering from syphilis and still infectious, was determined to be married in spite of our advice, and against our orders. We may employ indirect but certain means to defeat his object.

We take care not to divulge the nature of the disease, but we are acting within our rights if we take the liberty of opposing and delaying the wedding, and put the family concerned on their guard; it is even our duty do this. Are we justified in going further, and denouncing the unworthy suitor? We should only come to this decision after careful consideration, provided that we know the girl's parents intimately.

Many consider this rule concerning the breach of secrecy a hard one. They state that it is a serious breach of the laws of the

profession, and ask why scrofula, tuberculosis, and epilepsy do not come under the same category. The question is easily answered. We must certainly attempt to deter from marriage any one whose constitution is damaged; but the infectivity of tuberculosis is not nearly so great as that of syphilis. A man suffering from infectious syphilis is certain to contaminate his wife. A doctor who tacitly sanctioned such a catastrophe would be responsible for the infection, and might be punished by law for the injury done. It is wrong to put forward social interests in this case. Everyone is entitled to the protection of society, except those who try to abuse it.

A doctor shall be neutral and conciliatory between husband and wife, and it is of the highest importance that he should keep silence. He must observe the greatest caution. If he finds one to be suffering from syphilis, he does not tell the other. The peace of the home would be destroyed, and it should be preserved at all costs. We

avoid an expression of opinion; we elude awkward questions; we are specially careful neither to issue any certificate nor to give evidence in the courts. We content ourselves with warning the infected spouse of the danger of communicating the disease; we advise the proper precautions, such as separate beds. But it must be confessed that the disease is almost inevitably transmitted; the terrible secret leaks out except in rare cases, not from any action of ours, but through the fault of the guilty party.

Wet-Nurses. If a doctor discovers the existence of syphilis in a child or wet-nurse, he has difficult duties to perform, for probably no cases cause more worry and anxiety. Several conditions have to be considered.

If the wet-nurse has been engaged, and hereditary or congenital syphilis is discovered in the nursling, the parents should be notified at once. We must obtain their consent, and inform the wet-nurse

without lengthy explanations, and particularly without mentioning the fatal word, that the child must be weaned at once on account of its health. The child is not fed by the breast any more, but it is essential to keep the nurse for three or four weeks, to see whether she has escaped infection. These precautions are wise; if the family will not agree to them, we have to frighten them with the thought of exposure and scandal, or of legal action by the nurse. If they persist in their refusal, we must interview the nurse, and inform her that she will contract a serious infectious disease if she continues to suckle the child. It is very unusual to be driven to this extremity, but we must do our duty to the bitter end.

If the syphilitic child is at the wet-nurse's home, the same rules must be observed. However far away the parents live, they must be informed of the condition, and requested to take back their child.

The same rules are observed with work-house children, but less consideration is

necessary. The doctor warns the nurse, and has the child sent back to its guardians.

Let us suppose a doctor knows that a child is infected. If he is consulted about the choice of a wet-nurse, he must oppose any step which would spread the disease. He must never send a healthy nurse. He may suggest that it should be suckled by the mother or by a syphilitic wet-nurse, but it is best to advise artificial feeding.

If the nurse infects a healthy child, only one course of action is possible; she should continue to suckle, and should be energetically treated. This is a terrible disaster, and should be remedied as far as possible; it is very rare.

If an infected wet-nurse comes to be medically examined before taking charge of a foster-child, she must be dissuaded from her plan, and warned that she incurs a heavy responsibility if she carries it out. If the parents desire a medical examination and the nurse consents, it is the doctor's duty to speak; he has a right to say that this nurse

society if it could be done without directly involving the patient. It would rapidly put an end to the baby-farmer's trade. I once suggested this desirable measure to another doctor. "It is not our business," was his reply.

Accusations against Innocent Persons.

Two hypotheses have to be considered in these interesting cases.

The guilty patient is not obliged to reveal his secret and set the innocent party at liberty, unless the latter became compromised entirely through the patient's fault. If the patient is responsible for the false accusation which hangs over the victim, and if he refuses to do his duty, we must lodge information against him. If he is not connected with the dispute, we must keep his secret. But Dechambre considers that we ought to compel him to save the innocent party. We might also inform the judicial authorities that the accusation is false, without saying more. Again, we might come forward as a witness for the

defence and declare the prisoner's innocence. (Hemar.)

Reports: Evidence in the Courts. If a doctor is commissioned to make a report, he must say absolutely nothing about the case; he is only absolved from secrecy when he appears before the magistrate who ordered him to make the examination and draw up a report.

If a doctor is summoned as a witness, he must appear and take the oath; but he must be careful not to answer if he is questioned about facts which bear upon a secret. He has an undoubted right to do this; he can always state that he considers confidential the facts about which he is questioned.

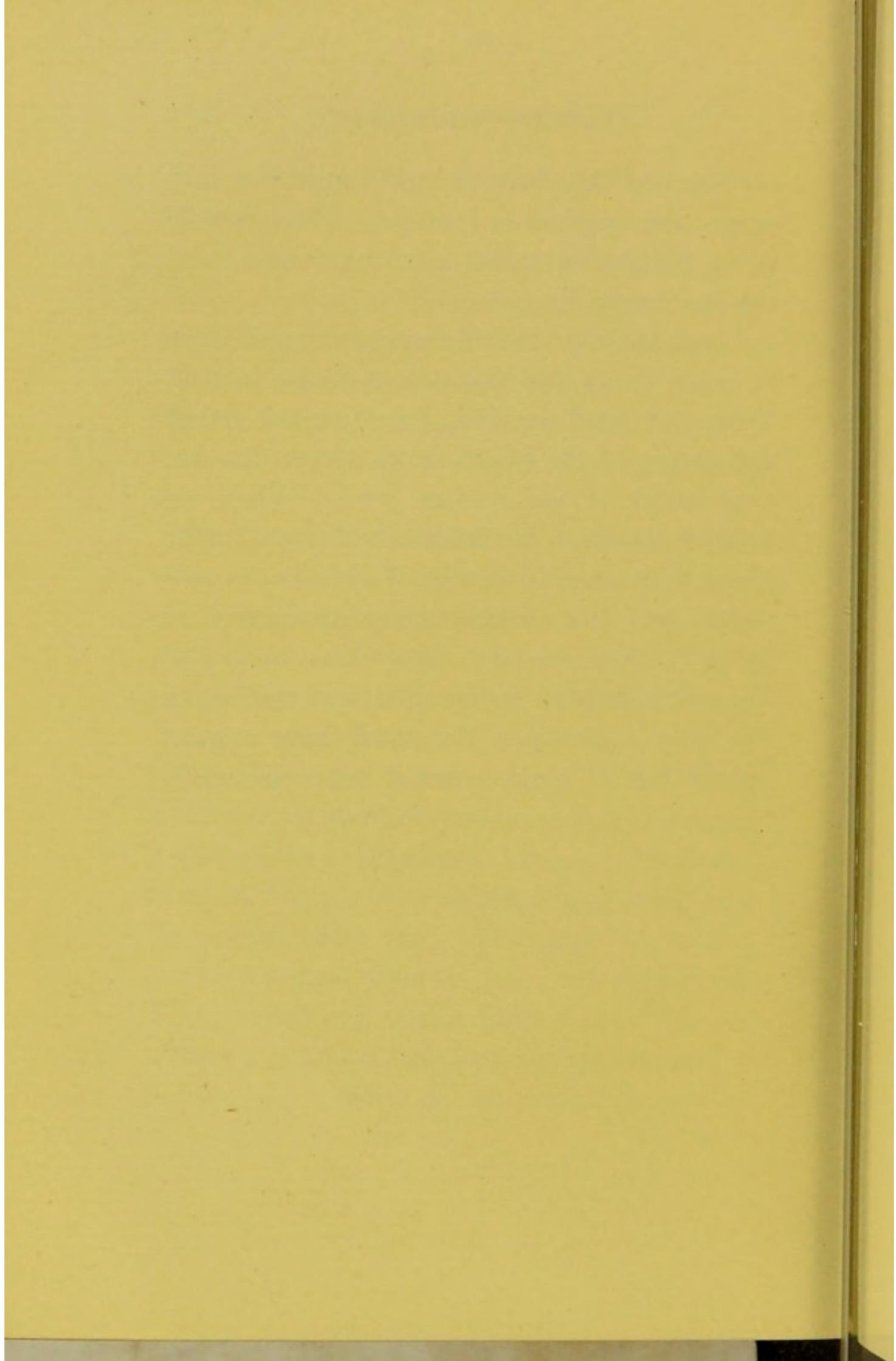
Notification of Births. Every birth must be notified either by the father or the doctor. (Article 56 of the Code.) But we are not now obliged to state the name of the mother. (Article 57.) Since the code was introduced, we have only to notify to the Registrar the date and time of birth, the child's Christian names, and the place where it was born.

The law does not state at what period of foetal life notification is compulsory, and this is unfortunate for stillborn children. In Paris, a burial certificate (and consequently notification) is required for all foetuses or embryos more than six weeks old (Prefect's decree, January 26th, 1882). This is a very wise precaution, and ought to be generally adopted.

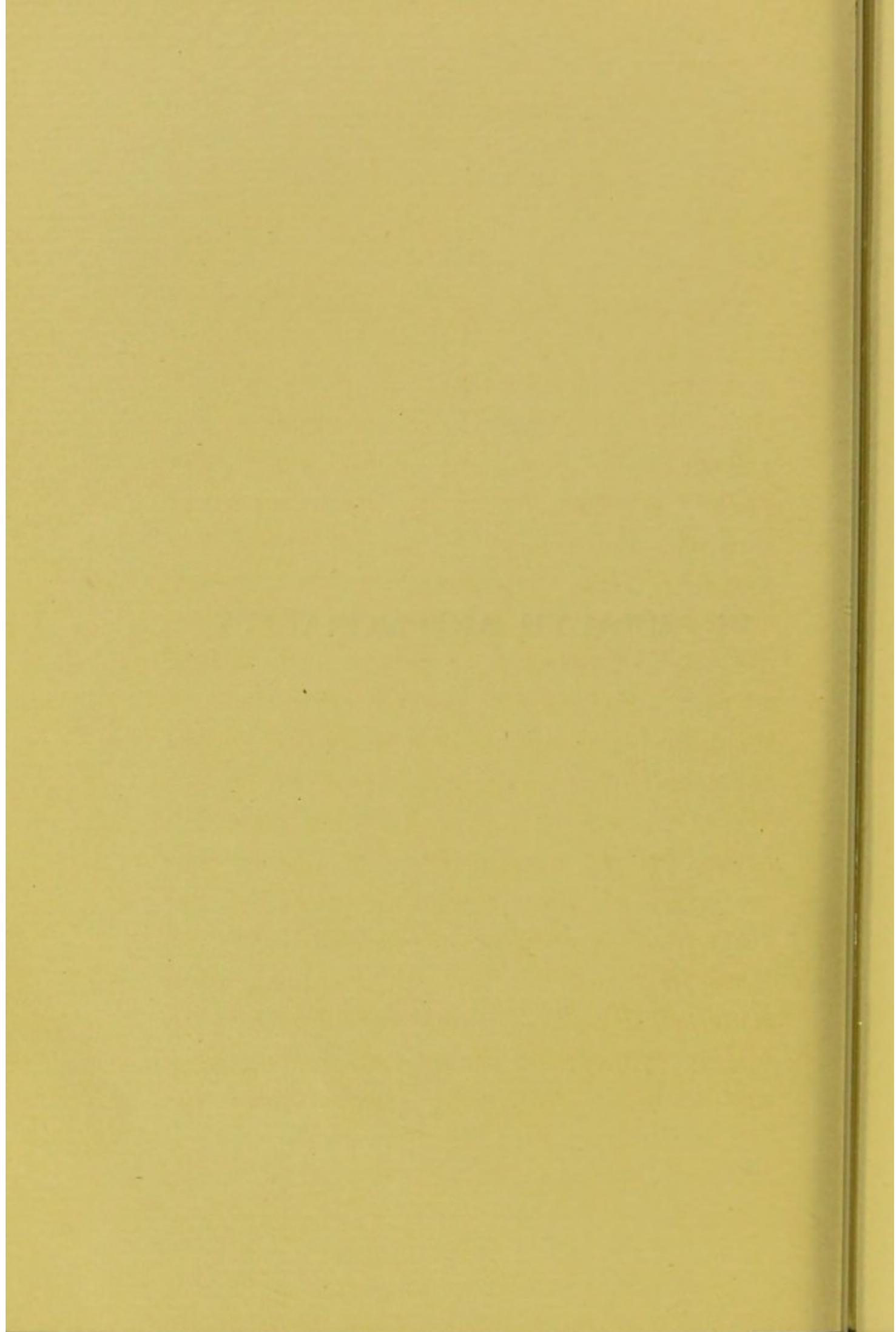
Notification of Infectious Diseases. Doctors are compelled to notify infectious diseases (Section 15 of the law of December 31st, 1892). This is a wise law, but it is very often evaded, and of no practical use. What is the good of notifying cases of infection in the country or a small town, where no prophylactic measures are possible? Tremendous difficulties arise everywhere, even in Paris. The secret is not kept, and our notification may do harm to many, especially tradesmen; it may even ruin them. The present law is not carried out; it is the cause of injustice and quarrels, which involve politics; it ought to be repealed. Why

should not the duty of notification be laid upon the patient's family? That would place the doctor in his proper position, and the law could be enforced.

Good feeling alone is enough to guide us in some cases and compel us to be tactful. When we send our bills, we must not detail the nature of the treatment (a secret disease, evacuation of the rectum, etc). When we publish statistics, we must not be too explicit about the causes of death. In our books and notes, we must neither give the names of patients nor describe them too minutely. We must display moderation and tact when we issue bulletins. We must have regard for the law of secrecy, but it is not arbitrary.



VI. HEALTH AND MORALITY.



VI. HEALTH AND MORALITY.

A doctor is summoned to many homes. He enters into the life of the family, has a share in the important events which take place, sympathises with its joys and sorrows, and takes an interest in all its anxieties. But if he is received as a friend, he also comes as a teacher, and often plays the part of trusted confidant and skilled adviser. His influence is very great; it is of the highest importance that he should always exercise it conscientiously, and for good. We are consulted daily concerning questions of health; we must never be so narrow that we advocate the secular practices of the Church when they are at variance with the laws of science. We must give, when required, the physiological reasons which so clearly support the limitations of abstinence and fasting. We must always serve the

truth, even if it outrages our feelings, and is contrary to our inclinations.

We get into close touch with families; we know every member, and follow each from the cradle to the grave. We are summoned to render varied services. If the child comes into the world asphyxiated and apparently dead, or if it is so weak that its condition causes alarm, we at once arrange to baptize it.

The procedure is very simple. We call for water and pour it on the child's head, saying the words: "I baptize thee in the name of the Father, and of the Son, and of the Holy Ghost."

The same rule should be followed at a premature confinement or an accidental abortion. When the child and the membranes appear, it is first baptized conditionally within the membranes; these are then ruptured, and the operation is repeated directly on the child.

Young children merely require advice about health and medical treatment. But

they soon grow up, and we see the dawn of passion and of the evil instincts which are inseparable from our poor nature. We are frequently consulted about an alarming decline which is due merely to vicious habits. Self-abuse is common both in boys and girls; if the care of the parents does not remedy it, the doctor must interfere and point out the serious dangers of onanism and the means by which it may be cured.¹ Sexual desires appear during the anxious years of puberty; parents fly to us to give the youths our advice, which is the result of wisdom and experience. We must not preach pleasure and excess, but continence and purity. Moreover, science comes to our help and proves that only chastity, scrupulously observed in our young days, can keep us healthy, strong and manly.²

Young people are not carried away by the senses alone; they are hot tempered, vain and easily provoked. Quarrels soon arise among

1. Dr. Surbled; "Le Vice Solitaire," 3rd edition.

2. Dr. Surbled: "La Vie de jeune garçon"; La Vie de jeune fille."

them, and they are ready for a duel in a moment. How foolish this is! We should make it quite clear that this barbarous practice is premeditated homicide, and if we are requested to assist at an encounter, we should flatly refuse. But if the duel takes place in spite of us, and we are summoned to the help of the injured, we hasten to him without delay.

The time for marriage comes. We are called upon to instruct the young people concerning their duties. This is a very solemn office to fulfil, and we must be worthy of it. We must never fail to remind the married couple that they are undertaking a serious responsibility. Married life has its delights, but there are duties as well; the first is procreation; the dear children which God gives must be reared and educated.¹ We must strongly condemn those who desire the roses without the thorns; both selfish bachelors, who disgrace themselves by fornication and unholy passion, and dishonest

1. Dr. Surbled: "La Vie à deux."

husbands, who shamefully defraud nature. We must never cease to proclaim the benefits derived by the individual and the community from true and holy love. Herein lies happiness; herein lies health for the family and the world.¹

The years roll by; old age comes and with it sickness and infirmity. We treat our patients zealously, and take care not to forget their souls when their lives are in danger. We make sure that their temporal and spiritual affairs are set in order, and we either ourselves inform the patient of his approaching end, or notify his relations. This is one of the obligations of our office; it is difficult and solemn. We must not fail to fulfil it, because the price of a soul cannot be estimated.

At all times and in all places, a doctor must prove himself animated by duty and full of zeal. He must be devoted to his patients, and determined to help them in

1. Dr. Surbled: "L'Amour sain," L'Amour malade," "Le Vice conjugal," "Autour du mariage."

every way possible, and to serve all their interests. An honest Christian doctor has only one object, to seek out that which is good and do it; to proclaim and defend it, and sacrifice himself for it. He loves and helps his patients who are his brothers; he devotes to them his mind and heart, and, if need be, even his life, for the sake of the love of God.

b1

