

THE PHYSICIAN AND THE PRESS.

J. W. Pettit¹ reasons that the medical profession has put a wrong interpretation on its own code of ethics in making it exclude all forms of advertising in the public press. He believes that the objectionable feature in the medical advertisement as it is usually seen is the tendency to exaggeration and misrepresentation which characterizes it. If such an advertisement contained the truth there could be no logical objection to it. It is the element of fraud, intentional or otherwise, which makes advertising by our profession so objectionable. Any advertisement devoid of exaggeration either expressed or implied should be regarded as legitimate.

The author pleads more particularly for publicity for good medical work which is mis-called advertising, but is in reality the legitimate reward for meritorious work. The physician who furthers his own interests by doing good professional work is entitled to the reward which such service brings. News is news whether it relates to the physician or not. There are many things connected with our professional work which the public has a right to know. Pettit says:

"Just how and to what extent the medical profession may use or be used by the secular press legitimately can not be formulated by rule. Good judgment and good taste must govern in this matter as in everything else. The traditions of the profession with regard to advertising should be preserved, but let us make the distinction between principle and method and not make ourselves the subject of criticism and ridicule by contending for the perpetuity of methods which are obsolete.

"I have observed that many medical men who advocate a narrow interpretation of the code are engaged in advertising by devious methods if we accept the doctrine that all publicity is advertising. The writing of useless books, the establishment of medical colleges for the primary purpose of securing professorships, reading papers of doubtful value before medical societies as an excuse for the wholesale distribution of reprints, are some of the methods

(1) Ill. Med. Jour., June, 1909.

employed to evade the spirit of our code of ethics. The mad attempt thus to deceive and be deceived is responsible in a large measure for the establishment of so-called medical colleges (many of which are simply diploma mills), an evil which is not only a disgrace, but an absolute menace to our profession. One of the best means of mitigating these evils is to permit and encourage legitimate publicity along more rational and less harmful lines."

Pettit holds that we should not refrain from making use of the press because others misuse it. If we expect people to use good judgment on medical topics we must teach them. If we do not show them the true character of the "patent medicine" fraud we can not wonder that they are misled by it. Because the newspaper inserts the quack or "patent medicine" advertisement we criticize and ostracize it. When the editor asks us for reliable medical information we refuse to give it, through what Pettit believes to be a misinterpretation of an ethical rule.

"Granting that the secular press is a legitimate field for the dissemination of medical knowledge, what may fairly be regarded as the range of its usefulness? At present this question can only be answered in the most general way. More definite knowledge must come with the successes and failures which will result from experience. The first step necessary is to relieve the truly ethical, educated physician from unfriendly criticism if he ventures to discuss through the medium of the press medical topics of general interest. Under present conditions the physicians who are most capable of enlightening the public, and whose opinions would have weight and influence, will not, as a rule, be heard until this embargo is raised. Relieved of this censorship, medical men will enlarge their field of usefulness by directing public opinion along proper lines, and not leave the laity to get their ideas of medical matters 'catch-as-catch-can.'

"How many laymen are there who have any conception of the nature and extent of the changes which have revolutionized surgery within the memory of men still active in the world and how many who understand the nature of the mental processes by which this revolution has been brought about, the exactness of research, the patience of

experimentation, the devotion to truth, the ceaseless labor, which has never before been witnessed in the history of the world, so far as that history is known to us? The medical profession will never occupy its right place in society nor be regarded in any more adequate light than as dispensers of pills and powders until the nature of its work is better understood by the public than it is at present.

"How shall the people know these things unless we teach them? How shall they discriminate between the true and the false, the physician and the quack, if they do not have the information which will enable them to make this distinction. We of the medical profession are in possession of truths which can help our fellow men. Shall we hide our light under a bushel or shall we follow the scriptural injunction to preach the gospel to all nations? The united action of the press and the medical profession in the present crusade against tuberculosis is a striking example of what can be done by a union of forces which have hitherto stood apart. By the aid of the press we have accomplished more in five years than could the medical profession unaided by the press in a quarter of a century. With such a plain indication of our duty before us shall we still blindly follow a misinterpreted and misapplied ethical rule which has always placed our profession in an illogical position and been a serious bar to our greatest usefulness? The prevention and not the cure of disease will be the principal work of the profession in the future. We can accomplish little or nothing without the aid of an intelligent public. This same public will not accept the *ipse dixit* of the physician any more than it will of the theologian, and we must give a reason for 'the faith that is in us,' and in a way the public demands. No argument based upon a false notion of ethics will excuse us for any shortcomings of duty, with what is ever a fair and reasonable public."

The value of the free lecture on medical topics is emphasized and the view expressed that the physician must conform himself to the conditions of the present age. If the press is used without advertising to discuss medical questions which are vital to the public the good that may be accomplished can hardly be overestimated.

VITALISM AND TELEOLOGY IN NATURAL SCIENCE.

Prof. Thöle¹ in an address to the Army Medical Society at Hanover attempts to clarify the relations of metaphysical conceptions to scientific research. He lays down as a fundamental principle that there are two ways of regarding the external world—the subjective and the objective. The subjective, starting from the inside and taking account of the feelings and motions of the mind, employs such conceptions as purpose, will, force and the like. The objective, viewing phenomena from the outside, takes no account of these psychic states, but regards simply the changes in matter. Matter and matter only is the field of natural science. These two ways of regarding nature must be kept distinctly separate. Physical science seeks to introduce unity into the phenomena presented by the outside world, and in this process of classification notes the repeated occurrence of one event after another. This gives the physical conception of causation. Physical science sees every event completely explained by the sum of events that have gone before. All phenomena consist of the transference of motion from the one body to another. Physical science does not ask why one event follows another, but simply determines in what conditions the event occurs—what are the previous states that have been observed. It deals with hypotheses, theories and laws, but these are simply more or less extensive classifications of phenomena. The hypothesis is an assumed classification of events to be tested by the facts. A theory is such a hypothesis of somewhat wide scope to which a large body of facts correspond. A law is a fixed order according to which events are known to proceed, but it has nothing of the psychic conception of purpose and force about it.

What, then, is the task of physiology? Thöle would define it as the physics of living beings. There is no essential difference between the material phenomena in unorganized and organized matter. Both are composed of the same elements, both obey the same general laws of physics,

(1) Berliner klin. Woch., Aug. 16 and 23, 1909.

such as gravity; both undergo similar chemical changes. So far as the material changes are concerned there is no reason for giving science a different character in the one than in the other. Physiology is to be regarded as the physics of organized matter. Any attempt to give it a wider field introduces confusion and uncertainty into its conceptions. As the physics of living matter it has nothing to do with the purpose of the phenomena of living beings; it does not ask why the heart beats, but what are the antecedent conditions which are followed by the heart's contraction. Thöle says:

"Whosoever defines physiology as the science of life combines the natural science of physiology with psychology and biology, and whoever identifies this science with biology is no longer dealing with an exact natural science." This explains why some of the physiologists admit vitalism into their science and others reject it.

In the opinion of Thöle, the admission of the conception of a special vital force or of peculiar properties of the cells by which they have a self-activity introduces confusion into physiology and retards the advance of science, because men resting on this explanation cease to investigate the phenomena to determine the true physical cause, which alone can be considered as a true explanation. To state that the liver cell has a peculiar power by which it secretes bile offers no explanation of the secretion of the bile and delays the investigation of the physical and chemical changes occurring in the liver, which constitute the true explanation. Thöle says: "The self-activity of the cells is, in fact, nothing else than the old vital force, a will attributed to the individual cells. Whoever believes that he has afforded an explanation of a phenomenon by attributing it to the active functions and properties of the cells has got just as far as Empedocles, who believed that chemical combinations and decompositions were due to the love and hate of the atoms. Did this anthropomorphic method of thought give him any real insight into chemical processes? Likewise a vital activity of the cells does not advance our understanding of a physiologic phenomenon by a hair's breadth. By these anthropomorphic turnings and pictures not only nothing is gained but a distinct dam-

age is done, because when one is contented with such pseudo-explanations the scientific problem remains unsolved.

Cellular pathology cannot explain any phenomenon. It arises from the observation of unicellular organisms. But a one-celled monera is infinitely different from a cell in the complicated animal body in which it exists only in connection with the whole. "The whole exists before the parts, and the parts owe their existence to the whole," says Aristotle. But the cellular pathology erects an artificial boundary between the cells and the blood. But since the cell-protoplasm is fluid and there is no limiting membrane, there can be no exclusive separation and no distinction of an interior and exterior of the cells. The formation of bile and glycogen are not processes of the interior of the liver cells, but bile and glycogen are formed by the liver as a whole, in which we must include the blood of the liver possessing its peculiar physical and chemical characters.

The author refers to Ricker's teaching, which gave him a new view of the organic processes, and concludes that vital force is foreign to natural science. Those who attempt to introduce it are trying to solve problems belonging to philosophy by the methods of natural science, which must end in failure.

If vitalism be rejected the question next arises, What is the justification for teleologic conceptions in physiology? A teleologic explanation of nature takes its rise from the emotional nature of man. As an observer he notes the occurrence of muscular movements from his feelings and his will. He naturally carries over to the movements occurring in nature the same personal explanation. He experiences the shaping of his own movements to carry out a definite process, and he concludes that nature is also the theater of persons who are working with definite aim. These words *purpose* and *adaptation* become meaningless when applied to natural phenomena because they can only be determined by one who knows the mind of the person who has framed the objects or set in motion the processes which we observe. As this knowledge is beyond the power of man, it can form no part of science. The adaptation of nature is an expression of the feeling of the person to

whose needs or desires the phenomenon under observation conforms. A fall of snow serves the purpose of preventing the crops from freezing, but it also is adapted to the desires of the boy who wishes to play with his sled. But neither of these purposes affords any real explanation of the phenomenon. Thöle concludes, therefore, that teleologic conceptions must be rejected as forming no proper subject for scientific investigation.

Thöle thinks, however, that purpose and adaptation may be recognized by the philosopher, who may take into consideration the fact that life and nature have no meaning unless a teleologic explanation is introduced. The physical causation of phenomena and their teleologic and vitalistic arrangement and origin do not exclude, but supplement each other. The author discusses at considerable length the theories of Darwin and tries to show that they are insufficient as scientific explanations.

Darwinism is not scientific, but belongs in the category of philosophical speculation. In a case of mimicry, for instance, it affords no real explanation to say that the insect has come to resemble the stem and leaf on which it rests because such variations of form and color serve to protect it from its enemies, but a scientific explanation must deal with the chemical and physical processes by which the change in form and color have been brought about.

Medical science of the present day is completely under the influence of vitalism and teleology. The fundamental conceptions of organism and organ are teleologic. The body is conceived as a machine constructed for a conscious or unconscious purpose. Cellular pathology transfers these attributes to the cells themselves. It clothes them with active powers which cause the physical phenomena in accordance with a purpose, viz., the maintenance or restoration of the normal condition. The terms adaptation, compensation, regeneration, regulation, exercise and the like testify to the teleologic standpoint. The hyperplasia of an exercised muscle is represented as due to an effort on the part of the muscle to provide for the increased demands on it by increase in size. A true causal explanation would be that coincidentally with the use of a muscle there is an irritation of the nerves of the blood vessels resulting in an in-

creased flow of blood. This is a fact capable of study. The increased flow of blood results in an increased supply of material to the muscle plasma, which is followed by the growth of the muscle.

It is not to be wondered at if, when those who deal with the pure sciences of physiology and pathology are so permeated by teleologic ideas, clinicians who are engaged in practicing an art whose basis is teleologic, the purpose of healing, should adopt the teleologic viewpoint. Hence we find Bier founding his theory of the treatment of disease on teleologic conceptions. His major premise is: the reactions of the body are efforts of nature to cure. The minor premise is: hyperemia is the most common curative process, for every inflammatory focus is hyperemic. Thöle says the first premise is an undemonstrated teleologic conception and the second premise is false (is an anemic infarct and an anemic focus of gangrene also hyperemic?), consequently the conclusion that hyperemia is a cureall is also false.

The unfortunate results of this method of regarding scientific questions is that the investigator is satisfied with the purposive explanation and fails to see that the true scientific question has not been answered.

BIOLOGY.

In an address on the relations of physiology to physics and chemistry J. S. Haldane¹ puts very clearly the failure of physiochemic theories to explain the phenomena of life. Following the Euclidian method he shows what a complexity of composition of the individual cell is necessitated by the idea that it reacts from mere chemical stimuli in performing its various functions. The nature of the specific functions of the cells of different parts of the body involves a sum total of enormous complexities of composition. This complexity increases with every new discovery of physiologic reactions.

Haldane holds that since the physiochemic explanation fails, physiology should choose a working hypothesis corresponding with the nature of the science and with the material with which it deals, viz., living beings. The char-

(1) British Medical Jour., Sept. 8, 1908.

acteristic of living beings is persistence of function and structure with changing material and force, so that it may be assumed that the identity of an organism is not physical identity, but what might be termed identity or persistence of plan. The unity of the organism is also a fact to be considered, and if this be remembered it will follow from this conception of living things that functions will be correlated with each other. This gives a good opportunity of testing the power of the working hypothesis. Applying this test to various functions of the animal body, it is seen to work excellently in explaining physiologic phenomena. If instead of seeking a purely chemical explanation of the production of animal heat in the oxidation of the materials of the body, it is assumed that the fundamental function is the maintenance of a certain body temperature, it is found that the mere oxidation of the tissues is only one part of a most complicated mechanism for maintaining body temperature, which involves in addition regulated circulation of the blood, the action of the sweat glands, the consumption of food, the growth of hair and other protective apparatus, etc. The more the subject is studied the nicer the adjustments are found to be. Haldane illustrates this subject also by the phenomena of respiration. The action of the respiratory center is found to be not a mere automatic periodic action, but to involve a very close response to the pressure of carbon dioxide in the lungs and in the blood.

Physiology is thus shown to be something larger and different from physical science and in the final analysis will probably be found to include the latter. Their relations must, however, be settled by philosophy. While physiology is concerned on the one hand with phenomena which involve physical and chemical laws, which, however, cannot explain the phenomena of life, it meets, on the other hand, phenomena of intelligence which the conceptions of physiology cannot explain, although they involve physiologic processes. We can, it is true, by a process of abstraction treat sensation from the purely physiologic side, as in investigating the physiology of the sense organs; but this is physiology and nothing else, for we are leaving out of account the distinctive elements of consciousness. At our

present stage of knowledge life is not intelligence, and men or animals as intelligent individuals involve a deeper aspect of reality than biology deals with. Our fundamental physiologic working hypothesis cannot be successfully applied to the phenomena of intelligence, and the sooner and more definitely this is realized the better for physiology.

In conclusion the author states his main contention as follows: "It is that in physiology, and biology generally, we are dealing with phenomena which, so far as our present knowledge goes, not only differ in complexity but differ in kind from physical and chemical phenomena; and that the fundamental working hypothesis of physiology must differ correspondingly from those of physics and chemistry."

R. W. Wilcox¹ discusses the therapeutics of old age. He suggests that it would be well to have presbytrists as well as pediatricists and that more attention should be given to the diseases of old age than at present.

"Balfour makes the statement that the heart and brain escape senile failure. This is only relatively true. In the brain we find the sulci deepened, chronic meningeal degenerations, and, frequently, local softening. The heart changes in bulk, but the real senile change in it is a weakened myocardium. In the arteries we find atheroma, arterio sclerosis, arterio-capillary fibrosis (Gull and Sutton), and the capillary areas are obliterated."

Minot, in his recent book, has attempted to show that the essential change in old age is the relation of cell nucleus to protoplasm. In other words, the cytomorphosis determines age. He defines these laws of cytomorphosis as follows:

1. It begins with an undifferentiated cell.
2. It is always in one direction, through progressive differentiation and degeneration, towards the death of the cell.
3. It varies in degree, characteristically for each tissue (hence in the adult higher animals all stages may exist).
4. Reversed cytomorphosis is not known to occur.

Basing the law of age upon cytomorphosis, he presents

(1) American Medicine, April, 1909.

them as, (1) Rejuvenation depends upon the increase of nuclei. (2) Senescence depends upon the increase of protoplasm and upon the differentiation of the cells. (3) The rate of growth depends upon the degree of senescence. (4) Senescence is at its maximum in the very young stages and the rate of senescence diminishes with age; and finally his general conclusion is that natural death is the consequence of cellular differentiation. The weakness in this presentation lies in his third proposition.

For the brain, sleeplessness and loss of memory are probably the most striking symptoms; the inability to acquire new ideas, and this is perhaps best explained under the theory of Mosso, of a continual brain fatigue.

In the sleeplessness of old age hypnotics must be used sparingly. Probably the best is chloralformamid. A hot bath, temperature 102 to 104 degrees, will succeed more often and yield better results than any chemical hypnotic. To be avoided are hypnotics of the trional and veronal groups. Seven instances of hematoporphyrinuria caused by these drugs, have been in the aged, so far as Wilcox's observation goes.

"In the treatment of these conditions—vasodilators play an important role. The careful administration of thyroid extract will relieve high arterial tension, but that means a small dose to which a direct cardiac stimulant may or may not be added. Digitalis should never be used in the old on account of the marked spasm which its prolonged use tends to produce. Strophanthus is the drug of choice. Balfour in his little book lays great stress upon the use of strychnin for the senile heart. Better results have been obtained in Wilcox's experience from caffen sodio-benzoate in moderate dose, not only as regards the relief of cardiac symptoms, but in the improvement of the circulation. Arsenic iodid in small doses lessens to a marked degree the debility of the heart, and iron, in such form as can be assimilated, by increasing the oxygen-carrying capacity of the blood certainly is of marked benefit.

"Lung diseases in the old are chiefly senile bronchitis, emphysema, pneumonia, and a disease which is rather infrequently recognized, but is far more common than is

popularly supposed, pulmonary tuberculosis, the last running a chronic course and generally overlooked. The peculiarity of pneumonia in the aged is that there is not the tendency to recovery as in the young adult, but to extension, and this extension is probably due to the obliteration of the lymphatics, so that the exudate is absorbed with difficulty, and as a result we have forms of degeneration occasionally leading to abscess and gangrene.

"The important remedy in senile bronchitis especially and in other diseases of the lungs in the old is strychnin, and in the early stages, particularly of pneumonias, ammonium carbonate in frequent doses which when given in milk will usually relieve the conditions without disturbing digestion.

"The air of the apartment occupied by the old should always be dry; not the dry dusty air of furnace-heated houses, but clean air. It may be artificially dried by calcium chlorid or strong sulphuric acid. Inhalations have never yielded any brilliant results in the author's hands, those of camphor excepted. The patient needs no digestion-disturbing cough syrups and opium is absolutely forbidden."

For the symptoms referable to the kidneys, the use of nitrites and high intestinal irrigation are important.

Constipation can be avoided even with the pathologic conditions noted; physostigmin salicylate (eserin) in 1-60 gr. dose, at bedtime will increase peristalsis when other better known remedies fail. Phenolphthalein has been used by the author for seven or eight years and with uniform success. Massage is of very great importance, and used in connection with laxatives, yields brilliant results.

Wilcox gives the following prescription for relief of the itching senile skin. It consists of 10 per cent. of tincture of digitalis, 2 per cent. of hydrocyanic acid in the solution of ammonium acetate.

"Special directions: (1) Never less than five hours between meals. (2) No solid food between meals. (3) principal meal near midday. (4) All meals to be as dry as possible.

Avoid food likely to cause flatulence. Not more than five ounces of fluid with each meal. *Vinum lac senum* is

not an absolute rule. Alcohol only for those accustomed to its use. One half ounce of brandy or whiskey in three or four ounces of water; a single glass of port or sherry, ammontillado preferred.

Diet: Breakfast at 8 a. m. Small slice toast (1½ oz.) with butter; one soft-boiled or poached egg; or ½ a small haddock, or other white fish. Three to five ounces of tea or coffee with cream and sugar. Tea may be replaced by cocoa or milk with hot water. Well boiled oatmeal (three or four ounces) with four to five ounces of milk may be substituted for tea.

Dinner 1 p. m. of two courses, i. e., fish or meat, pudding or fruit. White fish of short fiber, boiled, steamed or broiled. One-half a small chicken (white meat) or sweet-breads, game, lamb. One small potato, boiled or baked, or a small portion of spinach. Pudding, a simple milk pudding or rice, sago or tapioca or suet. Fruits, as ripe pears, apples, grapes 4 to 6 ounces, hot water to be taken if desired.

Tea at 5 p. m. with cream and sugar but no food. In place of tea, a teaspoonful of solid beef extract in hot water may be added.

Supper 7 p. m. White fish and one potato, or toast with butter. Milk pudding or bread and milk.

Bedtime 10 p. m. Five ounces of hot water to be sipped.

For thirst, beef tea or hot water, to be sipped four hours after each, or the principal meal.

"General directions: Avoid cold especially at night. Hot water bags carefully protected that no burns may arise (for burns on the old heal badly) are a source of great comfort to the aged. So many old people are found dead in bed for which no important cause can be ascertained save lack of warmth, that this subject should be emphasized. Among the devices of old people to keep warm at night, one may be mentioned. Boerhaave cites with evident approval the case of an old man who slept between two young persons and thereby "acquired a visible increase of vigor and activity."

Wilcox warns against overeating but does not entirely agree with Fletcher nor with Metchnikoff. He has in-

vestigated all commercial brands of artificially soured milk, all based more or less on the Metchnikoff theories and as yet is unable to say that he has found any results worth recording. Exercise which an old person can take is usually beyond what he thinks he can endure. If one begins with massage, follows with resistance movements and later succeeds in getting these old people out of doors, driving, or better still, walking, the relief of symptoms follows much faster.

SOME MEDICO-ETHICAL PROBLEMS.

The Professional Secret. G. Williamson¹ states that the principle that any information regarding a patient acquired by a medical practitioner in his professional capacity is the property of the patient and not of the doctor has been recognized since the days of Hippocrates. France, Germany, Belgium, Italy and most American States are more strict than Scotland and England in the observance of this rule. In France, the breach of this confidence is an offence punishable by imprisonment for a period of from 1 to 6 months in addition to the infliction of a fine of one to five hundred francs. The only apparent exception to this rule is the case of supposed lunatics, where it is considered essential in the interests of lunatics themselves and of the general public that medical men should be allowed to testify to what they have learned in their examination of these patients. A medical man is not allowed, however, to divulge anything brought to his knowledge through his professional dealings with his patient, even for the purpose of refuting any charge brought against himself, even though his patient waive his right to confidentiality, as although the doctor might thus be freed from the risk of a civil action for damages, he would still be liable to a fine and imprisonment for an infringement of the relative clause of the penal code. The enactment of the State of New York is as follows:—"No person duly authorized to practice physic or surgery shall be allowed or compelled to disclose any information which he may have acquired in attending any patient in his professional capacity, and

(1) Edinburgh Medical Jour., December, 1908,

which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon." The Portuguese penal code says: "Advocates, confessors, physicians, surgeons and midwives are not obliged when giving evidence to reveal secrets which they may have discovered in the exercise of their calling."

In England the only occasion on which a physician may absolutely refuse to disclose information which he has obtained in his professional capacity in a court of law is where such disclosure would incriminate himself. Voluntary disclosure of information gained for an employer is a ground for action in Scotland. Whether a patient is protected in the same way is not decided, but is probable.

Under what circumstances, then, is a medical man legally bound or ethically entitled, without risk of a successful action of damages, to break through the rule of professional secrecy? Take the case of a medical man who has learned in his professional capacity that a crime is contemplated by his patient, or in which his patient would be implicated. If he remains silent, does he thereby become an accessory to the crime, or does he, by using his influence with his patient to prevent any such crime, clear his own conscience and fulfil his duty to the patient and to the State? The physician should be guided by the circumstances of the case, but beyond doing what he can to prevent the crime by personal appeal and such information as he may give to his employer, he need not take on himself the function of a voluntary informer.

Williamson says he can not see why the medical man should act as a voluntary informer whatever the nature of the crime. It is one thing to abstain from giving information voluntarily, but it is quite another thing to refuse to give information when called upon to do so by a properly constituted authority. Sir Matthew Hale, who was Lord Chief Justice of England about the time of the restoration, and was also a voluminous writer on law, and evidently a great authority, has laid down that "if a physician or surgeon professionally attend a felon sick or wounded, although he know him to be a felon, and know of the felony and do not disclose it, none of these acts would be sufficient to make the party an accessory after the fact."

In giving evidence in a court of law there has been great diversity of opinion expressed as to whether a medical man has the right to claim professional privilege in the witness box. There can be no doubt, however, that legally this privilege is only extended to the relationship of solicitor and client. But there is reason to believe that in some cases at all events where a medical man is asked questions the answers to which he considered would be a breach of his patient's confidence, the bench might support him in his refusal to answer. On the other hand, there are many distinct rulings to the effect that a medical man enjoys no professional privilege in the witness box.

Apparently a physician has the ethical right and also the legal one to disclose such professional secrets as are necessary to protect his own wife and children. If this necessity does not exist the secret should be held sacred even from his wife. While there appears to be no legal obligation to withhold information concerning a marital partner's health from either husband or wife, good sense would indicate that such secrets ought not to be revealed. Information imparted to an employer regarding a servant may not be a breach of legal privilege, but it is of professional privilege and should be withheld without the servant's consent. Consent for examination of a servant must be obtained from the servant and there are decisions that hold that the communication is privileged.

"There is yet, however, another class of cases coming under the head of employer and employé which is of special interest to us at the present time—that is the case of responsible employés of the railway and mercantile marine services who may be discovered to suffer from serious visual defect or some illness which may disable them suddenly, and thus seriously endanger the public. These cases are perhaps the most difficult of any, and unfortunately, so far as I can find, there is no decision in a case exactly of this kind. Take, for example, the case of a driver of an express train who consults a doctor and is found to suffer from absolute color-blindness or from epilepsy. What is the medical man's duty if he is unable to persuade his patient to go off work and if, indeed, he knows that the man continues at his post? I assume that

the man has gone of his own free will to consult the doctor and is not sent by the railway company to their medical adviser, so that he is employer as well as patient. Should the medical man inform the man's employer, in this case a superior official of the railway? There is something radically wrong where professional etiquette for the shielding of one obstinate man should stand in the way of safeguarding the lives of the public."

Is a physician who may be required or permitted to give evidence in a court of justice warranted in communicating the facts to which he will testify to an attorney before the trial? This has been decided in the case of *Mrs. McEwan vs. Sir Patrick Heron Watson* in which the physician had communicated the results of a previous examination to Mrs. McEwan's attorneys before the trial. Watson appealed to the House of Lords. The Lord Chancellor after stating that it was settled law that a witness is absolutely protected from any action being brought against him in respect of evidence he may have given, said that, so far as he knew, the question of whether that privilege extended to statements made in precognition had been raised for the first time in this case. "It appears to me that the privilege which surrounds the evidence actually given in a court of justice necessarily involves the same privilege in the case of making a statement to a solicitor and other persons who are engaged in the conduct of the proceedings in courts of justice when what is intended to be stated in a court of justice is narrated to them. The communication complained of is no communication to strangers—to persons outside the litigation."

FAKE MEDICAL WRITE-UPS.

The German Medical Press Association has declared its purpose to use all available resources to prevent the insertion in the columns of the journal under editorial supervision of unreliable medical write-ups of proprietaries, in place of a reliable and suitable publication in the advertising columns. The editor must have the right to refuse advertisements which seem objectionable, as well as to reject original articles or reports whose acceptance is made

conditional on the insertion of an advertisement. The association further refuses to sanction the advertising of remedies the composition of which is concealed by the manufacturer. In case an advertisement is refused, the editor in question shall notify the president of the association in order that all the members of the association may act in concert in regard to it.

Especially important is the resolution adopted in 1906 to prepare a "black list" of authors who make a business of writing papers for pay, in the interests of the manufacturers, on the chemical or other products of their factories. The writings of such authors are neither to be published in any of the journals belonging to the association nor summarized for their columns in case they have appeared in other papers. This resolution has seemed necessary, because there is a group of unscrupulous physicians who prepare papers about new remedies without having tried them, indeed, without having the clinical material at their disposal on which to try them, and they do this exclusively for pecuniary profit. Such physicians offer their services in this line systematically for a larger or smaller remuneration to the various manufacturers. These write-ups are then spread broadcast by the manufacturers as advertisements to start a propaganda for preparations of more or less value, since printed statements never fail to make an impression on the credulous medical and lay public. No proof is needed that this custom is injurious to the interests of science and of the sick. By the resolution adopted by the German Medical Press Association, a surely not ineffective means has been obtained for reducing this evil, and the results so far have been quite manifest.

MEDICOLEGAL.

Legal Rights of Physicians. A. N. Taylor,¹ a member of the New York Bar, explains the legal rights of the physician in regard to his relations with his patient.

The physician is not obliged to undertake a case, but

(1) Medical Record, April 24, 1909.