

A code of medical ethics : with general and special rules for the guidance of the faculty and the public in the complex relations of professional life / by Jukes de Styrap.

Contributors

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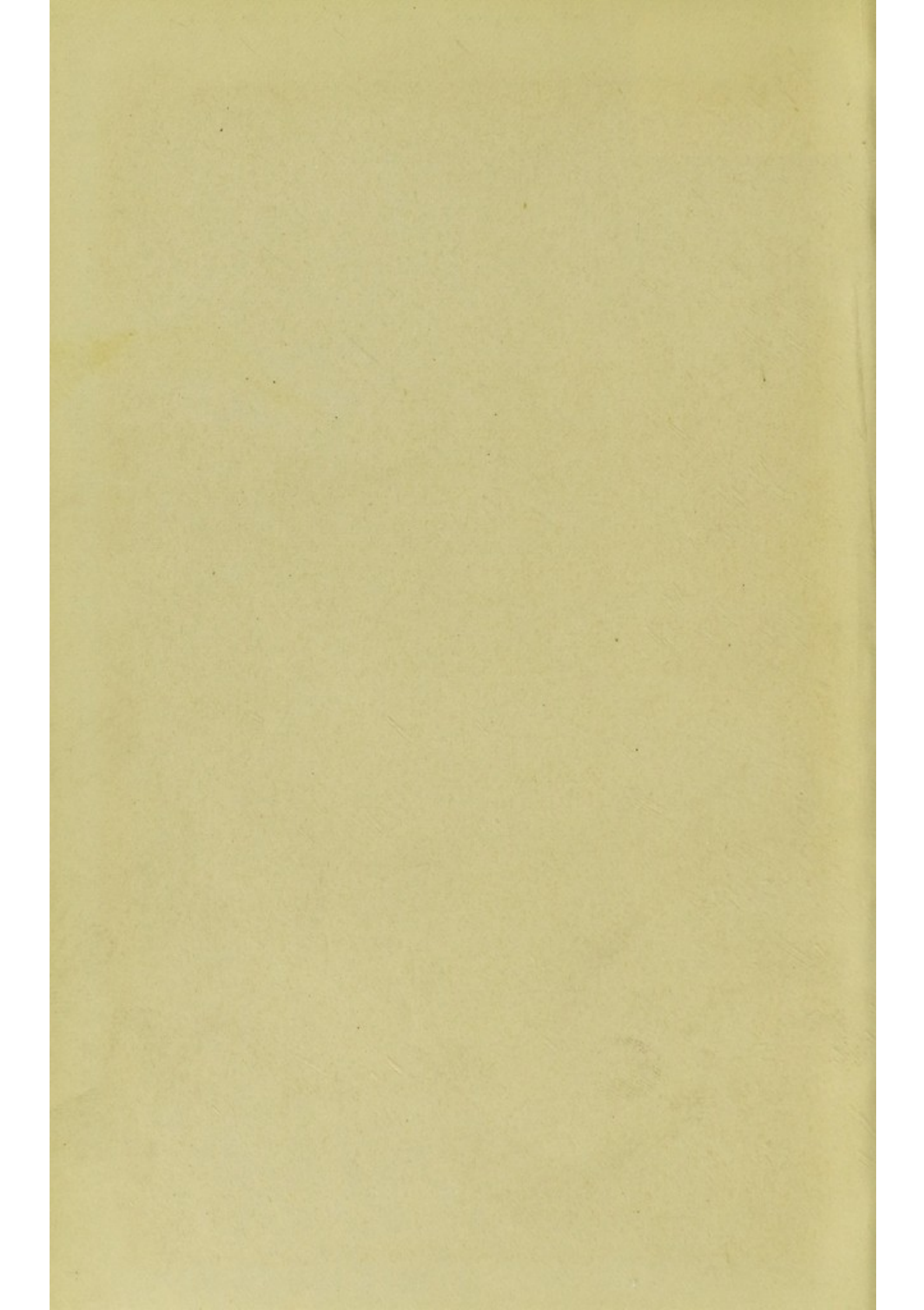


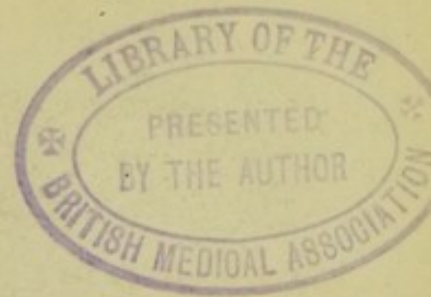
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A
CODE OF MEDICAL ETHICS:

WITH
GENERAL AND SPECIAL RULES

FOR THE GUIDANCE OF
THE FACULTY AND THE PUBLIC
IN THE
COMPLEX RELATIONS OF PROFESSIONAL LIFE

BY
JUKES DE STYRAP, M.R.C.P.I., Etc.,

PHYSICIAN-EXTRAORDINARY, LATE PHYSICIAN IN ORDINARY TO THE SALOP INFIRMARY;
CONSULTING PHYSICIAN TO THE SOUTH SALOP AND MONTGOMERY-SHIRE INFIRMARIES;
FOUNDER OF AND LATE HONORARY SECRETARY TO THE SALOPIAN MEDICO-ETHICAL SOCIETY,
AND SHROPSHIRE ETHICAL BRANCH OF THE
BRITISH MEDICAL ASSOCIATION.

THE FOURTH EDITION:
REVISED AND ENLARGED.

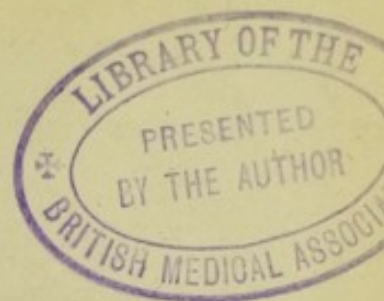
'BEAR AND FORBEAR.'

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THE FOLLOWING DEDICATION, WHICH WAS MOST CORDIALLY ACCEPTED
BY THE AUTHOR'S REVERED OLD TEACHER AND FRIEND—THE LATE
SIR THOMAS WATSON—LONG PRIOR TO HIS FATAL ILLNESS, BUT
WITHHELD UNTIL THE FORMAL ISSUE OF THE PRESENT
EDITION OF THE CODE, IS NOW SIMPLY AND GRATE-
FULLY PUBLISHED

In Memoriam.

TO

SIR THOMAS WATSON, BART., M.D., F.R.S.,

PHYSICIAN-IN-ORDINARY TO THE QUEEN; HON. LL.D. CAMBRIDGE; HON. D.C.L. OXFORD;
FELLOW AND LATE PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS IN LONDON;
HONORARY FELLOW OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN
IRELAND; CONSULTING PHYSICIAN TO KING'S COLLEGE HOSPITAL, LONDON;
LATE PHYSICIAN TO THE MIDDLESEX HOSPITAL; FORMERLY FELLOW
AND NOW HONORARY FELLOW OF ST. JOHN'S COLLEGE, CAMBRIDGE.

MY DEAR SIR THOMAS,

Having, in 1878, in deference to the
opinion of several eminent practitioners, elected to publish the
following Code of Medical Ethics (originally intended for the
members of the late Shropshire Ethical Branch of the British
Medical Association;) as a guide for our younger brethren,
and for the better understanding by the public of their rights
and duties in relation to the faculty,—my hope of its extended
usefulness is not a little enhanced by your hearty approval of the
intent and acceptance of the dedication of this—the second—
Edition, tendered in grateful remembrance of the much valued

instruction of my old teacher,—in admiration, also, of those intellectual faculties and moral virtues which have rendered you pre-eminently distinguished amongst the Professors of Philosophic Medicine, and an impersonation, as it were, of the highest professional code—a bright example to the faculty at large,—and as a simple acknowledgment, moreover, of various acts of personal kindness and attention during my prolonged studentship at King's College—at which I enjoyed the privilege of listening to your *first* (delivered in October, 1836,) and subsequent 'Lectures on the Principles and Practice of Physic,' and which have since proved a safe and valued guide in the private and hospital practice of

Your obliged old Pupil,

THE AUTHOR.

*The College, Shrewsbury,
May, 1882.*

PREFACE TO THE FIRST EDITION.



THE Author and Compiler of the following Code (which has been critically revised and approved by several distinguished practitioners in England, Ireland, and Scotland), in submitting it to the profession simply as an aid to practitioners in cases of doubt or ethical dispute, begs to acknowledge his deep obligations to the framers of the laws of various Medico-Ethical Societies, and especially to the Committee of the American Medical Association appointed (in May, 1846, and whose report was presented in June, 1847,) to prepare a Code of Ethics for the government of the profession of the United States—of whose compilation he has largely availed himself, and to the members of which, and to other writers, he begs thus publicly to tender his most cordial acknowledgment. At the same time he deems it well to remark, that, so far as he is able to judge from a careful examination of various codes, American and English, one and all are based on that of Dr. Percival; the Code of Ethics in fact, proposed by Dr. P., in 1807, is, with the exception of a few alterations rendered necessary by the advance of medical science, the one which was adopted by the American Medical Association in 1847, and constitutes the basis of this.

In anticipation of the objection which may possibly be urged by some, that, in view of the *lex non scripta*, a written Code is unnecessary for the guidance of the profession, the Compiler would refer such objectors to the applications which continually appear in the columns of the medical journals for ethical information on points in dispute; and to the important fact that not only have our eminently practical American brethren deemed *written laws* essential, but in deference to the suggestion of the greatly esteemed Founder of the British Medical Association—

the late Sir Charles Hastings—two Select Committees* were appointed to consider and report on the subject ; and if further evidence on the point be necessary, let the printed rules of the various local Medico-Ethical Societies themselves testify : in reference to which latter it may be well to note, that those they have hitherto published are generally considered to lack that fulness of ethical detail so essential to a due perception of the relative rights and reciprocal duties of the profession and the public—an omission which the Compiler, with the aid of others, has endeavoured to supply in the following pages.

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

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

THE AUTHOR.

The College, Shrewsbury,

January, 1878.

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

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

PREFACE TO THE SECOND EDITION.



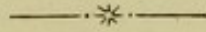
THE issue of a Second Edition of the Code of Medical Ethics affords the Author a fitting opportunity—of which he gladly avails himself—to thus publicly record his deep sense of the favourable reception afforded to the First, not only by the professional reviewers, but more especially by the busy general practitioners—old and young alike,—for whose unlooked-for and exceptional testimony, he begs to tender his grateful acknowledgment.

In regard to the present edition, various emendations and additions (which have been submitted to and approved by the eminent English, Irish, and Scotch revisers of the former one—the late Sir Robert Christison excepted, whose critical acumen has unfortunately been lost to the profession;) have been introduced; among which may be noted rules relative to Intra-Professional Duties and Services; the anomalous custom of payment of the Consultant's fee by the family medical attendant; the relative ethical duty of 'Public Vaccinators'; the 'Golden Rule' of Doing As We Would Be Done By; Obstetric Consultative and Operative Treatment; Censorious Comments on a brother-practitioner's charges; Professional Charges to the Clergy; Railway Medical Etiquette; and remarks on Professional Partisanship and Medical Detectivism; also, notes and suggestions in reference to the Absolute and Relative Right of Patients to change or to discard their Medical Advisers; Consultations with Homœopaths and Unqualified Assistants; Calls upon New

Residents; likewise, as an appendix, the question of Bulletins; and (in deference to a strongly-expressed wish by one, than whom probably, but few, if any are better qualified to judiciously advise,) on Medical Manner, or Professional Deportment; in respect to which, and the Code generally, the writer ventures to hope that, although the principles therein laid down are not expressed with the happy rhythmical lucidity (an enviable but rare gift) of a 'Watson,' they will be found sufficiently intelligible to the professional mind to serve as a help and a guide to the young practitioner, in cases of ethical doubt and difficulty, when needed; a contingency, which, it may be confidently assumed, will form the exception, rather than the rule, with those who earnestly seek to make themselves practically acquainted with the established rules of professional life, and conscientiously endeavour to conform thereto.

*The College, Shrewsbury,
January, 1886.*

PREFACE TO THE THIRD EDITION.

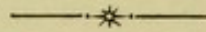


THE present Edition—the issue of which has been unavoidably delayed by the continued ill-health of the Author, superadded to the slowness pertaining to old age—has been thoughtfully revised throughout. With the exception, however, of a few more or less important and essential additions which have been introduced in chapter II, sect. 1, rule 3; sect. 5, rules 13, 15, and 19; chapter III, sect. 1, rule 4; chapter IV, rule 1 (with the view to meet the not improbable recurrence of various past incidents of recent date), and a brief comment on the claims advanced by *locum tenentes* to coroner's and other fees, no alteration has been deemed necessary or desirable.

It may not be inopportune to note however, as tending to confirm the valued testimony spontaneously rendered by various members of the faculty in the United Kingdom and America relative to the general adaptness of the Code to the ethical needs of the profession, that permission to translate it into *Italian* has been courteously solicited by Dr. Colombo Giuseppe of Milan, on behalf of the “ ‘ORDINE DEI DELLA SANITARIJ’ PROVINCIA DI MILANO ”—a request which, it is scarcely necessary to add, has been alike cordially acceded to; and it is now being published in the ‘GAZZETTA MEDICA LOMBARDA.’

*The College, Shrewsbury,
December, 1889.*

PREFACE TO THE FOURTH EDITION.



ALTHOUGH this is little more than a reprint of the Third Edition, various important and essential additions and emendations have been made thereto (with the view to clearly define, and introduce rules for divers ethical questions that have arisen since the last issue in 1890,) in the Introduction, and in chapter II, section 1, rules 3 and 4; section 2, rule 1 and foot-note; section 4, rules 6, 11 and 13; section 5, rules 5 and 16; section 7, rule 1, relative to the gratuitous services of the Faculty to Ministers of Religion; and chapter III, section 3, rule 1, foot-note; together with an instructive rule in the Appendix, in relation to the question of Bulletins.

*The College, Shrewsbury,
June, 1895.*

THE MEDICO-ETHICAL CODE.

TO THE PROFESSION.*

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

Truly, the medical is an honourable, a noble profession! having for its grand object the maintenance, or rather the restoration of health to man—health, the main-spring of human life—the stimulus of human exertion—without which the great workshop of human mechanism would pause, and progress itself come to an end. A sound mind in a sound body is justly characterized as the noblest work of God. It is man in his best, in his purest

* Being the Presidential Address, slightly modified, delivered by the author to the members of the late Shropshire Ethical Branch of the British Medical Association, at the Annual Meeting, in 1861, on the 'Duties of Medical Practitioners of Each to the Other, to Themselves, and to the Public': and the converse.

state, and perfect in his physical development ; nevertheless, he is not more exempt from the casualties of disease and death than the smallest living monad ; to combat these, and by skill and judgment to, if possible, successfully overcome them, is a privilege and a sacred duty assigned to our profession—a faithful and conscientious discharge of which will ensure its own rich reward in the approval of ‘the still small voice within’. Let us, moreover, ever bear in mind that the temporal life of an immortal being is a solemn trust : and that for the talents and opportunities with which, in our special vocation, we have been entrusted, we shall one day have to render an account before a tribunal which cannot err.

’Tis not to be denied that the duties of a medical practitioner are often onerous, often painful ; nevertheless, there is a singular interest blended with the practice of our profession. For instance, the successful issue of cases—the triumph of science and art over what appeared intractable—the restoration from seeming death of the fond doting mother, the affectionate father, the beloved child,—these impress upon the heart of the medical man a joy as exquisite in degree as that pervading the spirit of those who are more closely and more deeply interested in the event ; and even when death, with outstretched arms, has claimed them as its own, and they are about to bid adieu to the scenes in which they have moved,—surely it is a gift to be envied, and a power to be prized, that we can mitigate their sufferings, and introduce them (so to speak) with gentleness to the spirit of the tomb. Yes ! there are indeed many bright and beautiful phases in the practice of our art—sun-bright spots in the oft clouded

oasis of medical life, on which the eye rests with satisfaction, and the soul is gladdened! Truly, our calling is sacred—our mission sublime! Where, we would ask, has philanthropy a wider field for its exercise—where a more genial culture, or more devoted service? Where, beyond our ranks, can men be found more laborious and self-sacrificing, more devoted (without the hope of fee or reward) to the good of mankind? Sad, indeed, is it that the brightness of such a pictured mirror should be darkened by the shadow of our one great besetting sin, the bane of professional, as of social life—JEALOUSY—a spirit not only most inimical to our interests, but most derogatory to our manhood. And here we would remark, that so long as petty jealousy and local rivalry stimulate men to do injustice to their brotherhood, so long will the public withhold from them that respect to which an opposite line of conduct would entitle them. The Legislature, by the enactment of well-considered laws, may do much to improve our position: but until we are true to ourselves, true to the ethics of our profession, we shall always, in the eyes of the public, remain inferior to the other professions.

In deploring this state, and with an earnest desire to remove it, may we not usefully ask, what share have we in creating or encouraging it? Have we individually and collectively used all legitimate means to sustain the honour and unity of our profession? Have we regarded each other with a cordial and fraternizing spirit? Be assured, if we would have the world learn aright as to the dignity and worth of the profession, by the benign influence it exerts on the community,—if we would desire to

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

Let us, therefore, act towards one another as christian gentlemen, remembering that it is our province to heal, not to inflict injuries; and while mindful of our own good name, let us on all occasions conscientiously uphold the reputation of our friends and competitors; for unless (we repeat) we are true to ourselves, unless we treat the faults of a brother with generosity, and are careful of his

character as well as of our own, we are unworthy disciples of an honourable profession—a profession in which charity, in its widest meaning, should form our principle of action, and our rule of conduct,—a profession which from its very nature, should teach us daily to practice brotherly love—to contend with no jealous spirit within doors, nor animosity without; to avoid detraction and calumny—to use no ill-natured remarks respecting our brethren; but ever to bear in mind that portion of the christian's duty, which teaches us to bury in oblivion a brother's failings,* and to

* “MAN, KNOW THYSELF !

Let each man learn to know himself !

To gain that knowledge let him labour :

Improve those failings in himself,

Which he condemns so in his neighbour ;

How lenient we our own faults view,

And conscience' voice adeptly smother :

But oh, how harshly we review

The self same errors in another !

And when you meet an erring one,

Whose deeds are blamable or thoughtless :

Consider, ere you cast the stone,

If you yourself are pure and faultless ;

Oh list to that small voice within,

Whose whisp'rings oft make men confounded :

And trumpet not another's sin—

You'd deeply blush if *yours* were sounded !

Or in self judgment if you find,

Your deeds to others are superior :

To you has Providence been kind,

As you should be to those inferior ;

Example sheds a genial ray

Of light that men are apt to borrow :

So first improve *yourself* to-day—

And then improve *your friends* to-morrow.”

raise his virtues from the tomb!—in short, to say nothing, rather than defame, always having in our remembrance that ‘to err is human—to forgive, divine!’ Rest assured, moreover, that unless the feelings and the principles alluded to find a place in the fabric of professional life, and pervade its every part; unless we individually cherish their existence, and rightly estimate their worth, our incomparable art will never be enrobed in its richest drapery—in that which lends it grace, and dignity, and worth.

There cannot, we think, be a doubt but that in our profession, unlike all others, the *social* principle is weak—and that each member is too apt to consider his own individual case and interests, regardless of the detriment the profession at large thereby suffer in character and public estimation. Such evils are, we take it, to be best overcome by the habits of association and mutual intercourse, which scientific and social meetings are calculated to engender; for their influence is not confined to the advancement of the science of the profession: they exert a moral and social power upon us not to be overlooked. Indeed, our conviction is that, in this way, they become the most effectual promoters of our common weal. They become the fields, so to speak, upon which the finer feelings of our nature can disport themselves; where the charity that ‘thinketh no evil,’ that ‘suffereth long and is kind,’ can be nourished and sustained; where forbearance can be fostered and sympathy bred; and where ‘envy, and hatred, and malice, and all uncharitableness’ must die.

Let it be our steady aim to promote these ends—to raise our profession, not only by our scientific labours, and the careful and accurate study of disease and its

remedies, but by our feeling of brotherhood and mutual support—so that the public may respect us as a body at unity within itself; instead of taking advantage, as is now too often the case, of those mutual jealousies which are ever apt to arise when men look to their own rather than to collective interests.

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

Brother Practitioners, let us not permit the teachings of experience in such things to pass away unimproved: let us learn, if such knowledge has not been already acquired, that to us *individually* is confided the guardianship of the high interests of our profession; and let us strive, each in his own little world, to live in harmony and good-fellowship, rivalling each other alone in good conduct and feeling, and be ever ready to lend a helping hand when such is needed; and, at the same time,

by the impersonation of the scholar, the gentleman, and the christian, so to adorn our lives and conversation, that whilst living we may be respected, and, when dead, not one of our brethren shall have just cause to say that we have ever done him an act of prejudice, unkindness, or dishonour. In so doing, we may feel assured that our profession will prove itself as it was, and ever should be, the twin-child of christianity; and to its successful cultivators and practitioners—to those who have rightly viewed the greatness and glory of our mission, and have humbly trusted to the Spirit of Wisdom to guide and direct them in their vocation—to them will it be given to know that in endeavouring to do their duty to their patients and to their profession, they have done it under Him, who is Lord over all!

INTRODUCTION TO THE CODE OF MEDICAL ETHICS.*

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

In framing a code on this basis, we have the inestimable advantage of deducing its rules from the conduct of the many eminent practitioners who have adorned the profession by their learning and their piety. From the age of Hippocrates to the present time, the annals of every civilized people contain abundant evidences of the devotedness of medical men to the relief of their fellow-creatures from pain and disease, regardless of the priva-

* In relation to the 'ethical code,' it may be well to quote the following extract from a leaderette in the *British Medical Journal* of April 30th, 1892, page 926, on "The Prospects of Medical Women" as depicted in a series of articles in *Woman*, by Dr. Julia Mitchell:—

"We are sorry to note that she thinks the medical code 'a wonderfully complicated and abstruse affair.' We are under the impression that it 'is very simple and straightforward, based on the one 'golden rule' 'of 'doing as one would be done by,' and that it only becomes difficult when, instead of trying to conform to it, the effort is made to evade it or break it down while seeming to observe it. Dr. Mitchell, however, warns her colleagues: 'Woe to the man or woman who transgresses it!' If they continue to act upon that advice in spirit as well as letter—and in this they have excellent examples in the foremost of their body—they will find the observance both easy and pleasant, and all can join in wishing them material as well as ethical success."

tion and danger, and not unseldom, obloquy encountered in return: a sense of ethical obligations rising superior in their minds to considerations of personal advancement. Well and truly was it said by one of the most learned men of the last century—that the duties of a physician were never more beautifully exemplified than in the conduct of Hippocrates, nor more eloquently described than in his writings.

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

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

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

His zeal, attainments, talents, and skill, are qualities which are held in trust for the general good, and cannot

be wastefully expended, either through his own heedlessness, or the inconsiderateness of others, without wrongful detriment to himself and to them.

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

All persons privileged to enter the sick-room—and the number ought to be very limited—are under equal obligations of reciprocal courtesy, kindness, and respect ; and if any exception be admissible, it cannot be at the expense of the practitioner. His position, skill, and benign purpose, eminently entitle him to, at least, the same respectful and considerate attentions that are paid as a matter of course, and without any apparent constraint, to the clergyman in his ministerial capacity, and to the solicitor also of the last will and testament.

Although professional duty requires that a practitioner should have such a control over himself as not to betray strong emotion in the presence of his patient, nor to be thrown off his guard by the querulousness or even rudeness of the latter, or of his ministering bed-side friends ; yet, (and the fact ought to be generally known) many medical men, possessed of great attainments and resources, are constitutionally so timid, and readily abashed,

as to lose much of their self-possession and usefulness at the critical moment, if opposition or distrust be abruptly interposed to the plan of treatment they have devised for the benefit of their patients.

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

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

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

self, or to a brother practitioner, and so far degrading to the profession.

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

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

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

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

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

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

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

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

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

To those who, like medical practitioners, are in a posi-

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

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

By no class, however, is so great an impetus given to the sale of, and to faith in empirical nostrums as by the pharmacists, or chemists and druggists—whose confidential and important business connections with the faculty are such that they ought in the true interest of the public, irrespective of their own, or that of the profession, to decry, rather than to commend their use, when consulted on the subject, as is often the case, by a too credulous public ; and it would be more than well indeed,

on public grounds alone, if there were a general consensus and determination on the part of the faculty to discountenance all chemists who trade in nostrums, and traffic in illegal or counter-practice.

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

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

These delusions are sometimes manifested in the guise of a new and infallible system of medical practice

—the faith in which, amongst the excited believers, is usually in the inverse ratio of the amount of common-sense evidence in its favour; and amongst its most ardent promoters are too often to be found ministers of religion, who, above all others, ought to keep aloof from every elusive vagary—not the least pernicious of which are those allied to medico-empirical imposture.

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

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

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

A practitioner in attendance on a case should eschew

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

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

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

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

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

'Tis not enough, moreover, that the faculty be zealous, well-informed, courteous, and self-denying—but the *social* principle, which, in the medical, unlike all other professions, is specially weak, should also be earnestly cultivated, and friendly habits and unity of action carefully fostered; for by union alone can medical men hope to sustain the dignity, and extend the influence and usefulness of their profession,—and the means most conducive to so desirable an end are, unquestionably, frequent social meetings, and duly organized societies for the discussion of the art and science of medicine, the minimum standard of medical education and examination, medical ethics, and kindred subjects; and, while so enhancing the true interests of the profession and elevating it in public estimation, its members individually are brought into immediate contact,—a matter of no slight import—and not only are old friendships strengthened, and new ones formed, but if there should perchance be any little differences or asperities roughening the contact of one practitioner with another, an opportunity is afforded of proving that they are but superficial

growths, easily removed by mutual explanation and concession—and thus it may be hoped that the troubled waters of professional life, unimpeded by the undercurrents of party or personal strife, will eventually flow steadily and smoothly onward.

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

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

Impressed with the importance of their vocation, as trustees of science and almoners of benevolence and

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

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

* In corroboration of the intrinsic justness of the preceding remarks, and of the imperious moral obligation which devolves upon us individually and collectively to vindicate and maintain the honour and integrity of the faculty, it may be well to record the following extract from a leader in *The Standard* of August 3rd, 1881, on the International Medical Congress:—

“In Medical Practitioners we are ever ready to recognise the representatives of the noblest of callings. As individuals they are the kindest and the most unselfish of men. No profession is more sensitive as regards its corporate honour, or watches with a sharper eye the proceedings of its black sheep; while thousands of sufferers have daily to thank them for services that can never be adequately remunerated by money, those who, to borrow POPE’s eulogium on ARBUTHNOT, ‘know their art but not their trade.’ ”

To which may be added a like graceful tribute to the profession which appeared in Farjeon’s story in the Christmas number, 1890, of *All the*

With the view to uphold so honourable a position, it cannot be too strongly impressed upon one and all that it is essentially necessary that a medical practitioner should be an educated, cultivated, and right-minded christian gentleman—that he should bring to his work a comprehensive knowledge and enlightened views,—and that he should fulfil his duties with kindness, with courtesy, and with a just sense of true dignity engendered of self-respect ; in close relation with which is the question of ‘ Medical Manner ’ or ‘ Professional Deportment ’—on which a few suggestions and admonitions, culled from various sources, are appended as a guide and a caution.

It has often been said that courtesy is nothing more than the regulated code of acts induced by habitual kindness, and that the ‘ Medical Manner,’ or professional deportment, to be perfect, should be nothing else than the like action dictated by a sense of regard for the feelings of the patient, and the sense of duty in dealing with his wants and sufferings. A mere varnish of sympathy, a regulated

Year Round. Some of our best novelists have written in a similar strain :—

“ I cannot refrain here from paying a tribute to this kind gentleman, whose life is an honour to the profession he adorns. But, indeed, in what ranks of professional labour can more unselfish kindness be found than in the ranks of those who minister to the sick ? Surely there must be some beneficent influence in the work they do that humanises and softens the heart, that makes it respond willingly and cheerfully to the appeals of those who suffer ? Numberless are the instances that can be adduced of the wonderful goodness of doctors, renowned and eminent, who sacrifice their time without expectation or desire of return for the inestimable services they render. I have no hesitation in saying that, of all arts, it is the most ennobling and beautiful, and that its record of kind deeds is matchless and unapproachable. With all my heart I say, ‘ Heaven bless the doctors for the good they do, for the good they are enabled to do ! ’ ”

mode of dulcet speaking, the tricks of simulated interest, are among the pitiable artifices of professional manner which it is often difficult to observe without pain and contempt. On the other hand, the abrupt self-assertion, the pretentious egotism, the obtrusive acuteness, which are oft but vainly intended as an impersonation of intellectual superiority and philosophic eminence, are alike offensive. Happily, neither of these types are common !

The unquestionable fact cannot be too early and clearly recognised by the student and the practitioner, that no generalized manner can fail to be artificial and unnatural,—that no assumed professional suavity can fail, sooner or later, to betray its true character and disguise,—and that no forced abruptness, or brusqueness of manner, though tolerated in a few on the ground of their scientific attainments, can prove other than a serious blot, which but too many will be quick to discern, and which must tell adversely upon the reputation of the person assuming it.

A still more serious evil is, that such habitual assumption of a manner not natural to him, must and does eventually injuriously affect his nature. It is in itself an habitual insincerity, and must in some degree detract from his manliness, his simplicity, and self-respect. Moving amid scenes of pain, suffering, and physical distress, and the frequent witness of severe trials of the mental and moral strength of those who professionally consult him, it would indeed be strange if the morally healthy influences thus brought to bear upon him, were not more or less manifested in the demeanour of the practitioner ; and callous of heart, and devoid of the finer feelings must he be, if unsoftened in manner, and rendered more thought-

ful, and more conscious of the weaknesses and of the unexpected sources of strength in the human character ; nor can he well fail to carry about him the evidences of a man who is too often a confessor to be willingly a judge, and too often a confidant to be unduly severe.

The best school of manner for a right-minded physician is the hospital. It is there that he comes into contact with the poorest and the greatly suffering, and those who, from the very nature of their cases and conditions, may most justly claim his unfailing sympathy and attention ; it is there, moreover, and in the early days of professional life, that the mind and the character are most impressed, and the foundation of manner laid ; it is there, also, that the student and the ' doctor ' should be heedful to study the best and not the worst side of human nature,—that they should carefully guard against petulance, roughness, hurry, or impatience. There should be no shade of distinction in the considerateness of manner and thoughtful courtesy with which the private patient is treated and that shown to the hospital patient ; or if indeed there be any difference either in thought or in manner which reflects the mind, it should be, and so far as we have noted generally is, in favour of the hospital or pauper patient, who is the more helpless and the more to be pitied. No one familiar with the casualty wards, or the out-patient rooms of a hospital can help being struck with the development they afford to the better nature of the better kind of men. No one can have failed to observe the self-restraint and patient kindness with which, one after another, and often for hour after hour, the sick are treated, their stories listened to and unravelled, the point

of their ill-told histories detected, their distress of mind relieved, and their pain of body removed. On the other hand, alas! a less welcome sight may at times be witnessed, harsh words and impatient ejaculations heard, and, occasionally, even somewhat more than a rough neglect noticed. Against such unhappy display of temper and neglect of christian duty, both students and teachers should carefully guard; for roughness of manner, unfeeling haste, or thoughtless indifference, once admitted in the treatment of the poor, are reprehensible habits which will but too surely follow a man into his after-life and practice—be it military, naval, poor-law, or private,—and tend to sap, and, possibly, efface the humane, thoughtful, and kindly feelings which should ever be brought to bear on the treatment of the rich and the poor alike. It is impossible to have two natural manners—one for the rich and another for the poor! At the same time, a careful and habitual cultivation of the generous thoughts and tender feelings which the trying duties of professional life are calculated to excite, can scarcely fail, by reacting upon the individual character of the practitioner, to impart the true manner so essential and conducive to a right discharge of the duties of medical life!

The 'family doctor', moreover, should not be merely the grave, self-possessed, honest (in its truest sense), professional adviser—the man upon whose lips hang, as it were, the issues of life and death,—but should so comport himself as to be regarded as the trusted, welcome friend of the patient,—and whose visit should be looked forward to with pleasure, as a bright, cheering break in the monotony of an invalid's life; nor should the anxious

sorrowing friends fail to find some degree of comfort in the doctor's kindly presence, though, maybe, unable to derive any from his diagnosis :—in brief, it is the duty of a practitioner to himself, as well as to those entrusted to his care, to cultivate the spirit of kindness, gentleness, and thoughtfulness ; to be suave, courteous, and cheerful, especially at the couch of the sick—and, mayhap, it will not be amiss to add, scrupulously neat in person and appearance ; in short, the moral effect of the visit should be to assist the therapeutic action of the remedies prescribed,

While thus endeavouring to point out and inculcate the moral and other duties which devolve upon the medical practitioner, it is right to note, that, in order to reap the material reward, which, humanly speaking, may not unreasonably be expected to follow a conscientious discharge of duty—social tact and the cultured manners of good society are well nigh as indispensable to professional success, as practical knowledge and reputed skill :—in fact, social as well as scientific culture is a necessary part of the training of a thorough medical man.

The following impressive lines, addressed to Dr. . . . , by an anonymous writer in '*Life Behind her Screens*,' are so truly appropriate to (not a few, it may be hoped,) members of the faculty, that the compiler ventures to record them in the pages of the Code, as a touching incentive to a conscientious and loving discharge of the anxious and often perilous duties incident to the profession.

DEDICATION TO DR. . . .

' They listen to his footsteps on the stairs,
 To them distinct, through all the city's hum,
 Hushing their painful sighs, heartbroken prayers,
 To count those footfalls as they nearer come.

And sadly, as he bends above the bed,
 They wait for words of comfort from his lips :
 Death shuts the fatal wings so darkly spread,
 And life smiles out behind her black eclipse.

His soothing hand relieves the racking pain,
 Wipes the cold death-damp from the haggard face,
 Brings hope and peace to the o'er troubled brain,
 And stays pale Death in his too rapid pace.

No wonder that they bless him as he leaves
 The darkened bedroom and its fevered air ;
 The saddened brow, the bitter heart that grieves,
 Are happier, better, for his presence there.

Ever serene and calm himself, he goes—
 Heedless of place and time—where duty calls ;
 Be it to soothe the mightiest monarch's woes,
 Or suffering penury in prison walls.

He, too, hath suffered, though his brow is calm :
 Grief, sickness, pain, are not to him unknown ;
 But he, from whom so many seek their balm,
 Seeks from on High the solace for his own.'

[Ere proceeding to note in detail the special ethical rules suggested for the guidance of the faculty, the compiler, in reply to the objection sometimes urged against a ' Medico-Ethical Code '—viz. : that ' no laws, however stringent, will make a man honourable who is not innately inclined to be so ',—while regretfully admitting the general truth of the assertion, ventures to record his deliberate conviction (arrived at after much practical experience, and careful observation extending over a period of nigh forty

years,) that a *good* example is calculated to exert an almost equally powerful influence with that for *evil*:—and, therefore, that the *morale* of the truly honourable members cannot fail to exercise a very important influence over those who might by nature be otherwise inclined; for however much the latter may affect to despise the good opinion of the practitioners in their own immediate neighbourhood, yet, knowing as they will do, that, on the formation of an ethical committee or council in each county (as is strongly recommended), unprofessional conduct will sooner or later be brought under the cognizance not only of their medical brethren throughout their respective districts, but, if need be, of the profession at large,—callous indeed to all the finer feelings of human nature must he be, who could calmly contemplate so unenviable a position in the medical world as that which would be implied by the general censure of his brother-practitioners.]

CODE OF MEDICAL ETHICS.

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

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

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

SECT. 2.—DUTIES OF PATIENTS TO THEIR MEDICAL ADVISERS.

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

SECT. 1.—THE DUTIES OF PRACTITIONERS IN SUPPORT OF PRO-
FESSIONAL CHARACTER AND STATUS.

SECT. 2.—THE DUTIES OF PRACTITIONERS IN REGARD TO THEIR
PROFESSIONAL SERVICES TO EACH OTHER, THEIR FAMILIES,
WIDOWS AND CHILDREN.

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

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

SECT. 5.—THE DUTIES OF PRACTITIONERS IN REFERENCE TO
SUBSTITUTES OR LOCUM-TENENTES, AND INCIDENTAL INTER-
FERENCE WITH OTHER THAN THEIR OWN PATIENTS.

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

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

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

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

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

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

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

CHAPTER I.

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

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

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

2. Every case (rich and poor alike) entrusted to the care of a practitioner should be treated with kindness, humanity, and attention. Reasonable indulgence should also be accorded to the mental weaknesses and caprices of the sick. Delicacy must in all cases be strictly observed, and secrecy also, under all but very exceptional circumstances—as, for instance, in a case of threatening insanity, or of pertinacious concealment of pregnancy

after seduction, in which it would probably be the practitioner's duty to communicate his fears to a near and prudent relative of the patient; and the familiar and confidential intercourse to which a 'doctor' is admitted in his professional visits should be used with discretion, and with the most scrupulous regard to fidelity and honour. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition, or defect of character, observed during professional attendance, should ever be disclosed by the medical adviser, unless imperatively required. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

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

4. A practitioner should not be prone to make gloomy prognostications, inasmuch as, they not only exert a depressive influence on the invalid, but savour strongly of empiricism by unduly magnifying the importance of his services in the treatment or cure of the disease; at the

same time, he should not fail to give to the friends of the patient timely notice of actual danger, and even to the patient himself, if absolutely necessary, or when specially desired by the relatives. The communication, however, when personally made by the doctor, is generally so alarming to the patient, that, whenever it can, it had better be delegated to some discreet relative, or other sympathizing friend, or *experienced* clergyman; for the medical attendant should be the minister of hope* and comfort to the sick—that, by such cordials to the drooping spirit he may soothe the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity, even of the most resigned, in the trying moments of impending dissolution. Nor should it be forgotten that the ebbing life of a patient may be shortened not only by the acts, but also by the words and manner of the doctor; it is, therefore, his duty carefully to guard himself in this respect, and to avoid, as far as possible, everything which has a tendency to discourage the patient and depress his spirits.

5. A practitioner is not justified in abandoning a patient because the case is deemed incurable; for, even in the last stage of a fatal malady, his continued attendance may prove highly beneficial to the patient, and a comfort to the sorrowing relatives, by professional suggestions for the alleviation of pain, and the soothing of mental anguish and distress. And here it may be well to note that, but few practitioners,—if any, indeed, save those who have themselves languished on a bed of sickness, or it may be, of apprehended death,—can fully realize the feeling of

* ‘White-handed hope, the hovering angel, gilt with golden wings.’

comfort and consolation afforded by the presence of a kind, sympathizing doctor in the chamber of the sick and the dying. To decline attendance, under such circumstances, would be sacrificing to ideal delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary consideration. At the same time there are circumstances which fully justify a medical man in relinquishing the care of a patient—such as wilful, persistent disregard of his advice; the abuse of his attendance as a ‘blind’ for some unworthy purpose, or irregularity of life; loss of the necessary professional restraining influence; and other positions which the practitioner’s innate feeling of self-respect will at once indicate, should the necessity arise.

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

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

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

1. The members of the faculty, on whom devolve so many important, arduous, and anxious duties on behalf

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Sect. 2.
—

of the community—in the discharge of which, moreover, they have continually, in the interest of the sick, to sacrifice their rest, comfort, and health, and expose themselves to the risks of fevers, and other infectious diseases, are justly entitled to expect from, and, if need be, should impress upon their patients a due sense of their moral (irrespective of all pecuniary) obligations to the faculty: for it cannot be doubted that the medical profession, characterized as it is by unselfish devotion of life to the necessities of an exacting, and, too often, selfish public, is worthy of the honour accorded to it in the Apocryphal writings:—"Honour a physician with the honour due unto him for the uses which ye may have of him: for the Lord hath created him.—For of the most High cometh healing, and he shall receive honour of the King.—The skill of the physician shall lift up his head: and in the sight of great men he shall be in admiration," etc.—"He hath given men skill, that he might be honoured in his marvellous works.—With such doth he heal men, and taketh away their pains."—"Then give place to the physician. for the Lord hath created him: let him not go from thee, for thou hast need of him."—Ecclus., ch. xxxviii.

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

3. A patient will do well to elect a practitioner whose habits of life are regular, and not unduly devoted to com-

pany, pleasure, or other pursuits incompatible with his professional obligations. He should also, as far as possible, confide the care of himself and family to one practitioner: for a medical man who has acquired a knowledge of their constitution, habits, and predispositions, is more likely to be successful in his treatment than one who lacks it.

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

4. Patients should faithfully and unreservedly communicate to their medical adviser the supposed cause of their malady. It is the more important, since many diseases of mental origin simulate those dependent on external causes, and yet are incurable otherwise than by ministering to the mind diseased. A patient, moreover, should never be afraid of thus making the doctor his friend and confidant, but should always bear in mind that a medical man is under the strongest ethical obligations of reticence and secrecy; nor should any undue feeling of shame or delicacy deter even females from disclosing to him the seat, symptoms, and suspected causes of any ailment peculiar to their sex; for however commendable and necessary a modest reserve may be in the ordinary occurrences of life, its too strict observance in medicine might be attended with the most serious consequences—

and a patient may even sink under a painful and loathsome disease, which might have been cured, or, at least, relieved, and much suffering averted, if timely intimation had been given to the medical attendant.

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

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

mischief, and in all cases are likely to be injurious, by contravening the treatment and impairing the authority of the medical attendant.

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

8. The confidential relations which usually subsist between patient and practitioner render it especially incumbent on the former, during illness, to be open and unreserved with his medical adviser ; and he ought never to send for a consultant, nor seek for a ‘second opinion’, without the knowledge of his ordinary medical attendant. It is also of great importance that practitioners should act in concert ; for although their respective plans of treatment, if carried out singly, may be attended with equal success, yet if conjointly adopted, they are very likely to be productive of disastrous results.

9. The right of a patient to change or to discard his medical adviser is unquestionable ; but, like other rights, it is limited by the legitimate claims of others : and, *a priori*, a medical practitioner is justly entitled to expect that he shall not, *sine causâ*, and without reasonable courtesy and explanation, be superseded in attendance on a case. In such event, moreover, the superseding practitioner is morally and ethically bound to take due care that the same courteous respect which he individually

would exact, be paid to his discarded *confrère*, alike by himself, and by those whom he has been called in to professionally advise.

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

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

CHAPTER II.

ON THE DUTIES OF MEDICAL PRACTITIONERS TO THE
PROFESSION, TO EACH OTHER, AND TO THEMSELVES.SECT. I.—THE DUTIES OF PRACTITIONERS IN SUPPORT OF
PROFESSIONAL CHARACTER AND STATUS.

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

2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence, are required, than the medical; and to attain such eminence is a duty which every practitioner owes alike to his profession, and to his patients. It is due to the latter, in so far, that, without it, he cannot command their confidence and respect: and to both, since no scientific attainments can compensate for the want of sound principles of morality. It is also incumbent upon

the faculty to be temperate in all things—for the practice of physic requires the unremitting exercise of an unclouded and vigorous understanding; and on emergencies (for which no professional man should be unprepared), a steady hand, a quick eye, and a clear head, may be essential for saving the life of a fellow-creature.

3. It is degrading to the true science of medicine to practise homœopathy, or, professedly or exclusively, hydropathy or mesmerism; and alike derogatory to the profession to* solicit practice by advertisement, card, or printed circular, or to notify† change of residence, temporary absence from home and subsequent return thereto, the introduction and address of a partner, the transfer of a practice, or dissolution of partnership, otherwise than *vivâ voce*, or by an autograph note, or a *fac-simile* thereof, and its circulation strictly limited to *bonâ-fide* patients of the transmitter; also to offer, by public announcement, gratuitous advice to the poor, or to promise radical cures; to publish cases and operations, or semi-medical articles with the name and professional suffix of the writer ap-

* Closely akin to solicitation is that of calling upon new residents in the neighbourhood, and leaving their card—ostensibly, as a mark of respect, but in reality to seek for practice. It cannot therefore be too deeply impressed upon such that the true, dignified practice, and the most consistent with a due respect for self and the faculty, is to wait until their professional or social acquaintance is sought: in such case, moreover, it is far more likely to be appreciated.

† When impracticable to notify personally the change of residence, the most unexceptionable mode is to transmit an autograph note, or a carefully executed *fac-simile* thereof on note-paper, to the *bonâ-fide* patients of the newly-located practitioner; or to enclose an ordinary address card with 'Change of Address' inserted at the top—the old address in the lower right corner being defaced by a black line, and the new one engraved in the left-hand corner, or *vice-versâ*.

pended thereto, in the lay press, or, knowingly, to suffer such publications to be made, or otherwise issued to the public—including contradictive and corrective statements in relation to unfounded and assumed professionally injurious rumours; to 'tender' for a club or other paid appointment, or to directly or indirectly apply or canvass for such ere a vacancy has been declared; to advertise medical works in non-medical papers, or to contribute articles on professional subjects to journals professing to furnish the general public with medical information and advice in relation to disease, or in any way to advertise, or permit himself to be advertised therein; to invite laymen to be present at operations; to boast of cures and remedies; to adduce or circulate testimonials of skill and success, except when seeking to obtain a hospital or other public appointment; or to do any like acts. Such are the ordinary practices of charlatans, and are incompatible with the honour and dignity of the profession.

4. Equally derogatory to professional character is it for a practitioner to hold a patent for any proprietary medicine, or surgical appliance; or to dispense a secret *nostrum*, whether it be the composition, or exclusive property of himself, or of others: for if such *nostrum* be really efficacious, any concealment in regard to it is inconsistent with true beneficence and professional liberality; and if mystery alone impart value and importance to it, such craft is fraudulent. It is also extremely reprehensible for a practitioner to attest the efficacy of patent or *secret medicines*, or in any way to promote their use; only less culpable is the practice of giving written testimony in favour of articles of commerce, and tacitly or

otherwise sanctioning its publication—a restriction which equally applies to testimonials so oft and inconsistently accorded to peripatetic self-styled ‘Surgeon chiropodists’—*alias* corn cutters—*et hoc genus omne*. It is likewise degrading for a medical man to enter into a compact with a druggist to prescribe gratuitously or otherwise, and, at the same time, share in the profits arising from the sale of the medicines. Professionally indefensible, also, is the exceptional, *trade-like* use of the name and address of a practitioner on his dispensing labels. Alike censurable (and ethically dishonest) is the modern practice of assuming, for the purely selfish purpose of personal advancement, the distinctive titles and status of our public institutions, and parading private speculations as *bonâ fide* ‘hospitals’, ‘infirmaries’, and ‘dispensaries’. Such *sham* institutions are not only derogatory to the faculty, but injurious to the true interests of the community; and no practitioner desirous to uphold the dignity of his profession should resort to such *un-professional* devices—otherwise he must not be surprised at being ignored by the faculty and treated as a charlatan.

SECT. 2.—THE DUTIES OF PRACTITIONERS IN REGARD TO THEIR
PROFESSIONAL SERVICES TO EACH OTHER, THEIR
FAMILIES, WIDOWS, AND CHILDREN.

1.—All legitimate practitioners of medicine, their wives, and children while under the paternal care, are entitled (*not* as a matter of *right*, but) *by professional courtesy*, to the reasonable and gratuitous services—*railway and like expenses excepted*—of the faculty resident in their immediate or near neighbourhood, whose assist-

ance may be desired.* In the case, also, of near relatives who are more or less dependent upon a professional brother (other than wealthy), it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or a daughter altogether independent of the father,—or the widow and children of a practitioner left in affluent or well-to-do circumstances,—should be charged as ordinary patients—unless feelings of friendship, or other special reasons, render the attendant practitioner averse to professional remuneration: in such case, the rule need not apply. Moreover, if a wealthy member of the faculty seeks professional advice, and courteously urges the acceptance of a fee, it should not be declined—*for no pecuniary obligation ought to be imposed on the DEBTOR, which the DEBTEE himself would not wish to incur.*

NOTE.—The leading principle in the above rule equally applies and should be extended to registered

* When the professional attendance of a local practitioner at the sea-side, or other health resort, is requested for a member of the family of a medical man, and he is *wittingly* kept in ignorance until the close of the illness (as has oft occurred), that the presumably paying patient is, with certain limitations, entitled to his gratuitous services, it may not unfairly become a question whether the claim should be admitted. It may also be well to note that, if for any sound reason the practitioner deems it prudent and expedient to demur to a like gratuitous supply of medicine, he may avoid the necessity by writing a prescription and requesting that it be dispensed at the chemist's. Ere, however, he determines on the suggested alternative, it would be judicious to assume (mentally) for the moment a transposition of their relative positions, and be guided by the impression left thereby. Be that what it may, it cannot be too distinctly understood that the attendant practitioner has an indisputable right to be at once informed of the patient's assumed professional claim to his gratuitous services.

students of medicine, whether such be the sons of medical men, or otherwise.

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

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

1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes necessitate a temporary withdrawal from practice, and an appeal to some one or more of his professional brethren to officiate for him. A ready assent to such request, or a cordial tender of service when the necessity for such is known or felt, is an act of Christian duty, which, on the divine principle of ‘Whatsoever ye would that men should do to you, do ye even so to them,’ should always (if it be possible) be courteously accorded, and carried out with the utmost consideration for the interest and character of the

‘medical brother.’—But if a practitioner neglect his professional duties in quest of pleasure and amusement, he is neither morally nor medico-ethically entitled to the exercise of such fraternal courtesy without adequate remuneration being made to his officiating friend for the services rendered.

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

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

* The question of Consultation with Homœopaths, as a problem affecting the interests of the profession and the public, may be thus briefly, and, it is hoped, fairly stated and criticized:—Is it ('tis well to ask ourselves) consistent with his duty to the patient, to the public, and

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

[*Note.*—If an ‘unqualified assistant’, in the absence of his principal, requests a consultation *in a case of emergency*, two courses are open to the Consultant—

to the profession, that the legitimate medical practitioner should be called upon (perforce, as it were,) to meet, and, by nominal consultation with the homœopath, disingenuously cover, and, so far, professionally ignore, the all-important fact that their respective principles, in regard to the treatment of disease, are so diametrically opposite as to render an honest consultation, with real benefit to the patient, utterly out of the question? To such interrogatory, surely it is no more than reasonable and mutually just to affirm, that any other response than an emphatic negative cannot conscientiously be assumed!—for not only would it, in any case, be inconsistent and disingenuous, but in acute perilous disease would amount to grave professional fraud, and culpable (akin to criminal) neglect of duty to the patient—inasmuch as, such a consultative meeting could only result in a compromise fraught with dangerous delay in effective treatment, and consequent increased peril to life, and, therefore, should be courteously but resolutely declined; and, further, the attending practitioner should, if need be, retire from the case rather than act disingenuously to the patient, collusively with the homœopath, and dishonestly towards his legitimate professional brethren. Moreover, it would wrongfully invest the homœopath (whom the orthodox faculty believe to be practising irrationally,) with the mantle of scientific brotherhood and professional loyalty, and *per se*, constitute an immoral compact into which the conscientious practitioner would be more than justified in refusing to enter. At the same time, it may be well to emphasize the fact that professional

the first of which (A), though, mayhap, not strictly ethical, will commend itself as being in harmony with the 'true Samaritan' spirit of the profession; and, in the opinion of the author, may be exceptionally acted upon without prejudice to the faculty:—

A.—The Consultant having previously obtained the particulars of the case, should, after a personal examination of the patient, retire with the 'Assistant' and communicate his opinion and wishes in respect to the treatment; and then inform the patient, or friends, that he will renew his visit to note the effect of this or that alteration which he has recommended the gentleman in charge to carry out. In a *non-urgent* case, however, the Consultant, in justice to the faculty and the public, should firmly decline to meet an unqualified assistant.

B.—If, on the other hand, the Consultant objects to confer professionally with the unqualified assistant, he should, in such case, make known to him with feeling courtesy, the rule

repudiation of the homœopath is not dictated by any harsh, arbitrary ethical rule, but by moral personal conviction, and a rigid sense of duty, deepened by an honest regard for the true interest of the public, and the honour of the faculty. It may also be worth noting that an apt and consistent response to the irrational 'consultation' outcry, so invidiously raised at times in behalf of the professors and abettors of the principles enunciated in the homœopathic dogma of "*Similia Similibus Curantur*," may be found in the legitimate retort of '*Thrasyllus a Thrasyлло Consilium Petat*'; which, freely translated, may be rendered thus: 'Like should consult with Like!'

Note.—Since the preceding comments were submitted to divers eminent representative practitioners for revision, the author has received from one of the most distinguished and esteemed professorial physicians of the day (the late Sir Geo. E. Paget), various noteworthy and suggestive reflections relative to orthodox and homœopathic professional attendance in cases of acute perilous disease, to the following effect:—If, he remarks, an orthodox medical practitioner be already in attendance, and the friends

of the profession in the matter, and express his willingness either to visit the patient alone, and to see him (the assistant) subsequently in reference to the treatment,—or, if preferred, take sole charge of the patient on behalf of the absent practitioner.

The Consultant, moreover, should, as far as the attendant circumstances justify, carefully abstain from all allusion, in the presence of the patient or friends, to the cause of his inability to meet the assistant in consultation—otherwise, while unnecessarily wounding the feelings of the gentleman in attendance, he may also unwittingly cast an ungenerous reflection on the absentee practitioner for entrusting his patients to the care of a person not ‘legally qualified.’

It is scarcely necessary to add, that, under no circumstances, should a member of the faculty meet in consultation an unqualified man ‘in practice for himself.’]

2. It cannot be too strongly impressed on every member of the profession, that in consultations, all feelings of the patient propose to call in a homœopath, a consultation would be utterly objectionable, for the reasons you have expressed; on the other hand, if the person in actual attendance be a homœopath, and the case one of “*acute perilous disease*”, in which any delay would be critically dangerous, the gravely important question might then arise as to whether an orthodox practitioner would be morally justified in refusing to see the patient (although the homœopath remained nominally in attendance), provided that it was distinctly understood, and honourably assented to by all connected therewith, that the immediate future treatment should be in strict accord with the principles of legitimate orthodox medicine, and honestly carried out by responsible, trustworthy nurses, selected, if need be, by the Consultant.—Such is the critical question I would venture to submit for the thoughtful consideration of the orthodox faculty, in behalf of suffering humanity. Can the reply, think you, be other than that of the ‘true Samaritan’?—to which we rejoin: Let ‘conscience’ dictate the answer!

of emulation and jealousy should be carefully laid aside ; that the most honourable and scrupulous respect for the character and standing of the practitioner in charge of the case should be observed ; that the treatment of the latter, if necessary, should be justified as far as it can be consistently with a conscientious regard for truth—and no hint or insinuation thrown out which could impair the confidence reposed in him, or otherwise affect his reputation. The Consultant should also carefully abstain from any of those inordinate attentions, which have been sometimes practised by the unscrupulous for the purpose of gaining undue credit, or ingratiating themselves into favour.

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

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

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

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

5. When two, or more, practitioners attend in consultation and the hour of meeting has been fixed, punctuality should be strictly observed; and this, in most

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

6. When a senior practitioner is called upon to meet a relatively young and less practised junior (be he a qualified assistant, or other registered practitioner,) in consultation, for a second opinion, it will be competent for the former to represent the propriety and advantage of obtaining the assistance of a more experienced practitioner; but if the patient specially desire to have the opinion of any qualified member of the profession, even though a comparatively youthful junior, it will be at the option of the practitioner in attendance to acquiesce, or withdraw. As a rule, however, a practitioner should never decline to meet another, *merely* because he is his junior; and he will best consult his own interest and that of the profession, by a ready and courteous assent to meet

any junior of good repute:—a contrary course would reflect discredit on himself and the faculty.

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

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

9. In consultations, theoretical disquisitions should be studiously avoided, as they often lead to perplexity and

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

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

11. When a practitioner sends a patient to a consultant with a letter of introduction requesting his opinion and advised treatment of the case, the reply thereto

should, with any suggested prescription, be transmitted by post, or, if entrusted to the care of the patient, should be addressed to him in a sealed envelope—otherwise, the patient may use the prescription independent of, and, for the time being, cease to consult the practitioner in question, and thereby commit an act of injustice on the latter.

12. When from any cause the continued attendance of two practitioners would be objectionable to the patient, and a special and exhaustive consultation—entailing an unusual sacrifice of time—is, in consequence deemed desirable, a double fee may fairly be charged; and in difficult and obscure cases, and complicated railway and other injuries, in which a minute physical or other examination and a prolonged consultation are rendered necessary, it is only reasonable that the honorarium should be proportionate to the time occupied—as is customary with ‘Counsel’: an exclusive fee, therefore, of from two to five guineas, according to the social or pecuniary position of the patient and the professional status of the Consultant, may be justly claimed. Due intimation, however, of the Consultant’s expected fee in such and, where necessary, in ordinary cases also, should be given to the patient by the family attendant, prior to the consultation being arranged.

It may here be well to allude to the anomalous custom existing in various rural districts, and which indicate an erroneous view of the relative pecuniary obligation that should subsist between the Consultant and the ordinary medical attendant—the conventional practice referred to, being that the practitioner in attendance is held respon-

sible for the payment of the Consultant's fee, and has subsequently to charge it to the patient. It may therefore be desirable to note, that in cases of consultation, the duty which ordinarily devolves on the family medical adviser is simply to intimate to the patient, where necessary, what the Consultant's usual or expected fee is, and, as far as possible, to see that it be paid at the time—unless, for financial and other valid reasons, deferred payment be deemed expedient; but there is no professional obligation whatever on the 'family doctor' to do so out of his own pocket: a rule to such effect is unreasonable, and, albeit a district custom, one not to be commended.

13. The Consultant has no claim to be regarded as a regular attendant on the patient, and his attendance ceases after each consultation, unless otherwise arranged; under no circumstances, therefore, should he be induced to 'just look in and see how the case is progressing' (a too-oft recurring incident in modern professional life), otherwise, he will justly subject himself to severe criticism and reproof.

The patient and his ordinary medical adviser are therefore fully at liberty to call in any other Consultant without the cognizance of the former, provided that no appointment then exists.

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

14. No member of a firm of practitioners (unless, from professional status and experience, his ordinary personal practice has become purely 'consultant,' and *his advice, as such, be SPECIALLY requested by the patient,*) whose

opinion is sought in a case under the care of a partner in the firm, is entitled, according to professional usage, to claim the customary fee of a Consultant:—such advisory visits indeed, (if within the prescribed distance of an ordinary visit,) are generally regarded as complimentary ones.

SECT. 5—THE DUTIES OF PRACTITIONERS IN REFERENCE TO SUBSTITUTES,
OR LOCUM-TENENTES, AND IN CASES OF INCIDENTAL INTERFERENCE
WITH OTHER THAN THEIR OWN PATIENTS.

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

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

3. When during sickness, affliction, or absence from home, a practitioner entrusts the care of his practice to a professional friend, the latter should not make any charge to the former, or to the patients for his services, but

should in all things be the *locum tenens* of the absentee. If, however, the attendance be protracted, and the labour proportionate, a fitting acknowledgment should, if circumstances admit, be made.

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

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

In conflict with the preceding opinion is that expressed by the late Abraham Banks, Esq., in his 'Medical Etiquette' published in 1839, as follows: and which the author, though dissenting therefrom, deems it right to insert, and leave it to the calm judgment of the practitioner to conscientiously accept, or alike reject.

"Nothing can be more agreeable to a rightly constituted liberal mind, than to give an opinion in confirmation of the judicious treatment adopted by another; but when it happens that there has been most palpable neglect, or most decided mal-treatment, a conscientious man is necessarily thrown into a very unenviable moral dilemma. Strongly reluctant to infringe in the least degree upon the claims of generosity, or to lay himself open to the slightest imputation of illiberality, he yet feels

5. When a practitioner is consulted by a patient (or other member of the family) whom he has previously attended either as the officiating friend or *locum tenens* of another during sickness or absence from home, or in any other capacity, he should act in strict accord with the principle laid down in Rule 9, and decline attendance, except in consultation. He will, moreover, act wisely and in the true ethical spirit by declining to accept subsequent personal attendance on any such patients, until at least twelve months have elapsed; and then only under exceptional circumstances—unless a mutual amicable arrangement relative thereto has been entered into by the respective practitioners. Better, far better, to lose a would-be patient than the friendly feeling of a confiding brother practitioner! The same just principle, be it noted, should alike actuate and constitute the abiding rule of a general practitioner who has been called in consultation to a family by a *confrère* of like status.

6. When a practitioner is ill or absent from home and the patient wishes to have a medical man of his own

a moral responsibility resting upon him to give his honest opinion; what is he to do! He must apply for assistance to Moral Philosophy; she will teach him that truth constitutes the great bond of union between man and man; and that however adverse to his feelings, yet his duty to society, his duty to himself, his duty to the individual soliciting his opinion, call upon him to declare his real sentiments."

N.B.—Notwithstanding the assumed teaching of 'Moral Philosophy' on the point in question, it may with perfect truth be alike ethologically affirmed that such a step should never be taken until after deep, deliberate thought, and a conscientious review of the facts; nor until, in the heart and mind of the Consultant, no other course remains open, and that imperative duty demands it in justice to a well-founded belief that the *culpable* neglect, or mal-treatment, will otherwise be persisted in.

choice, rather than the officiating friend, partner, or *locum tenens*, the practitioner so elected should act in accordance with the following rule:—

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

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

9. When a practitioner is called in to, or consulted by a patient who has recently been, or still may be, under the care of another for the same illness, he should on no account interfere in the case, except in an emergency,—having provided for which, he should request a consultation with the gentleman in previous attendance, and decline further direction of the case except in consultation with him. If, however, the latter refuse this, or has relinquished the case, or if the patient insist on dispensing with his services, and a communication to that effect be made to him, the practitioner last consulted will be justified in taking charge of the case—ere assuming which, however, he should satisfy himself that such intimation has been given by the patient or family. Under such circumstances, no unjust or illiberal insinuations should be thrown out in reference to the conduct or* practice

* 'Tis a 'golden rule' which cannot be too deeply engraven on the

previously pursued—which as far as candour and regard for truth and probity will permit, should not only be justified, but, if right, honourably persisted in; for it often happens that, when patients (capricious ones especially,) do not experience immediate relief from the treatment, they become dissatisfied, and, under the impression that their case is not understood by the ‘doctor’, unjustly impute the blame to him; many diseases, moreover, are *per se* of so protracted a nature, that the want of success in the early stage of treatment affords no evidence of a lack of skilled professional knowledge.

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

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

12. When a practitioner is called in, or otherwise requested, to attend at an accouchement for another, and

heart, that a medical man should never in any case which may directly or indirectly come under his notice, censure or disparage, much less condemn the practice or diagnosis of another—for not only may he thereby most unjustly prejudice the reputation of, but possibly be the cause of a vindictive and costly action for malpractice against a professional brother, whose treatment has been judicious, and as successful as the nature of the case admitted.—*Do ye, therefore, as ye would be done by!*

completes the delivery, or is detained for a considerable time, he is entitled by custom (except in the case of illness, etc., provided for by Rule 3,) to one-half of the fee; but on the completion of the delivery, or on the arrival of the pre-engaged accoucheur, he should resign the further management of the case. In a case, however, which gives rise to unusual fatigue, anxiety, and responsibility, 'tis right that the accoucheur in attendance should receive the entire fee. Note.—In either event, when the officiating accoucheur is a stranger, or non-acquaintance of the family doctor, the full fee should be tendered to him.

13. When a consultation is requested by a practitioner in attendance on a difficult or dangerous case of midwifery, and operative treatment—by turning or instrumental delivery, etc., as the case may be,—has been decided on, it should be carried out by the accoucheur in charge, and not by the Consultant—except in the incident of an unqualified assistant being the attendant; in the latter event, the Consultant should at once assume the responsibility, and take entire charge of the case. It not infrequently happens, however, that the family attendant, as an act of courtesy, requests the Consultant to officiate; and, in that case, he should do so, but not otherwise: or he may thereby unintentionally cast an unjust and injurious reflection on the professional ability of a brother practitioner. Note.—The principle herein laid down is alike applicable to all surgical operations.

14. When a practitioner has officiated for, or been called in consultation by another, and the ordinary medical attendant has resumed exclusive attendance upon the case, the former should not, under any pretext, make

friendly calls upon the patient, unless justified by previous personal intimacy: such visits, even in the latter case, would be better omitted for a time.

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

When, moreover (an oft-recurring incident), an employer, or other person, becomes anxious and apprehensive in regard to the illness of an *employé*, or in the case of an impending action for damages, and the like, and for his personal satisfaction requests his own family or other doctor to visit the patient and report to him thereon, it is the duty of the deputed practitioner to point out to the employer, or other interested party, their respective ethical obligations in the matter; and, prior to making such visit, to solicit and obtain the sanction of the medical attendant in the case: otherwise, he will commit a grave breach of professional etiquette, and entail upon himself a just rebuke.

16. In cases of sudden illness, or of accidents and

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

It sometimes also, but more rarely, happens in like and other cases, that a certain practitioner is sent for, but being from home at the time, another is called in, and requested moreover to continue his attendance—neither practitioner having previously attended the family. In such case, the medical man first summoned will have no prescriptive right to the patient—who should, however, on accepting the professional services of the attending practitioner, *at once*, either by note or trusty messenger, courteously apprise the absent one that his advice will not be required; otherwise, on returning home and making a professional call at the patient's address, he will be justified in claiming his customary fee.

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

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

19. It is contrary to professional etiquette for a 'Public Vaccinator' to call, unsolicited, upon a patient of another medical man, and insist, or otherwise request that a non-vaccinated child be brought to him for the purpose, or, in any way, to offer gratuitous vaccination; and thus too often succeed in obtaining an introduction to the patients of other practitioners.

The same principle of careful abstention from professional interference, either in regard to the diagnosis or treatment, should alike govern the conduct of a 'Medical Officer of Health,' when notified of the existence of infectious disease in a brother practitioner's patient.

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

[Note.—By the expression—'patient of another practitioner'—is meant a patient who may have been under the care of another practitioner at the time of the attack of

sickness, or departure from home of the latter, or who may have requested his professional attendance during such absence or sickness, or in any other manner given it to be understood that he regarded the said practitioner as his regular medical attendant.]

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

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

2. In all cases of arbitration, a written statement of the charges preferred, and a like answer thereto, should be required from the respective disputants—with such affirming or rebutting testimony as may be essential to elucidate the facts of the case; and after giving careful consideration to the evidence adduced, the members of the 'Court' should proceed to deliver their opinions in succession,

from the junior to the senior, in order that the former may not be unduly influenced by the utterances of the latter.

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

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

exhaust all gentle means of remonstrance and redress : and, in strict accordance with both scriptural and professional ethics, he should, either in person or by courteous note, 'go and tell his brother his fault' privately. Should that fail, and the aggrieved party be ultimately obliged to refer the matter to the arbitration of a mutual professional friend, or to a 'Court Medical', even then, his object should be, not that the offender should be 'shunned', but effectually rebuked, and convinced of his error. Such object is, in many cases, more likely to be gained by private than by public means. But as there are men in the medical, as in other professions, who can only be effectively influenced by public censure, this, under certain circumstances, would be a perfectly legitimate *dernier ressort* through the action of a 'Court Medical'.]

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Sects. 6, 7.

SECT. 7.—THE DUTIES OF PRACTITIONERS IN RELATION TO PROFESSIONAL CHARGES TO THE LAITY AND CLERGY.

1. In the interest of the faculty and of the public, it is desirable that some general authoritative rules relative to professional *charges should be adopted in every town or district, for the special guidance of the junior practitioners, who are often in doubt as to the remuneration to which they are fairly entitled. Such rules, 'tis scarcely

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

necessary to remark, should be of a somewhat elastic character (with, at least, a minimum guiding fee,)—inasmuch as the charges must necessarily, as a rule, be more or less regulated by local circumstances, the social and pecuniary position of the patients, and, in some degree, by the age and local status of the respective practitioners; and it should, moreover, be deemed a point of honour to adhere to such rules with as much uniformity as the varying circumstances will admit.

[Doubt and misconception having long existed in regard to the question of professional charges to the clergy, it will not, it is hoped, be deemed foreign to the subject of medical ethics, or otherwise irrelevant, to remark that, in consequence of a pressing appeal, the author was induced to institute a careful and dispassionate inquiry on the subject, with the view to solve and, as far as practicable, determine the following weighty problem :—ARE MINISTERS OF RELIGION RIGHTLY ENTITLED TO THE GRATUITOUS SERVICES OF THE MEDICAL FACULTY?

The following reasons are submitted why gratuitous attendance on ministers of religion and their families, which for a long period prevailed in this country, and, with more or less indiscrimination, still exists in the United States of America, should, as reciprocally undesirable, no longer obtain :—

1. In the true interest of the minister.
2. In the true interest of the practitioner.

1. Such a practice is inexpedient on the part of the minister, inasmuch as he cannot well, under the circumstances, have a free choice of practitioners and *de facto* make an independent selection of his medical attendant,

nor readily effect a change should he become dissatisfied therewith, neither can he morally insist on such attendance as he may wish or deem necessary. If, for instance, he sends for the one of his choice—a popular doctor, mayhap—at an opportune time and more or less disengaged, he would no doubt receive prompt and courteous attention. Should he, on the other hand, happen to send when the practitioner is tired and weary, or the weather cold and inclement, or during the night, it may be that the doctor, on finding who it is that wants him, would elect to remain at home; whereas, if it were not for the irrational custom in question of according gratuitous attendance, his professional services would have been more or less willingly rendered.

Again, inasmuch as the minister would, where the unwise practice still partially lingers, have to regard the attendance of the doctor simply as an act of benevolent professional courtesy, he in return for such would, as a matter of course, have to select as his medical adviser a member of his own church rather than, possibly, a more able practitioner of another denomination. Moreover, since he is not to attach a monetary value to the doctor's services, but merely to incur a moral obligation, if he be a man of feeling and delicacy he would be restrained from saying to him: 'Doctor, just call at my house this morning, will you?' but it will be: 'If not too busy, will you please to call at my house some time to-day?'

Further, when a medical man's services are needed, they are generally wanted with as little delay as may be, and if you deprive the patient of the moral right of enjoining prompt attention, you may almost as well inhibit

him sending for one. A minister, moreover, by accepting (even as an assumed prescriptive right) the gratuitous services of a medical practitioner, places himself in the anomalous position of—so to speak—a clerical mendicant, and must act accordingly; in fact, he appears before the public as a beneficiary, and thereby not unnaturally incurs to a greater or less extent a loss of the respect due to him from the community.

Again, in the true interests of religion the minister's stipend should at least be adequate to defray the ordinary and needful expenses of living and to compensate others for essential services, for if the stipend be very limited and insufficient for his bare subsistence, it would necessitate him seeking as suppetitary to his ministerial functions a congenial vocation by which he could add to his pecuniary resources, but at a sacrifice of time that should be devoted to the sacred duties of his mission. Under the assumed prescriptive usage in question, moreover, if a minister or his family lost confidence in the attendant doctor, it would be found not a little embarrassing to call upon him to discontinue his attendance and supersede him by another; whereas, if it were based on a *quid pro quo*, or, in other words, pecuniary remuneration, the desired change could be more readily effected.

2. The alleged prescriptive custom, moreover, is morally objectionable from its effect on the practitioner. Although no medical man should practise his profession merely for its money value, still but very few could afford to pursue it without remuneration. Even admitting that the exceptional idea of gratuitous attendance did not

originate in the natural desire to secure the moral and social influence of the clergy—in other words, a reciprocity of benefits received—nevertheless, such is the practical working of the custom, and, constituting, as it does, a pernicious and deceptive system of practice, is derogatory to the faculty. The attendance of a medical practitioner in a case of illness should be based either on a purely charitable or the ordinary remunerative principle, with a like deep interest under either circumstance in the successful treatment thereof.

In concluding these remarks it seems pertinent to ask, Why should hard-worked and ill-paid medical men, any more than other business men, be expected to render payless, yet often priceless, services, or otherwise specially contribute to the essential personal needs of ministers of religion and their families? Be the answer what it may, it is difficult to see the justice or reasonableness of such a custom, and the members of the faculty would act wisely in simply carrying out the principle laid down in the suggested rule, which, after being submitted to and approved by divers eminent representative practitioners (including the late Sir Thomas Watson, the clergy's friend), was published in the *British Medical Journal* several years ago to the following effect:—

That, in respect to charges for professional attendance on the clergy, beneficed or unbeneficed, there is no special general rule other than the simple 'unwritten' one (a time-honoured and 'true Samaritan' principle, alike applicable to other classes), by which the faculty have long been self-guided, namely, although fully and justly entitled to a commensurate remuneration for professional services accordant with the patient's position in life, to, nevertheless, make a greater or less reduction according to

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the circumstances of the individual case to such as may fairly be classed among the 'poor clergy' (beneficed or unbeneficed), specially so called, in contradistinction to the well-endowed and independent clergy, which latter should be charged as ordinary and not exceptional patients; by a conscientious fulfilment of which advisory rule the medical faculty will, as a profession, have discharged their moral obligations to the ministers of religion.

An appropriate adjunct to the above will be found in the appended comment inserted in the *British Medical Journal* (2-12-'93, p. 1253,) in response to a leaderette in *Church Bells* :—

"Gratifying as may be the testimony of gratitude to the medical faculty for their assumed professional liberality to ministers of religion, as recorded in *Church Bells* by* 'A Suburban Curate,' 'A Scotch Dean,' and other clergy, and true as it would unquestionably be if it related to the period when curates were held to be passing rich on £50 a year, and had withal to maintain a respectable exterior in accordance with their social position—at a time, too, when food and raiment, irrespective of the cost of lodgings, were comparatively dear,—it might well be that the kindly disposed medical practitioner would be reluctant to claim his fees from young clergymen with so scanty and insufficient a stipend. Such, I have reason to believe (though in the absence of any direct record I am unable to verify it,) was the origin of gratuitous services to the clergy, which, later on, were extended to the unbeneficed, and, subsequently, to the beneficed and their

* 'When one thinks of the time, labour, and money spent in acquiring the right to practise, of the exhausting character of a doctor's work, and of the amount he has to disburse from his earnings for house-rent, carriage and stable expenses, etc., one cannot but feel that such men as I have described (whether they be orthodox or not in opinion) have practically disproved the old adage, *Ubi tres medici, duo athei*.'

Extract from letter of 'A Suburban Curate.'

families; till at last attendance was claimed as a prescriptive right, and the medical profession were reluctantly compelled to resist so unreasonable a pretension and inversion of the original object, and as an act of duty to self were constrained to establish the rule above referred to for the guidance of the faculty in their professional relations with the clergy."]

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

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

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

3. Should a patient question the accuracy of a 'non-itemed' bill, his right to be furnished with a statement as to the number and dates of visits, and the special services charged for, should at once be conceded, and reference to the respective items in the ledger permitted—or, better

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still, suggested : but the service being acknowledged, no abatement (especially under such circumstances,) should be assented to on any plea other than absolute inability to meet it in consequence of poverty, or for a like sufficient reason.

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

4. A medical man should carefully abstain, especially in the presence of non-professional persons, from censorious comment on the fees claimed by another practitioner—for the latter, however large or small the amount may appear to one imperfectly acquainted with the circumstances, may have good and just reasons for the charges made.

CHAPTER III.

ON THE DUTIES OF THE PROFESSION TO THE PUBLIC,
AND THE OBLIGATIONS OF THE PUBLIC TO THE PRO-
FESSION.

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

1. It is the duty of the faculty, as good citizens, to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ready to advise the public on subjects specially appertaining to their profession—such as public hygiene, legal medicine, and medical police. It is their province to enlighten the public in reference to quarantine regulations; the location, arrangements and dietaries of hospitals, asylums, schools, prisons, and like institutions; also in regard to the medical police of towns,—as drainage, water-supply, ventilation, and sanitation generally; and in respect to measures for the prevention and mitigation of epidemic and contagious diseases; and, when pestilence prevails, it is their duty to face the danger, and to continue their labours for the alleviation of the suffering, even at the risk of their own lives.

2. Medical men should also be ready, when called on by the legally constituted authorities, to enlighten courts of inquisition and justice on matters strictly medical—such as involve questions of sanity, legitimacy, murder by poisons or other violent means, and the various other

subjects embraced in the science of Medical Jurisprudence. But in such cases, and especially those in which a critical *post mortem* or other scientific examination is necessary, it is only right and just, in consideration of the time, labour, and skill required, and the responsibility and risk they incur, that a fitting honorarium (other than the inadequate fee so often tendered, under the plea of legal restriction,) should be awarded for the skilled service. [In certain cases, in which the required evidence is not compulsory on the practitioner, it may at times be prudent on his part to stipulate (as is the rule with 'Counsel',) for an adequate and specified fee.]

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

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

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

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

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

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4. In cases of railway accident, it may be well to note that the hitherto unwritten rule has been, and rightly so, that notice should be given either to the injured person, his relatives, or to the medical attendant, that a visit and examination of the case is intended to be made on behalf of the Railway Company by their Medical Officer; whose duty, moreover, it will be to arrange an appointment with the patient's medical adviser. Possibly, however, (for the contingency does sometimes, though rarely occur,) the medical officer may, prior to his visit to the injured person, be ignorant of the name, and, also, as to any practitioner having been called in; in that case, and especially in an emergency, or of special necessity, there can be no valid objection to such professional visit and examination—provided that, on receiving the information, he at once communicates the fact to, and, if need be, request a consultation with the practitioner in attendance. In a non-urgent case, and within reasonable visiting distance of the respective practitioners, the examination by the railway medical officer should be deferred until the attending practitioner has been communicated with, and an appoint-

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ment arranged. If, however, the railway medical officer has been summoned from a long distance, and the patient's professional adviser cannot be sent for, or met with, it will be within his discretion to examine the case, and report thereon to the absent practitioner, and a consultation, if deemed expedient, subsequently arranged. [In the event of a consultation being so arranged in the interest of the Company, the customary fee should be paid by them.] It is, in fact, to the true interest of the patient that he should be seen by the railway medical officer without any unnecessary delay; and non-compliance with his reasonable request for a professional interview and examination would naturally, and not unfairly, raise a suspicion as to the *bona fides* of the person alleged to be injured, and, so far, militate against a claim for compensation. At the same time the railway company has no legal right to insist upon an examination without a Judge's order; the necessity for which, the injured person will, if well advised, be careful to avoid by a timely and willing assent to the necessary examination. Note.—The principle herein enunciated should govern all medical referees, whether acting on behalf of Railway or Accident Insurance Companies, and the like.

N.B.—The fact cannot be too strongly emphasized that it is neither to the interest of the patient, nor yet of the Company, that their respective medical advisers, however great their divergence of opinion of the case may be, should, so to phrase it, quarrel; for hostile or strained relations not infrequently lead to regrettable and costly litigation, which, by a little tact and mutual forbearance, might be avoided and the matter amicably arranged.

To the preceding rule may be fitly appended, as wise forensic counsel to the young practitioner, and a no less judicious caution, the emphatic opinion expressed by the Master of the Rolls in delivering the judgment of the Court of Appeal, in the case of "Abrath v. the North Eastern Railway Company" (whose officer had been described as a 'medical detective'); which, in reference to professional partisanship and medical detectivism, was to the following effect: viz., that, in any case in which a medical practitioner was professionally engaged, either by the person injured, or by the implicated railway or other company, he should strictly confine himself to the professional treatment of the patient, and, *foro conscientiæ*, decline to be, in any way, a party to getting up a case which might on either side ultimately form the subject of legal proceedings.

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In the interest and for the honour of the faculty, it may be well to add, that non-partisan, and, as far as possible, non-technical professional evidence are alike desirable, and the latter especially essential, in order that it may be intelligible to the judge and to the jury: to whom, and to the public, the diverse professional duties devolving on the medical practitioner should ever be clearly and conscientiously fulfilled.

5. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical. Duty to self, however, renders it necessary to impose a limit to such devotement. Poverty, professional brotherhood, and certain of the public duties referred to in the first paragraph of this section, should always be recognised as presenting claims for gratuitous

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services; but no such privilege can be conceded to Government or State Services, or to institutions endowed by public or private benevolence, or to societies for mutual benefit, or to any profession, guild, or trade, or other 'bread-winning' occupation; nor can medical men be expected to furnish certificates of inability to serve on juries, perform militia or other public duties, or to testify to the state of health of patients desirous to insure their lives, obtain pensions, or the like, without a fee: *but to individuals in indigent circumstances, such professional services should always be freely and cheerfully accorded.*

6. It is likewise the duty of medical men—who so often become professionally or otherwise cognizant of the malpractices and malversation of charlatans (many of whose victims, for very shame, remain silent on the subject of their sufferings), and of the great injury to health, and loss of life even, caused by the baneful use of quack medicines—to enlighten the public on the subject, and to judiciously expose the artful devices and unscrupulous pretensions of the charlatanic medical impostor. Practitioners should, moreover, in the interest of the public welfare, exert all their influence to induce chemists and others, to discountenance the sale and use of empirical or secret remedies, and to deter them from being in any way engaged in their manufacture: indeed, so long as they act as the common vendors of quack nostrums, and persist in illegal 'counter practice', to the detriment of the public and the faculty, it may safely be affirmed that, as a rule, the body of general practitioners will not have a recourse to the chemists as their 'dispensers-in-ordinary', but continue the present convenient though improvable system of 'home dispensing.'

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

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

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

pertains only to its individual use—and a contrary practice is neither honourable nor honest.

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With reference to the principle laid down in the above section (3), it may be well to quote the following case and Counsel's opinion thereon, which appeared in the *British Medical Journal* of February 28th, 1891, page 492 :—

“Legal Ownership of Prescriptions.—D. H. writes: A. goes to a physician, pays a guinea, and gets a prescription, which becomes his property. At another time, A. calls in the physician to consult with his family doctor, pays three guineas, and the physician writes a prescription. Is this prescription also the property of A.? Is A. legally entitled to it, or to a copy of it? In a consultation case, the custom is for the physician to give the prescription to the family doctor; but, supposing this doctor runs away for a month's holiday, leaving the patient to a *locum tenens*, whom the patient refuses to see, can the patient claim the prescription, and have it dispensed by a chemist?

“[*** We have taken legal advice on this point, which has often been raised. We are advised that there seems to be no doubt that the patient need not be satisfied with verbal direction from the physician whose advice he takes, but may, and in many cases must, get a written prescription. When he does so, the paper on which it is written legally becomes his property, and he is entitled to its custody and possession if he chooses to demand it. We say nothing as to his wisdom in using a prescription which may no longer be suited to his case; but there seems to be no doubt that he, and not the family doctor, is entitled to have and use the document. The case is similar to that of deeds, which for convenience are often kept by the family lawyer, but which belong to the owner of the property to which they relate.]”

The following commentary subsequently appeared therein :—

“This question has recently been the subject of some controversy in the island of Bermuda. It is stated in the *Code of Medical Ethics* that the respective rights of the parties in a medical prescription may be thus briefly defined :

“‘That the physician, as the author, has a literary property in the composition of the formula, and the right to dispose of it to a patient without invalidating his title to the original ownership; that the pharmacist by compounding the same acquires no claim whatever thereto, other than as a record, or justification for dispensing it—in fine, his right is simply that of a custodian; whilst that of the patient pertains only to

CHAP. III. its individual use, and a contrary practice is neither honourable nor
 Sect. 3. honest.' ”

“ Considered from a purely ethical point of view, the above presents a fair statement of the moral obligations between the parties, and these obligations, we feel sure, are in general strictly adhered to ; so much so, that it seems almost unnecessary to treat the subject from any other standpoint.

“ If, however, it is desired to define the rights of the parties according to purely legal principles, then we think, in some respects, the propositions laid down in the *Code of Medical Ethics* cannot be maintained.

“ According to our law the ‘ property ’ in any given article draws to itself the right of ‘ possession ’ ; and although the ownership of the property and the possession may be in different persons, that is, the article may be lost or pledged or let out to hire, yet when it is found, or the particular bailment has been determined, the owner of the property may always resume the possession.

“ It cannot, however, we think, be suggested that the possession of a prescription handed by the physician to his patient on receiving payment of a fee can be resumed by the former when he considers the latter has had a sufficiently reasonable time for its personal use. This would seem to imply that the property in the prescription, or certainly the paper on which it is written, becomes vested in the patient together with the possession, thus completing the ownership.

“ There is no doubt a qualified property remaining in the physician ; he could properly restrain by injunction the publication of the formula to the world at large ; he could prescribe the same formula for other patients requiring similar treatment ; but we do not think he could prevent the patient conferring on another the benefit of the prescription. This must be left to the view the patient takes of his moral or ethical obligations.

“ We cannot place the right of property possessed by a physician in his prescription higher than that possessed by the writer of a letter in such letter. In this case the writer retains on his own behalf a copyright in the letter, sufficient to prevent the receiver from publishing it, except under special circumstances.

“ The chemist, we think there can be no doubt, has no right whatever to retain the prescription. Prescriptions are not as a rule addressed to any chemist by name, and we are not aware that it is the practice for chemists to keep the original. He generally makes a copy, partly no doubt for his own protection, and partly in order to compound the medicine again, in the event of the original prescription being lost or mislaid.

"We are not aware of any judicial decision on the subject, and therefore our observations must be open to criticism; but arguing from analogy and from general principles of law, we think that the ownership of a prescription, in a legal sense, may be briefly stated as follows:

"That the ownership in the paper on which it is written, with a perpetual right of user of the formula, rests in the patient; and he would maintain an action for its recovery from any one withholding it from him. That a qualified ownership in the formula remains in the physician sufficient to enable him to prevent its publication to the world."

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CHAPTER IV.

INTRA-PROFESSIONAL ETIQUETTE, OR THE RULE OF
THE PROFESSION ON COMMENCING PRACTICE, ETC.

1. In the absence of any published rule, or collegiate instruction, on such and kindred matters, it is not to be wondered at that young practitioners should be so generally ignorant of the 'unwritten' custom or etiquette (diverse as it is from that pursued in ordinary social life, in relation to new residents,) expected from members of the profession on commencing or changing the locality of practice, in town or country,—and which entails on each new comer, young or old, an obligation to call, with as little delay as may be, upon every duly qualified, legitimate medical practitioner (who should return the visit with like promptitude) resident within a reasonable distance of his own selected place of abode, and courteously announce his intention to practise in the locality. Note.—Intra-Professional etiquette does *not* apply to one in the position of a retired non-practising Army, Navy, or other Surgeon, in whose case, the etiquette of ordinary social life is strictly and solely applicable.

2. In towns of not exceeding 35,000 inhabitants, and containing some thirty, more or less, medical men, a preliminary visit of courtesy should be paid to each several

practitioner; but in those in which the preceding numbers are much exceeded, the call or visit may very fairly be limited to such practitioners as live within a radius of (say) half a mile, or less, according to the nature and population of the locality; while in London and other large and densely populated cities, the area of call must necessarily be very circumscribed, and, in a great measure, left to the judgment and discretion of the intending practitioner himself, or of a local professional friend. As a safe and simple guide, however, in either or any case, the extreme area of call for such initiatory visits may, perhaps, be sufficiently defined by a circle, comprising within its space some thirty practising members of the faculty.

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

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

Having so far endeavoured to fulfil the duty which, with many foreboding doubts, was reluctantly undertaken at the solicitation of various eminent practitioners, the writer would briefly observe that if the preceding imperfect code, with the several suggestive notes and monitions, should lead to a clearer view and appreciation of the

CHAP. IV. personal professional duties and moral obligations which devolve upon the faculty as practitioners, and tend to promote harmony and the true interests of an honourable profession, his cardinal wish and intent will happily have been attained.

In conclusion, the author, in the absence of a better definition of the oft-recurring question, '*What is Medical Etiquette?*' would, in reply, venture to define it, simply and literally, as a conscientious, practical observance, in the daily walk of professional life, of the divinely impressive command, '*Whatsoever ye would that men should do unto you, even so do ye also unto them.*'

APPENDIX.

THE QUESTION OF BULLETINS.

THE non-existence of any rule, written or traditional, by which the faculty should be governed in issuing bulletins in the illnesses of distinguished patients—accentuated, moreover, by the unbroken silence of the respective Royal Colleges (whose authoritative utterance—jointly or severally—would be hailed with satisfaction, and tend to allay contention, and thereby promote the true interest of the profession) on the subject,—will, it is hoped, be deemed a satisfactory reason and apology for appending hereto the author's personal views on the question, erewhile briefly recorded in the pages of a medical journal * to the following effect, and, so far, without exciting hostile comment or adverse criticism.

In deference to the special requests made to me as the author of the *Code of Medical Ethics* (by practitioners whose position entitles their solicitation to serious consideration) to frame a rule, if practicable, for the guidance of the profession in the matter of 'bulletins', still a burning question; and inasmuch as it is, in my opinion, rightly held that the existing ill-judged system of issuing

* *British Medical Journal*, 6-1-'94, p. 26.

bulletins not only contravenes the true spirit of ethics, but tends also to engender ill-feeling and dissension among the faculty, I have reluctantly been induced to submit the following suggestive statement for the consideration of various eminent representative practitioners in Great Britain and Ireland, with the view to evolve from their deliberate and severely critical opinion the lines on which to draft the suggested rule, in the hope of averting professional discord and contentious criticism.

That much difference of opinion exists on the question may be taken for granted. Looking at it, however, from what, in the absence of a more expressive definition, I would venture to designate a common-sense view, I am strongly inclined to the opinion that undue importance (stimulated, it may be, by a feeling, more or less acute, of jealousy,) has been attached to the passing notoriety gained—or, rather, assumed to be gained—by the affixing to medical bulletins of the signatures of the attendant practitioners; from which, nevertheless, I firmly and conscientiously believe, that beyond the personal gratification possibly derived by a junior practitioner from the transient publicity accorded to his name, but little, if any, professional advantage is gained.

If, indeed, as some allege, the practice merely pandered to the public appetite for sensational news, it could not, in my opinion, be too severely criticized and condemned. When, on the other hand, it arises from a purely honest public anxiety for authenticated information in the dangerous illness of, for instance, an illustrious or popular statesman, a distinguished prelate or esteemed dignitary, or some noble character beloved and respected

by the nation, I not only fail to realize any valid objection thereto, but am forcibly impressed with the conviction, that, in such and like cases, the natural public solicitude may be legitimately gratified without in any degree impairing professional morality; as a matter of fact, indeed, under the implied limitations, the prescriptive custom of issuing signed bulletins has an evident meaning and the sanction of weighty precedents. Moreover (and the question may, I think, fairly be asked), if the signatures of the faculty in attendance be deemed relevant and essential in bulletins relating to Royalty, why should the principle be regarded as irrelevant and objectionable in cases of special note, though of minor national importance? Be that as it may, it is, I apprehend, to the form rather than to the substance of bulletins that exception is generally taken—inasmuch as, when the desired information is simply recorded in a newspaper paragraph, but without the customary signatures, no grave objection would appear to be raised. The conventional practice, withal, is one that it has hitherto been found impracticable or inexpedient to prohibit; and whenever the question of its abuse unhappily arises, it should be ethically determined according to the essential and collateral incidents of the particular case. At the same time, the multiplicity of bulletins, the ill-judged flourish of titles and degrees, and the insertion of unnecessary details, are always open to obvious objection and reproof. Need I add that personal modesty and good taste—two important factors, which could not fail to exert a healthy restraining influence in the framing of bulletins—are natural gifts not always to be found in one and the same person, much less

are they equally shared by all alike? Let our unfailing motto therefore be, 'Bear and Forbear!' Be that as it may, in the absence of any defined rule for the guidance of the faculty in issuing bulletins (by some regarded, rightly, as a possible and feasible mode of covert medical advertising) in the illnesses of distinguished patients, I would suggest, with the view to avert contentious criticism, and so far to promote professional harmony, as ethically essential—that in all cases of illness, except in the Royal Family, or of notable personages of national interest (in which professionally authenticated daily reports are rendered more or less imperative with the view to allay public anxiety), the medical attendant or attendants shall loyally withhold their signatures from bulletins; and, further, shall not allow their names to appear in any paragraph published in the newspapers relative to their patients; a contrary course, in so far as it may constitute a covert mode of unprofessional advertising, is opposed to the best traditions of the faculty and justly condemned by it, as are all oblique, indirectly inspired, and unauthorized communications to the lay press.

Practitioners, moreover, will best consult their own honour and dignity, and true personal interests withal, by a conscientiously rigid but courteous refusal to be interviewed by reporters, or other non-related persons, with reference to the illness of patients; in regard to whom the desired information should emanate solely from, and its responsibility (clearly expressed) be accepted by the patient or his family.

In a word, the principle enunciated in the following

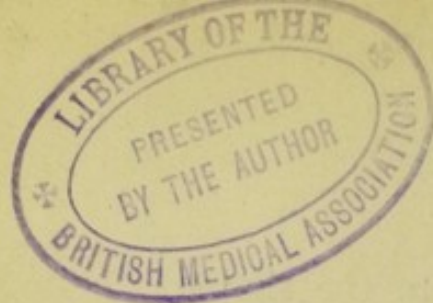
old Hippocratic adjuration should constitute the simple rule and guide of the Faculty of Medicine :—

‘Quæcunque inter curandum videro audiverove, siquidem ea efferre non expediat, silentio suppressurum.’

LOCUM-TENENTES AND INCIDENTAL FEES.

The question of right to the fees for evidence given by assistants and *locum-tenentes* in coroners' and other courts of law having been raised and pertinaciously urged, it is deemed desirable, with the view to avert any disturbing or other mischievous effect on the relations between practitioners and their assistants, to distinctly re-affirm the principle—sustained as it is by immemorial usage and its indisputable justness—that such and all other fees belong to the principals for the time being, unless otherwise arranged at the time of the mutual engagement : in reference to which, moreover, it may be expedient to note that the entire services of an assistant—be he a yearly or (as in the case of a *locum tenens*) a temporary one—pertain to the employer, to whom he is rightly held responsible for all moneys received in his professional capacity.





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