The Journal of the American Medical Association

VOL. XXXIV

CHICAGO, ILLINOIS, FEBRUARY 3, 1900.

No. 4.

Address.

THE CODE OF ETHICS.*

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Ethics may be defined to be the adjustment of acts to ends. In medicine the acts relate, for the most part, to conduct, impliedly, good conduct, which "gains in ethical sanction" in proportion as the "activities do not necessitate mutual injury and hindrance" . . . "but consist with and are furthered by co-operation and mutual aid."

In a homogeneous citizenship the evolution of conduct proceeds with the development of Christian civilization, and by common consent, becomes the type of moral standard which will unify the adjustment of acts to the attainment of a common purpose among the component constituency of any avocation in civilized life.

There is no occupation or trade without rules of conduct, either written or unwritten, which are either good or bad as the ends to be obtained rise or fall in the scale of morality and good citizenship. A man may inherit or acquire the qualities of a gentleman. He need not be a Chesterfield in manners, nor a monk in the abstemious discipline of self-denial, but he can be a gentleman only by virtue of the adjustment of his acts to the aims of good conduct in the activities of human life. As with individuals, so with classes and communities.

The popular contention that gentlemen do not need a formulated system of ethics for their guidance is flatly contradicted by the history of every ecclesiastical and parliamentary body, social club, business organization, scientific society, and the unwritten *esprit de corps* of numerous classes of educated and cultivated people. In fact, in many instances, the unwritten ceremonial requirements of classes and of society in general are more rigorous and less tolerant than those of formulated systems of ethics. The inherent right of private judgment can not be protected, either in public or private life, without the restraint of accepted authority. Two persons may differ in opinion, on any debatable question, but neither has the right to push the difference to physical collision or sink it to the grade of moral turpitude.

In small populations, as with occupations with limited constituencies, the evolution of good conduct develops along the line of co-operative and mutual adjustment of acts in the promotion of the common good, but with increasing numbers "one is forced to live more and more in the presence of his fellows." In large and constantly increasing populations and membership in occupations, heterogeneity may, and frequently does, become a disturbing element, and organization with de-

fined limitations of restraint and toleration becomes an important and necessary factor in the evolution of the highest type of ethical conduct. In other words, those acts which may be, as well as those which should not be, done must be set forth in such manner and form as may best promote the attainment of the highest standard of mutual good conduct.

Medicine is a composite science, and is, confessedly, the most difficult and intricate of sciences. The medical profession is, perhaps, the largest and most broadly educated class in every civilized community. Accessions come to it from every class and race of civilized people. In the broadness of thought and the beneficence of its acts and ends it invites every class and caste of civilized races to its ranks, that it may continuously widen and expand the scope of its usefulness and philanthropy to the end that every person and all peoples may seek and obtain through its good offices the full measure of a beneficent science.

In this country the evolution of medical ethics culminated in the adoption, at Philadelphia, in 1847, by a body of representative men—now known as the AMERICAN MEDICAL ASSOCIATION—of a code of American medical ethics, which, with a few explanatory declarations, has been accepted by the profession at large as the common basis and guide of good conduct. Previous to that date the profession, in a few isolated localities, had established codes to segregate the qualified and honorable from the charlatan and mercenary impostor, with satisfactory results.

The unanimity of its adoption, general acceptance and continued enforcement through half a century, without material alteration, eliminates any doubt of the wisdom of the adoption of such a system of good conduct. The question of policy being, therefore, settled, this discourse will be limited to the consideration of such salient features as set forth the influence of the unification of ethical conduct, to the end that every member of the profession of medicine may exert "his best ability to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness."

The code is subdivided into three sections, under the separate headings of: "The Duties of Physicians to Their Patients;" "Obligations of Patients to Their Physicians;" "Of the Duties of Physicians to Each Other, and to the Profession at Large;" "Of the Duties of the Profession to the Public, and of the Obligations of the Public to the Profession." The principles outlined in these headings are emphasized in detail, so that the whole is a concrete expression of the consensus of opinion of the duties and obligations which constitute the highest ideal of ethical conduct.

"Every individual on entering the profession becomes thereby entitled to all of its privileges and immunities," and, "should therefore observe strictly such laws as are instituted for the government of its members." Every

* Annual Address of the President of the Medical Society of the District of Columbia, delivered Dec. 20, 1899.

organization of physicians which by the adoption of its code of ethics, becomes affiliated with the AMERICAN MEDICAL ASSOCIATION must possess the inherent right to prescribe and enforce such restraints as may, at times, be needful to discipline refractory members. Dishonorable conduct must have a limit. The Code, however, is free from any threat of restraint by prosecutions and penalties. It seeks to promote the evolution and unification of ethical conduct by sharply contrasting good and bad conduct and by marking the border line beyond which misdemeanor becomes a *corpus delicti*. It appeals to the nobler qualities of a higher standard of moral excellence and beneficence, in that the physician may be the minister of hope and comfort to the patient, and bases this appeal on the postulate that as the standard of qualification advances, so should ethical conduct rise along the gamut of evolution. "No scientific attainment can compensate for the want of correct moral principles." The Code pleads for mutual forbearance, fraternal courtesy and a broad and generous fellowship, that contumely, bickering, and discord may not fritter away the power and influence of the profession for good. Probity, candor and truth are qualities not less essential in support of professional character. "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." In such incisive words the Code vouches for honor and integrity, and stamps the derelict with the seal of condemnation.

The inviolability of the confidential communications of patients to their physicians is the first and most sacred obligation of professional life. It has come to us through the ages past as an unbroken rule of conduct, and all codes of medical ethics stigmatize with dishonor the voluntary disclosure of such confidences. The precept of the Code extends the obligation of secrecy beyond the period of professional service, to the end that "none of the privacies of personal or domestic life, no infirmity of disposition or flaw of character observed during professional attendance should ever be divulged except when imperatively required to do so." The force and necessity of this obligation are so great the profession has sought the protection of statute law. In twenty states and in this District such laws have been enacted, the object of which is the extension to citizens of liberty of privileged communications and their protection in the enjoyment of the rights of unreserved and confidential confession to physicians. Such statutes add the force and fiat of law to the decree of the medical profession, which has always and everywhere throughout the civilized world resisted the compulsory disclosure in open court of information "acquired in attending a patient in a professional capacity and which was necessary to enable the physician to act in such capacity."

With equal cogency the system of ethics sets forth the obligation of qualification: "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." To this is added the more authoritative declaration that "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." So also does it insist that "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." These significant averments point to a high standard of scientific acquirement and expand the scope of ethical conduct.

Medical ethics, as formulated in the national Code, combines knowledge with morality, and emphasizes in spirit, if not in letter, the truism, that in medicine the highest attainment of either can not compensate for the want of the other.

The educational influence of the Code is attested by history and observation. The assemblage at Philadelphia, in 1847, was composed of the most distinguished and best equipped medical men from all parts of the country, who had come together to confer and devise a plan of organization, which should have for its object the unity of the profession on a basis that would define the duties and obligations of each individual member to each other, to the profession and to the public at large, thereby creating a compact body that would assert and make effective its prerogatives pertaining to the promotion of good conduct and elevation of the standard of medical education. Whilst the maximum development along these lines of progress has not been reached, sufficient has been accomplished to invoke the gratitude of every true and conscientious physician. It gave impetus to new thought, out of which have come the state medical practice acts; state and municipal sanitary legislation; the organization of health boards, associations, and departments; improved, enlarged and higher medical college curricula; a higher grade of scientific attainments; a more complete, and better adapted hospital construction, and improvement in hospital management; the protection, not yet complete in all the states, of the confidential communications of patients to their physicians from exposure in open court; and, with all, a wider scope of beneficence, a broader utility and more general diffusion of knowledge of sanitation and public hygiene. These and other reforms are the outcome of those precepts in the Code, which enjoin the duties of good citizenship.

The educational obligations are not, however, limited to the promotion of a higher standard of professional qualification. Under the heading of "obligations of patients to their physicians," the Code sets forth some very simple and general recommendations, which might contribute to the comfort and well-being of patients and increase the efficiency of medical service. "The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties toward 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." No suggestion is made to interfere with the right of selection, but it does insist that a medical adviser shall be one who has received a professional education. Nor is the right to dismiss a physician denied, but justice and common courtesy require that the reasons for such dismissal should be declared. No physician not cognizant of the causes of his dismissal, can protect himself from sinister innuendo and defamation of character. Candor and frankness on the part of dissatisfied patients or their friends, and forbearance with good temper on the part of the physician, would eliminate, in most such cases, friction and discontent. Patients naturally depend on the skill, attention and

fidelity of their physicians, who should so "unite tenderness with firmness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect and confidence." If every case committed to the care of a physician was treated "with attention, steadiness, and humanity" we would, probably, hear less of antagonism between physicians and patients, and professional work would more frequently result in mutual benefit.

The duties of physicians to the public comprise another educational function, which is so distinctly stated that nothing more is needed to invite attention than its re-statement in the language of the Code: "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.; in regard to measures for the prevention of epidemic and contagious diseases," and "when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice on subjects strictly medical." The American Public Health Association is the outgrowth of these injunctions, and has, perhaps, accomplished more than any other organization in the fulfilment of the "duties of physicians to the public," by popularizing the study of the science of sanitation and promoting legislation in the interest of public health. In some measure it has removed the mask of exclusiveness, which obstructs the diffusion of useful knowledge among the people, and enlarged the opportunities for the practical application of the duties and obligations of good citizenship.

The very generous and magnanimous compliance of the profession with these injunctions has enlarged the sphere of its humane and beneficent instrumentalities, thereby contributing to the welfare of communities in the diminution of disease, preservation of health and prolongation of life. So much has been accomplished along these special lines of progress that one is surprised at the defiant antagonism of the lay directories of some hospitals and other medical charities, and of legislative bodies, which seek by hostile interference, and other reprehensible practices, to limit and thwart the counsel of those who are the only competent advisers. Such obstructive methods will not cease until the profession asserts and maintains its prerogatives in all the offices of good citizenship which pertain to the health of communities.

There is another thought entitled to consideration in this connection, which invokes a more general fellowship with the great body of scientists, and that larger class of persons, not specialists in any branch of science, but patrons of learning, seeking to acquire and diffuse knowledge among all classes of educated people. The profession must abandon the privacy and exclusiveness of the closet and meeting-room and engage more widely and effectively in the education of the public in preventive medicine, in which lies the hope of obtaining the highest aims of scientific medicine.

In affiliation with other local scientific and learned bodies constituting the Washington Academy of Sciences, this Society has entered a new and larger field of use-

fulness, which abounds in the opportunities of a broader conception of its duties and obligations that it may live more and more in the presence of the public at large. Scientific medicine must fail in its mission of humanity and beneficence in so far as it falls short of asserting the inalienable right to lead, direct, control and dominate popular ignorance, prejudice and cupidity, to the end that legislators and all others in authority must come to know its force and power in all things pertaining to the advancement of sanitary science and preventive medicine. The art of healing can not be dissociated from the science of prevention. The education and betterment of the people in sanitation is not less humane than the healing of the sick. During recent years this Society has made creditable progress in this department of medical policy, and now, with the co-operation of cognate and allied associations, it must hope to accomplish other reforms, still in abeyance through lack of information on the part of a suffering community.

The beneficent, moral and educational functions of the Code are more distinctly and conspicuously set forth than the lucrative. Moral duty "is independent of and superior to all pecuniary considerations," nevertheless, the services of physicians "are of such a character that no mere pecuniary acknowledgements can repay or cancel them." And inasmuch as the office of a physician can not "be supported as an exclusively beneficent one," it is the duty of the faculty in every town or district to "adopt some general rules, relative to pecuniary acknowledgements from their patients, and it should be deemed a point of honor to adhere to the rules with as much uniformity as varying circumstances will admit." Justice and equity are distinctly contrasted with mercenary extortion and gratuitous services to the affluent.

Non-sectarianism is a cardinal tenet of the Code. There is not one article or clause in it "that interferes with the exercise of the most perfect liberty of individual opinion or practice," or that interdicts, under any circumstances, professional services whenever there is pressing or immediate need of them. It does, however, assert that professional abilities and acquirements "ought to be the only acknowledged right of an individual to the exercise and honors" of the profession, and excludes from such association those 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." In no trade or occupation do "mankind rely on the skill of an untaught artist." Medical knowledge is not intuitive. Every physician must "rely upon the rectitude of his judgment," because there is no tribunal other than his own conscience, enlightened by knowledge, to adjudge the penalties of carelessness, neglect or ignorance. The creed of medicine condemns the idolatrous dogmas of divine metaphysics, divine healing, "Christian Science," and other equally fraudulent practices, and relegates them to the jurisdiction of criminal codes.

The spirit and precepts of the Code have been legalized in most of the states by medical practice acts. In this district three systems of medicine have been legalized, with the requirement of the same standard of qualification of all licentiates in the branches of anatomy, physiology, chemistry, pathology, hygiene, histology, surgery, obstetrics and gynecology, diseases of the eye and ear, and medical jurisprudence, leaving the qualifications in the branches of *materia medica*, therapeutics and practice to be determined by the special

requirements of each system. The movement, which originated with this Society, now in progress to unify the requirements of the state medical practice acts, is in the direct line of the teachings of the Code, and it may be desirable, in the near future, to eliminate from these acts all reference to different systems of medical practice and base the issuance of licenses to practice medicine on a uniform standard of qualification in the sciences which make up the science of medicine, leaving the disputed problems of therapeutics to the enlightened and conscientious judgment of licentiates.

Persistent misrepresentation of the non-sectarian spirit of the national Code of Ethics did in some measure, for a time, interfere with the progress of medical education, but with the inauguration under the auspices of the Code, of the new era of a higher standard of qualification, legislatures have come to know their constituencies would not longer tolerate the prevailing ignorance among practitioners in the "sciences which make up the art of medicine." By these adjustments of acts to ends, good conduct has obtained the sanction of law and the teachings of the Code have been re-enforced by the will of the people. Much, however, remains to be done, and the profession can not hold itself blameless for such shortcomings as may retard or impede the progress of education.

To such extent has this misconception grown that many people and some physicians believe the appellation of allopathy to the regular medical profession is a complimentary designation, and not, as intended, an opprobrium. If there is a class or sect of people who hold the therapeutic doctrine that diseases are curable by the production of other diseases, such persons are outside of the regular profession and not fit to practice the healing art. The Code denominates its adherents and followers, "the regular profession," not in any invidious spirit, but because the system is based on a knowledge of the sciences which make up the science of medicine.

In matters of etiquette, ceremony, intercourse and consultations, the Code is distinctly advisory, but not in any sense mandatory. To promote the best interest of patients and to avoid reprehensible and contumelious interferences, professional intercourse must be guided by such uniform rules of good conduct as may conduce to harmony and co-operation in act and spirit. No hard and fast regulations can be made applicable in all cases. In exceptional instances all rules are subordinated to the emergency which demands immediate aid, but no circumstances can justify dishonorable and ungentlemanly conduct. If consultants were permitted to rush pell-mell, before the time agreed on, into the sick chamber, proceed with their examination without the aid to be furnished by the attendant, consultations, which are for the benefit of the patients, would in most cases be unsatisfactory, and in many disastrous to patients. The Code advises consultations in difficult and protracted cases, because they "give rise to confidence, energy and more enlarged views of practice," and enjoins on the consultant "the most honorable and scrupulous regard for the character and standing of the practitioner in attendance." To this end uniform formalities of etiquette and decorum dignify and emphasize the *esprit de corps* of professional intercourse, but really are of infinitely greater importance to the welfare of the patient.

Misconception of the tenor and misrepresentation of the purpose of the formal declaration of the duties and obligations of physicians in support of professional

character have given rise to much inane criticism and sometimes sneering denunciation of medical ethics. There are very many good and well-meaning people who can not understand why physicians should not submit to their unstable will, and change and modify the ordinary courtesies of good conduct to sanction interference or to gratify caprice. Medicine is a deliberate and painstaking science, conducted as will best conduce to the attainment of its highest aims. It is not an emotional profession, to be swayed by every outburst of bad taste, bad breeding, ingratitude and discontent. If the Code tolerated submission to malevolent criticism and malign detraction, the practice of medicine would be degraded to the slavish service of menial servility. Medical men with loose and unethical methods, and others who have agreed on their honor to comply with the system of ethics have incited popular censorship by their failure or refusal to comply with its precepts.

No part of the Code has been so much assailed by dissenters and pretenders as that section that declares it "derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand-bills inviting the attention of individuals afflicted 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 suffering such publications to be made; to invite laymen to be present at operations, to boast of cures or remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician." These are the most positive interdictions of the Code. They set forth and condemn such meretricious methods to gain popular favor. Medicine is not a mercantile occupation, but a beneficent and life-saving science, and can not, therefore, accept the rules and practices of trade and business as the guide of good conduct in matters pertaining to the discharge of its special duties and obligations. The medical profession would soon sink to the level of the advertising and mercenary quack if it permitted its members to display their qualities and successes in the public press, or in hand-bills through the bill-poster, or in bulletins thrown into the doorways of private dwellings. In the rivalries of such reprehensible practices the ignorant and most unscrupulous would always be in the lead, and chicanery, duplicity and falsehood would be the winning qualities in the fierce struggle for subsistence.

"Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument," medicine or discovery, to dispense a secret nostrum, "or to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them." The public at large can not appreciate the force and necessity of these restrictions, because it fails to discriminate between the objects and methods of business and those of a beneficent and liberal science, which seeks to promote the welfare of the people. The patenting of surgical instruments, medicine and discoveries is not only "inconsistent with beneficence and professional liberality," but would retard the progress of medical science and limit the sphere of its good offices and usefulness. If Jenner had patented the discovery of vaccination, smallpox would have continued to scourge the world. In what condition would medicine and surgery be to-day, if Morton and Simpson had, respectively, patented ether and chloroform anesthesia? The lessened mortalities in medicine, surgery and mid-

wifery, due to these discoveries, can not be measured by the money value of the agents employed. If Sir James Simpson, Gustave Simon and Marion Sims had patented their inventions and discoveries, gynecology could not have reached its present state of development. In fact, surgical gynecology must base its achievements on the discovery of anesthesia in 1846, and the invention of the duck-bill speculum in 1848. If antiseptics had been patented, Lord Lister would not now be a peer of England, but a private citizen of Scotland, living, perhaps, on the accumulated royalty of his patent. Honor comes to whom honor is due, but never to one who traffics in beneficence. Such are some of the illustrations going to show the wisdom of these interdictions.

In this connection I must invite attention to another injunction, to the effect that physicians should exercise "their option in regard to the shops to which their prescriptions should be sent." The time has come when the public welfare and individual reputations impose this obligation on practitioners of medicine. The claims of right, by pharmacists, to prescribe across the counter, to sell poisons without restraint of law, to repeat and duplicate a prescription containing poisons without the knowledge and consent of the physician making it, and to dispense it to others than the original holder, have become such common evils, fraught with such danger to health and life, as to demand regulation by statute law. It may be that if any organized body of physicians should issue and enforce its mandate that patronage would cease with the continuance of the practice, the evil would diminish. While reputable pharmacists might accept the option of physicians as the rule of conduct, there are others who openly and defiantly declare their purpose to disregard any such restriction.

Proprietary pharmacy is the most pretentious of the artful devices of empiricism. The daily mails bring to every physician the advertising bulletins of proprietary pharmacists, filled with the certificates of physicians, setting forth the wonderful virtue of some special compound, mixture, tablet, or pill, each of which is extolled as a panacea for diseases having no etiologic or pathologic relation to each other, and the credulous practitioner goes forth on his daily rounds enthused with the single idea that he has at last discovered a remedy with which he can drug, dose or feed every patient, and, when the day's work has been finished, congratulates himself with the accomplishment of the highest aims of a beneficent science.

The National Code of Medical Ethics is the official declaration of the policies of the regular medical profession of this country. As such it will continue to command the respect and attention of those who believe that ethical conduct is an element of success in the attainment of the confidence of the public. Observation and experience attest the soundness of this belief. Popular censorship never fails the detection of apostasy, and is quick to stamp dereliction with the badge of dishonor. No physician ever failed in the practice of medicine because of his high ethical standing. The occasional loss of a client because of adherence to the prescribed rules of good conduct is much less frequent than losses from such irregularities as invoke professional criticism and discontent of clients. Those who stand on the highest plane of ethical conduct and highest standard of professional qualification will most surely command the respect, confidence and admiration of the public; and reap the richest reward. The more the Code is studied, the more highly will its precepts and policies be appreciated, and the more widely will it be accepted as the guide of good conduct.

Original Articles.

ETIOLOGY OF NON-MALIGNANT RECTAL STRICTURE IN WOMEN.*

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Complete or partial narrowing of the rectum, having its origin in developmental anomalies, will not be considered in this paper.

Acquired rectal strictures are much more common in women than in men. Gosselin and Dubar¹ estimate the proportion as 4 women to 1 man. Of the cases of rectal strictures collected by Juliusburger², there were 103 women and 15 men, or about 7 of the former to 1 of the latter. Out of 110 cases treated by Allingham³ in St. Mark's Hospital, there were 92 females to 18 males, or in the proportion of 5 to 1. The ratio is even greater in Cripp's⁴ series of 70 cases, as out of this number there were only 7 males, or in the proportion of 9 to 1. Carré's statistics in 266 collected cases show 4 women to 1 man afflicted with the disease. The same ratio was found by Gant⁵ in 25 cases, while the proportion in the 21 cases recorded by Quénu and Hartmann⁷, in their recent work on the rectum, is considerably less, since there were only twice as many men as women. The only exception seems to be Kelsey⁸, who in a series of 99 non-malignant strictures found 64 in males and 35 in females, or nearly twice as many males as females. However, the preponderance of evidence is in favor of the relative frequency of the condition in women, and justifies the presentation of the subject for discussion before a special society such as ours.

For the purpose of etiologic study, strictures of the rectum are conveniently divided into: 1, those where the caliber of the tube is diminished by pressure from without, organic changes in the rectal walls being secondary; 2, those where the rectal walls are primarily affected, narrowing of the rectum resulting from these organic changes.

1. *Strictures due to pressure from without.*—A tumor occupying the pelvic basin may so encroach on the rectum as to produce a decided hindrance to the passage of the fecal mass. It is exceptional, however, for a complete stricture to be formed, except in the presence of malignant growths, or localized inflammations of the mass where the increased pressure arises from bands of adhesions rather than the increase in size or peculiar position of the tumor. The writer recently recorded a case where temporary complete obstruction resulted from the pressure, on the upper part of the rectum, of what was found to be a malignant growth springing from the sacral region.⁹

In women this class of rectal strictures is usually caused by suppurative disease of the appendages. Kelsey¹⁰ reports an interesting case of a double stricture of the rectum caused by a pelvic abscess. Couper¹¹, Biggs¹², Balzer¹³, and Quénu and Hartmann¹⁴ have reported similar cases. At the present time, the true cause of the stricture is recognized and the condition rectified by the appropriate surgical procedure. Neglected cases, where the appendages are matted together and compress the rectum by dense adhesions, sometimes are not benefited by the removal of the genital organs, as illustrated by the following case in the writer's practice:

*Read by title before the American Gynecological Society, May 25, 1899.