

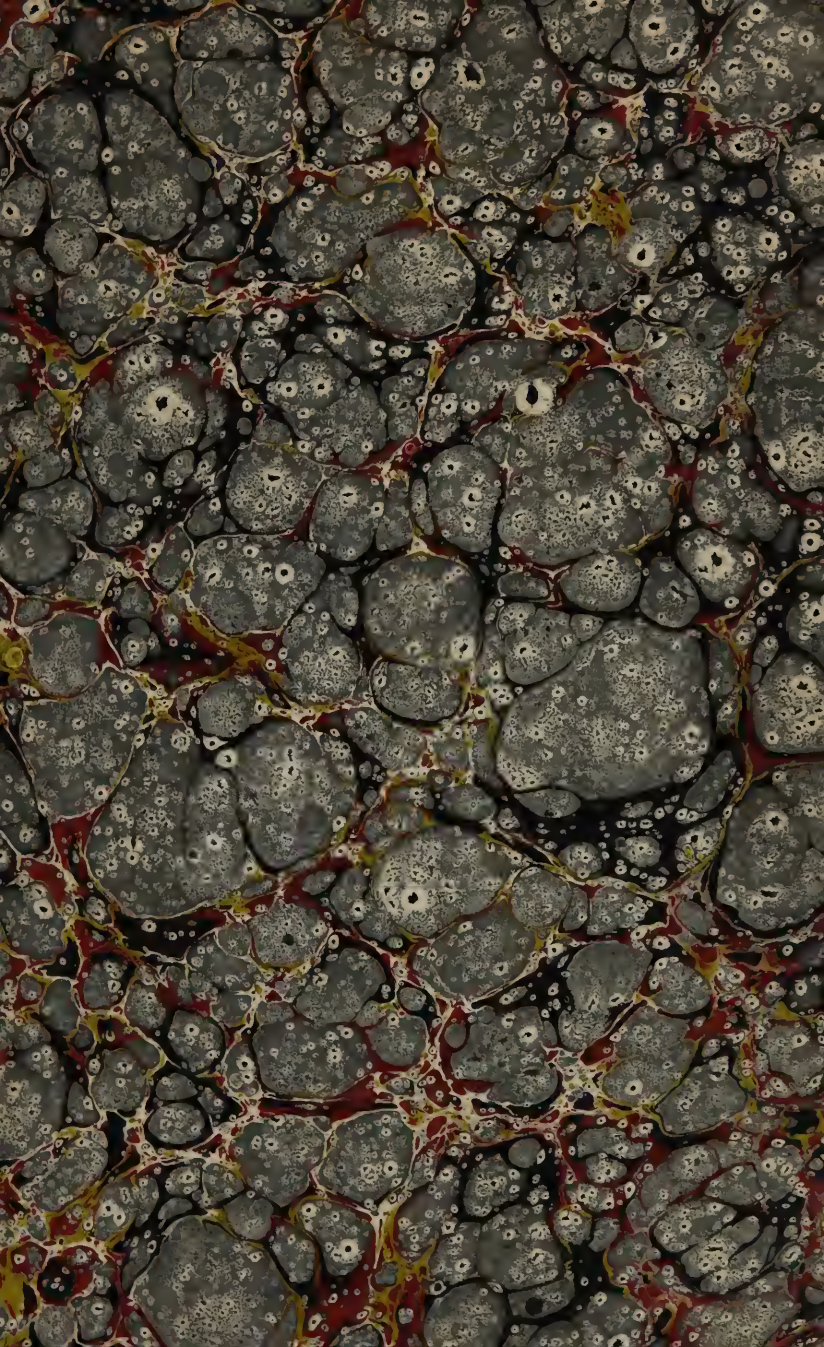


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PROCEEDINGS OF THE CONVENTION

OF THE REORGANIZATION OF THE

MEDICAL SOCIETY,

OF THE

STATE OF CALIFORNIA,

AND OF THE

FIRST ANNUAL MEETING:

TOGETHER WITH THE

CONSTITUTION, RULES OF ORDER,

AND

CODE OF ETHICS OF THE SOCIETY,

Incorporated November 1, 1870.

SAN FRANCISCO:

PRINTED BY JOHN H. CARMANY & COMPANY,

At Commercial Herald Office, 409 Washington Street.

1870.

PROCEEDINGS OF THE CONVENTION

FOR THE REORGANIZATION OF THE

MEDICAL SOCIETY,

OF THE

STATE OF CALIFORNIA,

AND OF THE

FIRST ANNUAL MEETING OF THE SOCIETY,

HELD IN

San Francisco, October 19 and 20, 1870;

TOGETHER WITH THE

CONSTITUTION AND CODE OF ETHICS.

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PRINTED BY JOHN H. CARMANY & COMPANY,

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PROCEEDINGS OF THE CONVENTION

FOR THE REORGANIZATION OF THE

MEDICAL SOCIETY OF THE STATE OF CALIFORNIA,

AND OF THE

FIRST ANNUAL MEETING OF THE SOCIETY.

In pursuance of a call issued by the State Board of Health, for a Convention to reorganize the State Medical Society, a number of physicians met in the hall of the Young Men's Christian Association, in San Francisco, October 19, 1870.

The meeting was called to order at 10½ o'clock A.M. by Dr. T. M. Logan, of Sacramento, on whose motion Dr. Jas. L. Ord, of Santa Barbara, was chosen Chairman. Dr. Geo. Hewston, of San Francisco, was appointed Secretary.

At the request of Dr. H. Gibbons, Sr., Dr. T. M. Logan, through whom, as Secretary and Executive officer of the State Board of Health, the meeting had been called, delivered an address of welcome, and explained the objects in view as follows:

GENTLEMEN: In consequence of the part I have taken, as the executive of the only organization representing, in any degree, the profession of the State, in calling you together, it becomes my privilege, as well as my duty, to thank you sincerely for this your cordial response. Fourteen years ago, in association with the lamented Cooper, who was the leading spirit of the occasion, I officially signed the call, as Corresponding Secretary of the Medical Society of Sacramento, for a Convention in that city, to inaugurate the scheme which we are now assembled to resuscitate. The objects for which the State Medical Society was formed did

then, as they do now, enlist my warmest interest and command my active co-operation; and, judging from the intelligent—many of them old familiar—faces around me, I have reason to believe that I entertain these views and professions only in common with you all.

Prior to this organization, as most of you well remember, the medical mind was in a state of inertia, the profession in a chaotic condition. The dominant materialism of the Golden Age, which had invaded every department of human activity, and inverted the natural order of things by subjecting the higher to the lower, was degrading medicine into a mere business, leading men of real ability, who might have been remembered as benefactors of their race, to spend their noble energies in building up an extensive practice, irrespective of means, by which alone the much-coveted prize could be secured. But no sooner were the clarion notes of our call sounded, than a new spirit was awakened, and from their sheltering privacy, in all parts of the State, volunteers poured in, and threw their souls into the movement which was to purify and regenerate the prostrated glory of their calling. I need not remind you how the dim line of demarcation—so dim as scarcely to have been seen before by the professional eye—was then drawn so decidedly between false and sterling merit, that even the materialists, who relied upon the influence of cliques to be sustained, were obliged to chime in for a time with the overwhelming movement.

Nor need I recall the varied subsequent experience, which has but confirmed that of all other reformatory proceedings, that it is only by the slow workings of time that radical and lasting changes can be effected. As the formative crystal and the germinal cell which your microscopes reveal, are but the hidden sources of the mightiest elemental forces, or of the most intricate developments of organic life, so the primordial movement which we are now assembled to further and consolidate, was but the beginning of the inborn power which is still animating the great body of the profession, and carrying it onward in its legitimate course. Had the State Society done nothing else than concentrate in its perfect and unexceptionable Constitution and Code of Ethics this great uprising of the profession, and conserve its subsequent transactions through publications, it would have performed a service entitling it to an imperishable name in the medical annals

of our country. But it has done more than this; and we proudly point, among its results, to our medical colleges, our monthly periodicals, our numerous local societies, our municipal boards of health, and last, but most exultingly, to our recognition in the legislative councils, by the engrafting of "State Medicine" on our statute book. These are only some of the results, patent and manifest to even the most skeptical, proving how our profession has been moving onward and upward since the great impetus given to it in 1856.

There remains still another evidence of our progress, to which I would especially at this time call your attention, and which is to be found in the fact, that our efforts and labors are confessedly appreciated by our compeers who are best capable of judging. So complete is this recognition, that with one consent, the whole profession, throughout the length and breadth of this glorious Republic, as embodied in the "American Medical Association," are coming to kneel side by side with us at a common altar, and pour the acquisitions of their devoted lives into a common treasury. At the sacrifice of their time and business—foregoing all the comforts and endearments of home, and subjecting themselves in their way hither to the hazards incident to the velocity of locomotion at the present day—they are coming from every portion of this great Continent—coming, with their wives and their daughters, alike from the frigid frontiers of the northern lakes, and from the orange groves of the sunny south—from the Atlantic to the Rocky Mountains; and from the Rocky Mountains to the Pacific—not for the purpose of self-aggrandizement or personal ambition, nor yet to advance the schemes of parties, or to stir up sectional antipathies, but solely as a band of brothers, to stimulate our industry, and keep alive our professional ardor while participating in these social amenities, which constitute the true link between science and philanthropy. I would, therefore, invoke you, by all the stirring claims of duty, of hospitality, and of professional pride by which as a society we have been bound and are now about being rebound together, so to conduct our proceedings with unanimity and concert of action, that they may subserve the noble ends for which we are now assembled—that still more brilliant memories may adorn our annals and render us more and more worthy of the high compliment which, in its wisdom, our National Association has determined to accord us.

As conducive on my part in some measure to such ends and aims, permit me to take occasion to state, that I have caused a suitable number of schedules to be printed, containing blank spaces, in columns, to be filled up with the diseases or accidents we may be called upon to treat, together with other particulars, as specified in the headings. Those I propose furnishing to such members as may offer to accept of them, on the condition of their being returned to me, properly made out, at least once a month. As soon as a sufficiency of *materiel* is thus accumulated, it will be digested and incorporated in my official reports to the Legislature—due credit being given to each contributor. All this can be done without much labor to any one individual, or any expense to the Society, and would tend to greatly elucidate questions of medical topography, etiology, and pathology, as well as prove an important contribution to vital statistics and medical hygiene.

It was for such purposes this Society was formed: to bring the members into harmonious unity of action; to cause mind to bear on mind; to work out the problem of climatic influences on the physical condition of man; to investigate the nature and causes of endemics and epidemics; to determine the best methods of holding life and health in integrity, and to remedy the evils incident to existence—these I conceive to be its prominent aims.

Scattered as many of the most worthy members are over the whole area of our extensive State, the experience and observations of the individual are too often buried under the sod that covers his grave. Shall such losses be permitted to accrue for the want of a little fostering care? Or will this society resolve, in the strength of association, to do all in its power to facilitate the cultivation of the present for the fruit of the future? I trust it will adopt the latter course, and prove an exemplar of similar organizations in our sister Pacific States—leading to a noble emulation, whereby rival societies may hear of each others' triumphs over death and the grave, with as much enthusiasm as the great world now reads of victories in the battle-field.

Dr. A. B. Stout, of San Francisco, moved that this Convention organize itself into a State Medical Society. Carried.

Dr. S. R. Harris, of San Francisco, moved that a com-

mittee of five be appointed to select permanent officers for the Society.

Dr. H. Gibbons stated that prior to the motion's being put, it would be well to ascertain who were members and who were not. He moved that the Secretary be instructed to make a roll of all physicians who were legally qualified to form such Society.

Dr. D. B. Hoffman, of San Diego, moved as an amendment to Dr. Harris's motion, that a committee of three on credentials be appointed by the Chair, to make out a roll of members, and report at 12 o'clock. Carried.

The Chair appointed as the committee, Dr. R. Beverly Cole, of San Francisco, Dr. T. M. Logan, of Sacramento, and Dr. D. B. Hoffman, of San Diego, and declared a recess until 12 o'clock.

At 12 M. the Convention having been called to order, the Committee on Credentials reported the following names of physicians, with residence, school, and date of graduation:

<i>Name.</i>	<i>Residence.</i>	<i>School.</i>	<i>Date.</i>
Phelps Chamberlin.....	San Francisco...	St. Louis University, Mo.....	1858
H. S. Baldwin.....	San Francisco...	Philadelphia Col. of Medicine..	1849
Geo. Hewston.....	San Francisco...	Philadelphia Col. of Medicine..	1850
		and University of Pennsylvania.—	
Geo. E. Sherman.....	Oakland.....	University of New York.....	1867
Henry Gibbons.....	San Francisco...	University of Pennsylvania....	1829
J. J. Franklin.....	Sonora.....	Transylvania University, Ky...	1828
E. J. Martin.....	Castroville.....	Cincinnati College of Medicine.	1843
John Scott.....	San Francisco...	F. R. C. S., Ireland.....	1844
		and M.D. of St. Andrew's, Scotland.	1843
W. J. Paugh.....	San Francisco...	Rush Medical College, Ill.....	1850
R. Beverly Cole.....	San Francisco...	Jefferson Medical Col., Phila...	1849
J. D. Whitney.....	San Francisco...	University of Pacific.....	1863
Clinton Cushing.....	Oakland.....	Rush Medical College.....	1865
T. H. Pinkerton.....	Oakland.....	Harvard University, Mass.....	1859
A. B. Caldwell.....	Santa Clara.....	Transylvania University, Ky...	1841
Chas. Blach.....	San Francisco...	University of Heidelberg, Ger'y.	1854
A. G. Soule.....	San Francisco...	Berkshire Medical Col., Mass..	1846
W. L. Twichell.....	San Francisco...	Maine Medical School.....	1850
A. T. Hudson.....	Stockton.....	Albany Medical College, N. Y..	1847
G. A. Shurtleff.....	Stockton.....	Vermont Medical College.....	1846
W. T. Bradbury.....	San Francisco...	Rush Medical College.....	1864
Jas. Simpson.....	Grass Valley....	University of New York.....	1855

<i>Name.</i>	<i>Residence.</i>	<i>School.</i>	<i>Date.</i>
Wm. Wallace Ross.....	Watsonville.....	University of New York.....	1858
Henry Gibbons, Jr.....	San Francisco...	University of Pacific.....	1863
Wm. P. Gibbons.....	Alameda.....	University of New York.....	1846
Luke Robinson.....	Santa Clara....	Toland Medical College.....	1867
S. R. Harris.....	San Francisco...	Col. Physicians & Surg's, N. Y.	1827
J. W. Harville.....	San Francisco...	University of Pennsylvania...	1849
A. B. Nixon.....	Sacramento.....	Ohio Medical College.....	1846
Jos. Haine.....	San Francisco...	University of Louvain, Belgium.	1833
J. L. Ord.....	Santa Barbara...	Jefferson Medical College.....	1846
N. J. Bird.....	San Francisco...	Queen's Col., Kingston, Canada.	1860
R. T. Hayes.....	Los Angeles....	Castleton, Medical College, Vt.	1847
		and Col. Physicians and Surg., N. Y.	1869
W. A. Grover.....	San Francisco...	Berkshire Medical Col., Mass.	1843
J. B. Pigne-Dupuytren.	San Francisco...	Edinburgh R. C. S., Scotland.	1848
A. B. Stout.....	San Francisco...	Col. Physicians and Surgeons.	1839
A. S. Ferris.....	San Francisco...	Geneva Medical College.....	1840
Chas. Palmer Chesley..	San Francisco...	Vermont Medical College.....	1870
E. H. Neill.....	San Francisco...	King's College, London.....	1858
Valentine Newmark....	San Francisco...	Toland Medical College.....	1868
D. B. Hoffman.....	San Diego.....	Toland Medical College.....	1865
T. M. Todd.....	San Francisco...	Miami Medical College, Ohio..	1869
Benj. D. Dean.....	San Francisco...	Berkshire Medical Col., Mass.	1843
W. Ferris Brown.....	Stockton.....	Richmond Medical College....	1843
Thos. M. Logan.....	Sacramento.....	Medical College of S. Carolina.	1828
C. N. Ellinwood.....	San Francisco...	Rush Medical College.....	1858
Jas. M. Sharkey.....	San Francisco...	Harvard University.....	1849

Certificates of the appointment as delegates of the following physicians were presented:

Alameda County Medical Society—T. H. Pinkerton, Clinton Cushing, E. Trenor, and G. E. Sherman.

Santa Clara Medical Society—A. B. Caldwell and L. Robinson.

San Diego County Medical Society—D. B. Hoffman.

Monterey and Santa Barbara Counties—Jas. L. Ord.

The San Francisco Medical Society, the German Medical Society of San Francisco, and the Sacramento Medical Society, were also represented.

On motion of Dr. Logan, that a committee of three be appointed to draft a Constitution for the State Medical Society—amended by Dr. R. T. Hayes, of Los Angeles, by inserting “and plan of organization”—the Chair appointed Drs. Logan of Sacramento, Gibbons of San Francisco, and

Shurtleff of Stockton. After a short conference the Chairman of the committee, Dr. Logan, read the Constitution and Order of Business of the old State Medical Society, whose adoption was recommended, save in one particular—that the time of meeting be changed to the second Wednesday of October.

On motion of Dr. R. Beverly Cole, of San Francisco, the Constitution and Order of Business, as amended, were unanimously adopted.

Dr. Hayes moved that a committee of five be appointed to nominate permanent officers for the Society, and report at 2 o'clock.

Dr. Cole moved to amend so that the committee should report in ten minutes.

Dr. B. D. Dean, of San Francisco, arose to a point of order. It was desirable that it should be decided who were and who were not members of the Society, as a difference of view was entertained by several of those present.

After some discussion the Chair stated that all whose names had been reported by the Committee on Credentials were permanent members of the State Medical Society.

Dr. H. Gibbons proposed [an amendment to Dr. Hayes's motion that the Committee on Nominations consist of one member from each county represented, and that they report at 7½ o'clock this evening.

Several other propositions were offered, but the amendment was finally adopted.

On motion of Dr. Logan it was decided that when the Society adjourns it be to 7½ o'clock in the evening.

Dr. Cole, of the Committee on Credentials, reported the following gentlemen for membership, and they were elected unanimously:

<i>Name.</i>	<i>Residence.</i>	<i>School.</i>	<i>Date.</i>
A. B. Mehring	Woodland	University of Maryland	1864
H. P. Tuttle	Salinas City	Toland Medical College	1869

The Chair announced the following Committee on Nominations: D. B. Hoffman, San Diego; R. T. Hayes, Los

Angeles; Jas. L. Ord, Santa Barbara; E. J. Martin, Monterey; W. W. Ross, Santa Cruz; A. B. Caldwell, Santa Clara; A. B. Stout, San Francisco; C. Cushing, Alameda; Jas. Simpson, Nevada; J. J. Franklin, Tuolumne; A. B. Mehring, Yolo; T. M. Logan, Sacramento; and W. F. Brown, San Joaquin.

A member from the interior having, in the course of remarks, referred to the profession in San Francisco as bearing the reputation of being divided into hostile cliques, Dr. H. Gibbons, Sr., requested the privilege of correcting the error. He said the great body of physicians of the city were in perfect harmony; that, as a matter of course, among so many, there were a few natural growlers, who seemed to take great pleasure in giving a bad name to the body; but that the two medical associations in this city enjoyed the most perfect harmony—both in their own membership and in regard to each other. Differences of a personal or professional character were really very uncommon among the physicians of San Francisco.

Adjourned to 7½ p.m.

EVENING SESSION.

The Convention having been called to order by the Chairman, the minutes of the morning session were read, corrected, and adopted.

The Committee on Nomination of Officers reported as follows:

President—T. M. LOGAN, of Sacramento.

Vice-Presidents—S. R. Harris, of San Francisco; T. H. Pinkerton, of Oakland; J. L. Ord, of Santa Barbara; G. A. Shurtleff, of Stockton; and D. B. Hoffman, of San Diego.

Corresponding Secretary—Geo. Hewston, of San Francisco.

Recording Secretaries—A. B. Nixon, of Sacramento, and Henry Gibbons, Jr., of San Francisco.

Treasurer—A. B. Stout, of San Francisco.

On motion of Dr. B. D. Dean the report was received and the committee discharged.

Dr. J. W. Harville moved that the Secretary be authorized to cast the ballot of the Association for each of those named for officers.

Prior to the putting of this motion Dr. Cole moved that the rules be suspended for five minutes, to allow those not present at the morning session to give their names to the Committee on Credentials, and become members of the Society.

The former motion having been withdrawn Dr. Cole's motion prevailed.

The committee then reported the following names. The report was accepted, and the gentlemen unanimously elected:

<i>Name.</i>	<i>Residence.</i>	<i>School.</i>	<i>Date.</i>
Chas. Rowell.....	San Francisco...	University of Pacific.....	1861
J. F. Hamilton.....	San Francisco...	Rush Medical College.....	1854
S. M. Tibbits.....	San Francisco...	Berkshire College, Mass.....	1827
F. W. Hatch.....	Sacramento.....	University of New York.....	1843
G. L. Simmons.....	Sacramento.....	Harvard University.....	1856
C. B. Holbrook.....	San Francisco...	Vermont Medical College.....	1839
W. Ayer.....	San Francisco...	Harvard University.....	1847
S. D. Campbell.....	Suisun City.....	University of New York.....	1846
E. L. Parrimore.....	Knight's Land'g.	University of Maryland.....	1867
G. W. Zimmerman.....	—————	Ohio Medical College.....	1865
J. P. Whitney.....	San Francisco...	Jefferson Medical College.....	1835
F. W. Todd.....	Stockton.....	Cincinnati Medical College....	1838
John Hewston.....	San Francisco...	Philadelphia Col. of Medicine..	1854
Thos. Price.....	San Francisco...	Toland Medical College.....	1868
P. H. Humphrey.....	San Francisco...	University of New York.....	1860
E. S. Carr.....	Oakland.....	Castleton Medical College, Vt..	1842
L. C. Lane.....	San Francisco...	Jefferson Medical College.....	1851
Wm. Carman.....	San Francisco...	Col. Physicians and Surg., N.Y.	1847
W. H. Johnson.....	San Francisco...	University of Pennsylvania....	1862
A. J. Younger.....	San Francisco...	Toland Medical College.....	1869
W. F. Smith.....	San Francisco...	Miami Medical College, Cinn...	1867
B. F. Hardy.....	San Francisco...	University of Pennsylvania....	1840

It was now moved that the Society proceed to the election of a President. Carried.

Drs. D. B. Hoffman and A. G. Soule were appointed tellers, by the Chair, on motion of Dr. Dean; and the motion of Dr. Harville, that the Secretary be directed to cast the

ballot of the Society for each of those named for officers by the Committee on Nominations, was renewed, put to vote, and carried.

The vote being taken for President, the Chairman declared Dr. T. M. Logan, of Sacramento, the unanimous choice of the Society. He was thereupon conducted to the Chair, when he made the following remarks :

GENTLEMEN: I return you my sincere thanks for the kind consideration I have just received at your hands—a consideration which is doubtless due to the circumstance, stated by one this morning, of my connection with the primary organization of this Society. It would have been, perhaps, more to your satisfaction had the selection of your presiding officer fallen upon an abler member; for so unaccustomed am I to parliamentary proceedings, I fear I may prove an impediment to, rather than a regulator of, your business. An obedience to your will, however, and a resolution against delinquency in whatever may become my duty in promoting the objects of the Society, are motives too powerful to permit me to hesitate any longer. Relying, therefore, upon the same demonstrations of partiality which predominated in my election, I throw myself upon your indulgence, confidently asking for that leniency toward my shortcomings, which surely will not be denied to a functionary of your own choice, where ambition is rendered virtuous by consisting in a wish to do his duty and to merit your approbation.

The other gentlemen named in the report on nominations were then balloted for and declared elected.

The committee having made no nominations for Censors, on motion the President was requested to nominate.

The following names were presented: F. W. Hatch, of Sacramento; G. L. Simmons, of Sacramento; A. B. Nixon, of Sacramento; J. L. Simpson, of Grass Valley; A. G. Soule, of San Francisco; R. T. Hayes, of Los Angeles; and L. Robinson, of Santa Clara.

On motion, the Secretary was directed to cast the ballot for each of these gentlemen, which being done the President declared them duly elected.

On motion of Dr. H. Gibbons the thanks of the Society were tendered to the temporary officers: Dr. J. L. Ord, Chairman, and Dr. Geo. Hewston, Secretary.

Dr. H. Gibbons moved that when the Society adjourn, it be to 10 o'clock the following morning. An amendment, making the time 11 o'clock, was lost, and the original motion prevailed.

The Society then adjourned.

SECOND DAY—THURSDAY.

Society called to order at 10 o'clock A.M.—President, Dr. Logan, in the Chair. In the absence of one of the Recording Secretaries (Dr. Nixon), Dr. Geo. Hewston acted in his stead.

Fifty-two members answered to their names at roll-call. The minutes of previous meeting were read and adopted.

Several gentlemen being proposed for membership, their names were referred to the Censors, and a recess of a few minutes was taken to allow time for a report.

After the recess, Dr. F. W. Hatch, Chairman of the Board of Censors, reported the following names:

<i>Name.</i>	<i>Residence.</i>	<i>School.</i>	<i>Date.</i>
W. A. Barstow	San Francisco	Chicago Medical College	1869
Herman P. Babcock	Oakland	University of Buffalo	1863
R. M. Lampson	Montezuma	Vermont Medical College	1848
J. F. Montgomery	Sacramento	Universities of Va. and Penn.	1833-4
W. R. Cluness	Sacramento	Queen's Col., Kingston, Can.	1860
A. W. Saxe	Santa Clara	Castleton Medical College, Vt.	1842
Wm. Sharpe	Jackson	—	—
A. S. DuBois	Auburn	Toland Medical College	1865

The report was accepted, and on motion of Dr. A. G. Soule the several named gentlemen were unanimously elected permanent members of the Society.

The question being upon the next place of meeting of the Society, Dr. Hoffman proposed San Diego, Dr. Harris, Sacramento, and Dr. L. Robinson, San José.

Dr. Hoffman having withdrawn his proposition favoring San Diego, and seconded Dr. Harris's motion, the Society unanimously voted in favor of Sacramento; and it was an-

nounced by the President that Sacramento would be the place of the next annual meeting.

The President announced the Standing Committees, as follows :

On Practical Medicine, Medical Literature, and Hygiene—Drs. H. Gibbons, C. N. Ellinwood, A. G. Soule, S. R. Harris, and C. Cushing.

On Surgery—Drs. G. L. Simmons, L. C. Lane, W. F. Smith, W. R. Cluness, and J. M. Sharkey.

On Obstetrics—Drs. H. S. Baldwin, A. S. Ferris, W. T. Bradbury, P. Chamberlin, and B. F. Hardy.

On Medical Topography, Meteorology, Endemics, and Epidemics.—Drs. W. H. Johnson, D. B. Hoffman, E. J. Martin, J. L. Ord, and G. E. Sherman.

On Indigenous Botany and the Domestic Adulteration of Drugs.—Drs. John Hewston, W. P. Gibbons, E. S. Carr, Henry Gibbons, Jr., and A. B. Caldwell.

On Medical Education—Drs. Geo. Hewston, E. S. Carr, Wm. Carman, S. D. Campbell, and F. W. Todd.

On Publication—Drs. T. M. Logan, Geo. Hewston, A. B. Nixon, Henry Gibbons, Jr., and J. B. Pigne-Dupuytren.

Committee of Arrangements—Drs. A. B. Nixon, F. W. Hatch, G. L. Simmons, W. F. Brown, and A. B. Mehring.

On Prize Essays—Drs. L. C. Lane, J. P. Whitney, T. H. Pinkerton, G. A. Shurtleff, and A. B. Stout.

Dr. Hoffman, of San Diego, offered the following resolution, and moved that it be referred to a committee of five members, to be appointed by the Chair :

Resolved, That all persons, of either sex, who possess the qualifications prescribed by the Constitution, may become members of this Society.

On motion of Dr. Stout the resolution was laid on the table.

The Secretary then read a printed memorial from the Alameda County Medical Association, in relation to the position held by surgeons in the U. S. Navy.

Dr. H. P. Babcock, late Assistant Surgeon, U. S. Navy, by

motion of Dr. Sherman, was requested to address the meeting on the subject of the resolutions. Upon concluding his remarks he called upon Dr. W. H. Johnson, formerly of the Navy, to indorse his statements.

Dr. Johnson briefly gave his views on the subject, and cordially indorsed the resolutions.

On motion of Dr. Cushing the preamble and resolutions, as read, were unanimously adopted, as follows :

WHEREAS, Of late, repeated and persistent insults have been offered our professional brethren in the U. S. Navy, by the authority of the Navy Department, degrading them in rank and position, lessening, by example, the respect due their profession, and contracting their sphere of usefulness ; and

WHEREAS, In every civilized community throughout the world, save in our Navy, the profession of Medicine is considered, at least, equal in dignity and respectability to any other profession ; and

WHEREAS, In our service the members of the Medical Staff are selected by competitive examination from among the graduates of our Medical Schools, while the line officers are selected to be educated at the country's expense from among the uneducated boys of the community, by favoritism, by relationship, or, as has lately been proven, by purchase ; and

WHEREAS, Rank and command are distinct ideas, having no necessary connection — there being a recognized necessity for *one* commander in all military operations, to whom the other officers are subordinate for the time being ; and

WHEREAS, If physical courage and personal exposure are the only tests of merit, no corps can show, during the late war for example, a larger proportion of killed by the enemy, by fire, by water, or by the more deadly and insidious foe, disease, than the Medical officers of the Navy : Therefore be it

Resolved, That we consider the stigma to which they have been subjected, as applying to the profession at large ; and while it is unremoved we consider that no young medical man, having a proper regard to his self-respect, can accept an appointment in the Medical Corps of the Navy, and subject himself and his profession to the indignities which the self-constituted and newly-born "Aristocracy of the Line" impose.

Resolved, That we view with pain and sympathy the position of the senior officers of the Medical Corps, whose long service now renders it impossible for them to resign and commence life anew; and we call upon our Senators and Representatives in Congress to recognize their position as co-equal with the highest in the service, by giving them military rank, such as is justly enjoyed by the Medical Staff of the Army, and by that in the service of each of the civilized nations of the world, together with such increased emoluments and promotions as will recognize their invaluable services to our country, and recompense them for the insults and oppression to which they have most unjustifiably been subjected.

Resolved, That a copy of these resolutions be sent to each Senator and Representative from this State, and that our Delegates to the National Association be instructed to bring this subject before that body for its action.

Dr. Sherman offered the following preamble and resolutions, the adoption of which was seconded by Dr. W. P. Gibbons :

WHEREAS, We believe the Medical Profession to be a liberal and scientific profession, and desire to free it from all just cause of reproach : Therefore be it

Resolved, That we consider it irregular and reprehensible for a Doctor of Medicine to dispense or prescribe "Patent Medicines" or secret nostrums.

Resolved, That we believe it to be a duty which every physician owes to the profession and to the interests of humanity, to recognize Pharmacy as a liberal and scientific profession.

Resolved, That we can best sustain the liberal and scientific character of Pharmacy by giving our professional support only to those pharmacutists whose qualifications are attested by long experience under the scrutiny of professional eyes, or by a diploma from some legally incorporated College of Pharmacy.

Dr. H. Gibbons read from the Code of Ethics, Sections 3 and 4, Article 1, "Of the duties of physicians to each other and to the profession at large," and thought they fully covered the ground of the resolutions.

Dr. Cushing moved that the resolutions be referred to Dr.

Sherman for report at our next annual meeting, to which Dr. Sherman objected.

Dr. Soule moved the reference of the resolutions to a committee of three, to be appointed by the Chair; and the motion being carried the Chair appointed Drs. Cushing, Soule, and Tibbits.

Dr. H. Gibbons moved that the Society now proceed to the election of delegates to the American Medical Association. The motion was amended so as to make it the duty of the President to appoint the delegates. Whereupon a discussion arose as to the propriety of appointing at the present meeting; and it was finally decided that as the Society was entitled to but eight delegates at present, but would no doubt have a larger membership before the meeting of the National Association, the announcement of the names of the delegates should be deferred.

The Censors reported the following gentlemen for membership, and they were unanimously elected:

<i>Name.</i>	<i>Residence.</i>	<i>School.</i>	<i>Date.</i>
I. E. Oatman	Sacramento	Rush Medical College	1845
John C. Van Wyck	Oakland	University of Maryland	1848

Dr. Hoffman asked for action upon his resolution in regard to the admission of persons of either sex, in the view that it had been temporarily laid on the table.

The Secretary, however, stated that it had been indefinitely tabled.

Dr. H. Gibbons, by permission, gave a brief and forcible address on the annoyances, and pecuniary and professional sacrifices the members of the medical profession are frequently obliged to endure in being called into courts of justice as experts and witnesses, and to make post-mortem examinations, without just recompense for the same. He moved that a committee of three be appointed by the Chair to examine into the subject, and report at the next annual meeting. Carried.

Dr. Gibbons having declined appointment on the commit-

tee, the President named Drs. T. H. Pinkerton, G. A. Shurtleff, and R. T. Hays.

The President, desiring to retire, called Vice-President Hoffman to the Chair.

Dr. Hays offered the following:

Resolved, That a committee of three be appointed by the Chair, to secure the passage of an amendment to the laws organizing the State Board of Health, to enforce the registration of deaths, births, etc., to enable the Board of Health to secure more complete statistics in relation thereto.

After a spirited discussion the resolution was lost.

Some discussion now occurred relative to the time of the adjourned meeting of the Society.

On motion of Dr. Soule it was finally decided that it should take place in San Francisco on the day next preceding the meeting of the American Medical Association, at 10 o'clock A.M. This will be the first Monday in May, 1871.

By permission, Dr. B. F. Hardy, of San Francisco, addressed the Society upon the objects and condition of the San Francisco Lying-in Hospital and Foundling Asylum.

The Censors reported favorably upon

<i>Name.</i>	<i>Residence.</i>	<i>School.</i>	<i>Date.</i>
G. A. Weed....	Vallejo.....	Rush Medical College	1870

who was unanimously elected a permanent member.

Dr. F. W. Todd, of Stockton, offered the following:

Resolved, That a committee be appointed by the Chair to present to this Society at its next meeting, any amendment which may be advisable, in their judgment, to the present law regulating the registration of births and deaths.

The resolution was unanimously adopted, and the Chair appointed Drs. F. W. Todd, H. Gibbons, and B. F. Hardy, such committee.

Dr. Stout read extracts from a "Memorial to Congress on the Cultivation of the cinchona tree in the United States,

by the American Medical Association," and offered the following resolution:

Resolved, That a committee be appointed to address the Legislature of California and petition that honorable body to appropriate ——— acres of land, situated in ———, for the cultivation of the cinchona tree, in accordance with the memorial of the American Medical Association; and also for the creation of a Botanical Garden.

The resolution having passed, Drs. A. B. Stout and T. M. Logan were appointed the committee.

The Board of Censors proposed

<i>Name.</i>	<i>Residence.</i>	<i>School.</i>	<i>Date.</i>
M. B. Pond.	Napa	Toland Medical College.	1865

and he was unanimously elected a permanent member.

On motion the Recording Secretaries were instructed to procure, at the expense of the Society, the printing of the minutes of the Convention and State Medical Society, together with its Constitution, Order of Business, and Code of Ethics, and the Corresponding Secretary was directed to forward one copy to each and every member of the Society.

There being no further business the Society adjourned.

GEO. HEWSTON,

A. B. NIXON,

HENRY GIBBONS, Jr.,

Secretaries.

CONSTITUTION
OF THE
MEDICAL SOCIETY,
OF THE
STATE OF CALIFORNIA.

ARTICLE I.

TITLE OF THE SOCIETY.

SECTION 1. This Institution shall be styled "THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA."

ARTICLE II.

MEMBERS.

SECTION 1. The members of this Society shall consist of delegates from permanently organized local medical societies, permanent members, and members by invitation, who shall collectively represent and have cognizance of the common interests of the medical profession in the State of California.

SEC. 2. Each delegate from a local society shall hold his appointment for one year, until another is appointed to succeed him, and shall participate in all the business and affairs of the Society.

SEC. 3. Each local society shall have the privilege of sending to this Society one delegate for every five of its regular resident members, and one for every additional fraction of more than one-half that number of its members.

SEC. 4. *Qualifications for Membership* shall consist of a good primary and medical education, attested by a diploma from some known medical school in good repute, and a good professional and moral standing in the community in which such candidate may reside.

Permanent Members.—Every member of the Convention adopting this Constitution, who shall properly satisfy a committee appointed by this Convention, that he possesses the necessary qualifications as prescribed, may become a permanent member of this Society; and all those who may hereafter serve in the capacity of delegates to the Society, together with such other persons as may receive the appointment by unanimous vote, shall be entitled to permanent membership.

SEC. 5. *Members by invitation*, shall consist of practitioners of reputable standing from sections of the State not otherwise represented at the meeting, and of such distinguished strangers and others as may be deemed worthy of the compliment. They shall receive their appointment by a vote of the Society and upon a motion of some member present, and shall hold their connection with the Society until the close of the annual session at which they were received, during which period they shall be entitled to all the privileges of permanent members.

SEC. 6. Each individual, prior to taking his seat as a member of the Society, must sign the Constitution, inscribing his name and address in full, specifying in what capacity he attends, and, if a delegate, the local society which he represents.

ARTICLE III.

OFFICERS.

SECTION 1. The officers of the Society shall be a President, five Vice-Presidents, one Corresponding, and two Recording Secretaries, a Treasurer, and a Board of Censors of seven members. These officers shall be nominated at the annual meeting of the Society, and be elected severally by ballot. Each officer shall hold his appointment for one year and until another is elected to succeed him.

SEC. 2. *The President* shall preside at the meeting, preserve order, give a casting vote in case of a tie, and perform all other duties that custom and parliamentary usage may require. He shall also temporarily organize and open the meeting next succeeding his appointment by an address on some subject connected with medicine, or with the interests of the Society.

SEC. 3. *The Vice-Presidents*, when called upon, shall assist the President in the performance of his duties, and, during his ab-

sence, or at the request of the President, one of them shall officiate in his place.

SEC. 4. *The Corresponding Secretary* shall perform all the usual duties incidental to his office. *The Recording Secretaries* shall record the minutes and authenticate the proceedings, and give due notice of the time and place of holding the next ensuing meeting. The Corresponding Secretary and Recording Secretaries shall serve as members of the Committee on Publication, and shall also preserve the archives and unpublished transactions of the Society.

SEC. 5. *The Treasurer* shall have immediate charge and management of the funds as a property of the Society, and hold them subject to the disposal of the Society. At each annual meeting he shall present a report, setting forth the amount of moneys received, as well as the amount disbursed, and for what purposes.

SEC. 6. *The Board of Censors* shall examine the credentials of all candidates for admission to the Society, and if such credentials are found to conform with the requirements, as enacted in Article II of this Constitution, the Board of Censors shall recommend said applicants to the Society as suitable candidates for election.

ARTICLE IV.

MEETINGS.

SECTION 1. The regular meetings of the Society shall be held annually, and commence on the second Wednesday of October. The place of meeting shall be determined for each next succeeding year by vote of the Society.

ARTICLE V.

STANDING COMMITTEES.

SECTION 1. The following Standing Committees, each composed of five members, of whom the first named is Chairman, shall be nominated and elected at every annual meeting for the purpose of preparing and arranging business for each ensuing year, and for carrying into effect the orders of the Society not otherwise assigned, namely:

- A Committee on Practical Medicine, Medical Literature, and Hygiene ;
- “ “ Surgery ;
- “ “ Obstetrics ;

- A Committee on Medical Topography, Meteorology, Endemics, and Epidemics ;
 “ “ Indigenous Botany and the Domestic Adulteration of Drugs ;
 “ “ Medical Education ;
 “ “ Publication ;
 “ of Arrangements ;
 “ on Prize Essays.

SEC. 2. *The Committee on Practical Medicine, Medical Literature, and Hygiene*, shall prepare an annual report on the more important improvements effected in this State in the management of individual diseases ; the improvements and discoveries which may have been made in Anatomy, Physiology, General Pathology, Therapeutics and Medical Jurisprudence ; and shall also study the comparative merits in health and disease of the different modes of life of the various nationalities residing in California.

SEC. 3. *The Committee on Surgery* shall prepare an annual report on all the important improvements in the management of surgical diseases effected in the State during the year, and, as far as can be ascertained, the number of capital operations performed, with their results.

SEC. 4. *The Committee on Obstetrics* shall prepare an annual report on the important improvements in the Obstetrical art, and in the management of the diseases peculiar to women and children effected in the State during the year, together with such remarks touching these subjects as they may think proper.

SEC. 5. *The Committee on Medical Topography, Meteorology, Endemics, and Epidemics*, shall prepare an annual report on the peculiarity of the soil and climate of the different sections of the State, with the diseases to which they are subject ; also, the Endemics and Epidemics which have prevailed throughout the State during the year.

SEC. 6. *The Committee on Indigenous Botany and the Domestic Adulteration of Drugs* shall prepare an annual report on the Indigenous Medical Botany of the State of California, paying particular attention to such plants as are found to possess valuable medicinal qualities, and are not accurately described in standard works, with the localities where they are to be found. Also to report on the quality of drugs brought to our market, with the view to correct the evils arising from the extensive introduction and sale of spurious and sophisticated articles.

SEC. 7. *The Committee on Medical Education* shall prepare an annual report on the general condition of medical education in the State of California, as compared with the state of medical education in other States of the Union, noticing the several medical institutions in the State, their course of instruction, the practical requirements for graduation, the modes of examination for conferring degrees, and the reputed number of pupils and graduates at each during the year; together with such other matters as they may deem worthy of consideration in reference to medical education and the reputable standing of the profession.

SEC. 8. *The Committee on Publication*—of which the Secretaries must constitute a part—shall have charge of preparing for the press, and of publishing and distributing such of the proceedings, transactions, and memoirs of the Society, as may be ordered to be published.

SEC. 9. *The Committee of Arrangements* shall, if no sufficient reason prevent, be mainly composed of members residing in the place at which the Society is to hold its next annual meeting, and shall be required to provide suitable accommodations for the meeting, to report on the credentials for membership, and to receive and announce all voluntary communications made to the Society.

SEC. 10. In order to afford the Committees on Medical Topography, Meteorology, Endemics, and Epidemics, and on Indigenous Botany, and the Domestic Adulteration of Drugs, material for their several annual reports, it shall be the duty of the several auxiliary societies in the State to transmit to the Chairman of these respective committees, on or before the first day of September of each year, a special report, embracing such information touching their particular localities as may enable said committees to make a full report on all the subjects committed to them.

ARTICLE VI.

VOLUNTARY CONTRIBUTIONS.

SECTION 1. After the reading and discussion of the annual reports, or at any other period during the meeting of the Society, by the vote of a majority of two-thirds, it shall be the privilege of any member to present to the consideration of the Society, either orally or in writing, communications on medical subjects, reports

of interesting cases, or such other matters as may be deemed of interest to the profession; which communications may, on motion, be referred to the Committee on Publication, and, if deemed by them worthy of preservation, shall appear among the proceedings.

ARTICLE VII.

FUNDS AND APPROPRIATIONS.

SECTION 1. The funds of the Society shall be raised by individual voluntary contributions, by the sale of its publications, and by an annual tax of five dollars on each member of the Society, on the payment of which he shall be entitled to a copy of all the publications for the year.

SEC. 2. The funds thus raised may be appropriated for defraying the expenses of the annual meetings; for publishing the proceedings, memoirs, and transactions of the Society; for enabling the Standing Committees to fulfill their respective duties, conduct their correspondence, and procure the material for the completion of their stated annual reports; for the encouragement of scientific investigations by prizes and awards of merit; and for such other purposes as the Society may from time to time direct.

ARTICLE VIII.

DELEGATES TO THE NATIONAL MEDICAL ASSOCIATION.

SECTION 1. The Society shall annually appoint, to represent it in the American Medical Association, one delegate for every ten members, and one for every additional fraction of more than half this number, whose certificates of appointment shall be signed and duly authenticated by the President and Secretaries.

ARTICLE IX.

CODE OF ETHICS.

SECTION 1. The Code of Medical Ethics recommended by the National Medical Association, held in Philadelphia in May, 1847, having been approved and adopted by this Society, shall have the full force and effect of any Article of this Constitution.

ARTICLE X.

DISCIPLINE OF MEMBERS.

SECTION 1. Any violation of the provisions of the Constitution

or of the Code of Ethics adopted by this Society, shall be referred to the Board of Censors for adjudication, from whose decision an appeal may be taken to the Society. Such violation being reported by the Board of Censors to the Society, and established to the satisfaction of a majority of the members, the individual or individuals thus offending shall be excommunicated, and deprived of all the privileges of membership.

SEC. 2. The Society shall also have jurisdiction in all cases of appeals taken from auxiliary societies, in which event their decision shall be final.

ARTICLE XI.

AMENDMENTS AND ALTERATIONS.

SECTION 1. No amendment nor alteration shall be made in any of the Articles of this Constitution, except at the annual meeting next subsequent to that at which such alteration or amendment may have been proposed, and then only by the concurrence of two-thirds of the members in attendance.

ORDER OF BUSINESS.

The following order of business is presented as a By-Law of the Society, which shall at all times be subject to a vote of a majority of all the members in attendance, and except temporarily suspended, shall be as follows :

- I. The temporary organization of the meeting prior to the election of officers.
- II. Report of the Committee of Arrangements on the credentials of members after the latter have registered their names and addresses, etc.
- III. The calling of the roll.
- IV. The election of officers.
- V. The reading of minutes.
- VI. The reception of members not present at the opening of the meeting, and the reading of notes from absentees.
- VII. Reception of members by invitation.
- VIII. The reading and consideration of the stated annual reports from the Standing Committees.
- IX. Reading and discussion of voluntary contributions.
- X. The selection of the next place of annual meeting, and appointments to fill the Standing Committees.
- XI. The choice of permanent members by vote.
- XII. Resolutions introducing new business, and instructions to the Standing Committees.
- XIII. Unfinished and miscellaneous business.
- XIV. Adjournment.

CODE OF MEDICAL ETHICS.

[The following Code of Medical Ethics, as recommended by the American Medical Association, has been approved and adopted by the Society.]

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ARTICLE I.—*Duties of Physicians to their Patients.*

§ 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal, other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office, reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secresy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secresy extends beyond the period of professional services; none of the privacies of domestic life, no infirmities or flaw of character observed during professional attendance, should ever be divulged by the physician, except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that profes-

sional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician 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 tranquility of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of and far superior to, all pecuniary consideration.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ARTICLE II.—*Obligations of Patients to their Physicians.*

§ 1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health,

for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no 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 ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions, of those he attends, is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business, nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark

is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ARTICLE I.—*Duties for the Support of Professional Character.*

§ 1. Every individual on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly, such laws as are instituted for the government of its members:—should avoid all contumelious

and sarcastic remarks relative to the faculty, as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 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 every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence; and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow creature.

§ 3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such a nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ARTICLE II.—*Professional Services of Physicians to each Other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded offi-

ciously ; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined ; for no pecuniary obligation ought to be imposed, which the party receiving it would not wish to incur.

ARTICLE III.—*Of the Duties of Physicians as respects 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 require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ARTICLE IV.—*Of the Duties of Physicians in regard to Consultations.*

§ 1. A regular medical education 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 honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognised by the American Medical Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations, no rivalry or jealousy should be indulged ; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick ; after which the consulting physician should

have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variations, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician, if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will, of course, see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success, as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the de-

cision should rest with the attending physician. It may, moreover, sometimes happen that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice 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 should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practised by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ARTICLE V.—*Duties of Physicians in cases of Interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may, directly or indirectly, tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust or illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

[The expression, "Patient of another Practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any manner given it to be understood that he regarded the said physician as his regular medical attendant.]

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ARTICLE VI.—*Of Differences between Physicians.*

§ 1. Diversity of opinion and opposition of interest, may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*.

§ 2. As a peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences, nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ARTICLE VII.—*Of Pecuniary Acknowledgments.*

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ARTICLE I.—*Duties of the Profession to the Public.*

§ 1. As good citizens, it is the duty of physicians 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 ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, etc.—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally

constituted authorities, to enlighten coroners' inquests, and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poison or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in consequence of the time, labor, and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognised as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ARTICLE II.—*Obligations of the Public to Physicians.*

The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute-books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

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