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ADDRESS.

THE MUTUAL RELATIONS OF THE MEDICAL PROFESSION AND THE PUBLIC.

President's Address Forty-sixth Annual Meeting of the Illinois State Medical Society, delivered before the Members of the Society and the Citizens of Ottawa, evening of May 19, 1896.

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The Illinois State Medical Society requires of its presiding officer each year an address on some subject of his own choosing, the members of the Society for the most part constituting the audience. But to some extent the nature of the subject and the character of the audience for this evening have been determined by the circumstances under which this meeting is held, and the plans of the committee of arrangements.

The reciprocal relations and duties of the medical profession and the community is, as a theme, like an old jewel which requires an occasional resetting to bring it into harmony with the changes of time and circumstance.

While some of these relations and duties are always and everywhere the same, the subject still requires frequent restatement, both because of its perennial interest to the profession and the public at large, and also because in the progressive community the mutual relations of the various interests, occupations and component parts of that community are constantly undergoing change and requiring readjustment.

In a limited sense each individual member of the modern industrial community is pursuing that course and conduct of life which he chooses for himself so far as he is not prevented from doing so by the natural limitations of his own powers of mind and body, by his environment, and by the presence and plans of others. Every individual thus becomes a competitor or antagonist of every other within his own sphere of action in the struggle for existence and advantage. The rivalry of individuals is also a prominent characteristic in the uncivilized state of society. But division of labor with coöperation and mutual interchange of the benefits and products of effort is the law of civilized life. Without these no community can become civilized or maintain the civilized state. In such a community no one can be for himself alone. Every one must both give something to, and receive something from, others. Likewise a group of individuals which stands for a particular interest, or represents a given line of activities, is dependent upon, and accountable to, every other group of the same community.

There is a certain analogy between the human body as an organism and the civilized community, and the more highly developed the latter, the more perfect is the analogy.

The body is an aggregation of organs, as the hands, the feet, the eyes, the ears, the lungs, the nerve centers and so on. Each organ has a function to perform both with respect to itself, and also in its relations to the organism as a whole. The principles of division of labor and coöperation, with mutual interdependence, are perfectly exemplified. The civilized community is likewise an organism separable into, or composed of, individuals or groups of individuals, each unit or group corresponding in some sense to an organ of the human body. There is the hewer of wood and the drawer of water, the farmer, the merchant, the manufacturer, the teacher, the preacher, the lawyer, the physician and so on, the organs of the body politic; each having a place for itself and a duty to perform for all the others. No one interest can suffer without detriment to the whole. The more harmonious and symmetrical the development of the various component parts, the more perfect the development of the whole. The more perfectly and clearly the true relations and the relative duties and functions of the several factors to each other are recognized and kept in view, the greater will be progress in all that goes to make up the civilized life.

The medical profession as one of the constituent parts of the community has intimate relations to every other interest and to every other part of that community. Its work and the principles which it represents, are in their importance to organized society second to no other.

If, as a modern philosopher declares with respect to the moral quality of human actions, "the highest conduct is that which conduces to the greatest length, breadth and completeness of life," then the medical calling must take high rank if not the highest of all others; for the genius and the end of this calling are to secure that length, breadth and completeness of life for all mankind.

Not many centuries ago medical knowledge and medical practice were concerned with little more than the giving of crude drugs and caring for the more common accidents of life. Diagnosis was almost purely a mental process, with only a slender basis in the observation of the most superficial manifestations of disease. Causation was mythical speculation based on superstition. Prevention of disease was counted a sacrilege rather than as belonging to the science and art of medicine.

But medical science has outgrown the narrow limits of the past, and the history of its growth from the primitive state to its present position is a part of the history of civilization. It stands for the physical perfection of the individual not only, but also for the improvement and perfection of the human race. Though it deals first and chiefly with the diseases and imperfections of the individual, it extends its dominion over aggregate life in all its combinations and ramifications, and inasmuch as it discovers and

demonstrates the laws and influences of heredity, over transmitted life as well.

While its most evident functions are to treat disease and manage the sick, yet it is not less concerned with the prevention of disease and the discovery of its causes.

It is the source of modern psychology which dictates modern methods of education. It is the center of all that knowledge of the defective and dependent classes, as the insane, the idiotic, the deaf and dumb, the pauper, the inebriate and the criminal—which has led up to their humane management and rational treatment.

It puts every branch of science under tribute; as biology, of which it is now itself recognized as a part, which demonstrates that the diseases which afflict mankind are largely the result of conflict between the lower and the higher forms of life; and the whole range of the physical sciences whose wonderful development has been such a conspicuous feature of recent time, and whose contributions have added immeasurably to the powers and scope of medical knowledge in the way of diagnosis, treatment, prevention and the discovery of the causes of disease. Medical science thus includes all knowledge of whatsoever kind, or from whatsoever source that tends to prolong life and ameliorate its conditions. This is the high conception of the nature and the purpose of the science and the art of medicine for which we would plead.

Through medical science the medical profession has a twofold relation to the community at large. First, that in which the physician lives for himself, and second, that in which as a benefactor he contributes to the welfare of others, in which he is the exponent of all that medical science means to men.

By it and through it he earns his living as a citizen. He thus discharges his first duty to himself and others both in point of time and importance. It is the field in which he toils as a man, that sowing and tilling he may reap from it the rewards of the labor of his life.

The medical calling considered purely as a calling in which the physician manifests the selfish side of his life, selfish in the sense and to the extent that he lives for himself as distinguished from others, stands on the same footing and sustains the same relation to the community and the State as any other calling.

Physicians are not entitled to any special privileges and should receive none on their own account. If they sometimes ask for them on this ground, it is through ignorance and mistaken notions of their rights and privileges. There is a widely prevalent notion in the minds of the public that the laws and customs of society "hedge about" the medical calling in such a way as to favor the physician as compared with those of other occupations. A presumably learned judge of our own State, within the last year, has given public utterance in his official capacity to this erroneous interpretation of the laws and customs of society as they relate to the medical calling, in a case which has become somewhat celebrated on account of the ruling of the court and the arguments used to sustain his position. A physician was called as an expert witness by the city of Springfield, as defendant in a personal injury damage suit. The physician refused to testify unless a reasonable fee should be guaranteed him as an expert witness. The presiding judge in arguing against the position assumed by the witness, said among other things that, "so far as the witness is able to respond to proper questions propounded to him on

the trial of a cause, while he is upon the witness stand, without previously making special preparation or examination to enable him to answer that particular question, I think it is his duty to answer. Especially the court holds is that true of physicians. Physicians in this State are favored children of the State; a department of the State government is maintained very largely for their benefit; they hold a license to practice their profession and practice by grace as well as by right, and are so hedged about and protected by the laws of the State, and by public opinion and confidence, that in five minutes of a time a doctor may earn more than an ordinary laborer could earn in a day, and may continue to earn such fees all day long, even on a day he may be required to attend court, except the hour or so devoted to attending on the court. Very much of that is because of the laws of the State which nurse their profession, and by grace which the State and society extends to them in regard to their profession."

If the department of the State government here alluded to, viz., the State board of health, is maintained largely and principally for the benefit of physicians, then it ought to be wiped out of existence, and would be as soon as it were put to the test. If the State board of health has any reason for existence at all, it is because it is supposed to protect the lives and health of the people at large. And to the extent that these objects are secured, just to that extent is the physician in the pursuit of his calling, as it relates to himself, interfered with, rather than benefited. Perhaps the learned judge could tell us how the prevention of disease and the preservation of health by the State inures to the benefit of physicians, as a class, for it is not evident on the surface.

If the laws of the State "nurse the profession," and foster medical science, it is that the community as a whole may be benefited, and not the physicians as a class. If a law of the State exempts the physician from jury duty and other duties of the citizen, it is not because he himself has any claims to such exemption. If a city government gives the physician right of way in a crowded street, or allows him to break through a procession, it is not that he may thereby add to his comfort or his income, but because he is supposed to be on an errand of mercy and humanity for others.

"They hold a license to practice their profession, and practice by grace as well as by right," says our expounder of the law. If the practice of medicine is a legitimate calling, a useful calling, then the physician would seem to have the same right to pursue that calling as any other citizen has to pursue any legitimate calling. If so, then it is not in any degree by grace. The license of the physician like the license of the lawyer or that of the locomotive engineer is generally counted as an evidence of technical qualifications and a restriction or limitation. It has reference to the rights and safety of the community, rather than to the individual holding it. It tells the public that he is a physician in fact, not a pretender. It confers no benefit on the individual physician, but it does protect the interest of those with whom he deals, and is for their benefit, not his. Whatever benefits come to the physician by reason of the laws of the State, or customs of society bearing on the medical calling or the medical profession, are purely incidental to their primary object of conferring benefits on the community at large.

In this relation also the physician is entitled to the rewards of his labors. No less than others is he worthy of his hire. While he is treading out the corn like the ox, he should not be muzzled. If he tread the wine press he should share in the vintage. That every individual should receive all the rewards which his ability, his industry, and his opportunities can secure for him in a legitimate calling honestly pursued, is a self-evident proposition which admits of no exceptions. That community in which this fundamental principle is the most clearly recognized, and the most perfectly applied will be the best community, the most highly civilized, and the most perfectly adjusted in all its parts. If any one class or constituent part of a community is deprived of the legitimate reward of its labors, that class will lose something in its quality and in its power, and the society of which it is a part will suffer directly or remotely as a consequence. As when one member of the body deteriorates, the whole organism suffers loss.

Most physicians can be trusted as a rule to claim their own in the matter of pecuniary rewards for services rendered and they are not generally backward in asserting those claims. But as a class, physicians are inadequately paid if remuneration should bear direct relation to benefits conferred; and of all classes they are the most grudgingly paid.

The genius and the traditions of the medical profession require the physician to give his services whenever and wherever medical knowledge and medical skill are demanded for the relief of the sick and the afflicted, conscientiously to the rich and the poor alike, and with equal fidelity, and primarily without thought of reward. Thereby the medical calling becomes a profession as distinguished from a trade. By this token may we know the true, the ideal physician. But this conception of the professional aspects of the physician's life pertain to his obligation to his calling and his class, and does not carry with it the idea of unrequited toil. Neither does it absolve the individual or the community receiving those professional services from pecuniary obligations. While the physician is thus under obligations, by the very nature of his calling, to the poor around him, common equity would forbid that this obligation should be perverted by the community or any class of the community for its own benefit.

One of the most beneficent institutions of our day in theory and practice is the modern hospital, but there is a growing tendency to pervert and abuse it by certain classes of the community for the promotion of their own interest. The work of a large public hospital supported by general taxation, as for instance, the Cook County Hospital, is to a large and increasing degree taken up with the care of the sick and injured employes of the great corporations and the wealthy commercial establishments.

If such an employe can get free care and free medical attendance when sick or injured, he does not need and does not get as high wages as he otherwise would. There is, hence, more profit and larger dividends for the employer. If the multimillionaire corporation, half of whose capital is the value of the public franchise it possesses, and whose annual profits are so large that an occasional watering of its stock must be resorted to in order to keep the percentage rate of dividends within a reasonable limit in the eyes of the public, can require the medical profession and the public to treat and care for its sick and injured

employes free, in order that the profits of the concern may be larger on account of low wages of the employes; then why may not the public and other interests be compelled to furnish said employes with such other necessities as food, clothing and house rent. The sophistry and process of reasoning that would make one appear right and respectable can be used to justify the other also.

There are rewards other than pecuniary which are due the physician from the community, and of which he is sometimes deprived. It is due to the dignity of his calling, and in the interests of the highest usefulness of the profession to the public, that all positions of honor, profit, or trust, whose chief functions pertain to medical matters and require medical knowledge for their administration, should be held by physicians. The law expressly forbids that the president of the Board of Health of New York City shall be a physician, though a physician living in that city is eligible for the office of President of the United States, for that of Governor of his State or mayor of his city. Just why this prohibition exists is not explained, but it may be surmised that it is because it is the one position in the department which carries with it a high salary. In the chief city of our own State, the only medical office in the city government with a respectable salary is held by a layman, who never was suspected of having any knowledge of, or interest in, sanitary matters. The knowledge necessary for conducting the Department of Health is supplied by some ten or twelve physicians in subordinate positions, whose combined salaries amount to but little more than the salary of the layman who is at the head of the department. A company of West Point graduates going into battle commanded by a green recruit, would not be more anomalous. In our own State, as in most of the other States, the law provides for the office of coroner for each county. It is the chief duty of this officer to ascertain the cause of death in certain cases. The office is held in all the larger counties, that is, where there is any considerable remuneration attached to the office, by a man who possesses no medical knowledge whatever. He is ably assisted in his quest by six other laymen as jurors, who, in the large cities, are generally tramps. In our own State it is still allowable for six men, also mostly tramps in the large cities, to make a diagnosis of insanity in the name of the State.

There is another evil under the sun which pertains to the practitioner and the question of the rewards of his labors. A confusion of values in the minds of the public, and to some extent in the minds of the profession, has arisen in these latter days with respect to remuneration. This is partly due to the exuberant specialism which characterizes modern medicine. It is also partly due to the greater advance and wider scope of operative surgery, and in part to the relatively unimportant rôle which the internal treatment of disease by drugs has assumed in comparison with former times. There never was a time when the drug treatment of disease could accomplish more than to-day, when internal medication was more definite in its purpose, though its limitations are better recognized than before. While in former times it outranked in importance all other means and methods, to-day preventive medicine and operative surgery have outstripped it in the general advance in demonstrable results. But the physician who clearly saves a life by internal medication ought to have the same recognition from his fellow practitioners, and to

receive the same rewards from the public as he who does a life-saving surgical operation. If a practitioner prevents sickness which might or might not prove fatal, by timely advice to the family and neighbors who rely on him in times of thickness, as by preventing the spread of typhoid fever, diphtheria and other contagious diseases, he renders a service upon which an adequate money value can not be placed, and yet he rarely receives any pecuniary or other reward for such a service. Even the average educated, prosperous citizen would resent the effort to collect more than a nominal consideration.

The family physician who stands by his trust and faithfully guards and guides a whole generation from birth through childhood and adolescence to manhood and womanhood, directs their education, training and growth, and blazes the way against the pitfalls of hereditary tendency to disease of body and mind, and in all these periods and relations gives the best resources of the whole range of the science and art of medicine to his charge, outranks in point of service to the individual and humanity all other classes of practitioners. It is to the detriment of the medical profession and the community that he does not receive greater rewards, both honorary and substantial, for his work. As compared with the specialist and the surgeon he gets scant measure of either, and yet he outranks them all.

The medical profession has a standing grievance against the community in that the pretender, the unscrupulous and the ignorant so often receive the encouragement and the rewards which by right belong to the qualified, conscientious, educated physician. It is partly true, as the poet says, "'tis understood that the good are half bad and the bad are half good," and in the general mixture of motive and conduct who is competent to draw the line, and who shall furnish the standard of measurement? It ought not to be difficult, however, for those who desire to do so, to discriminate between the true physician who pursues his course animated always by the professional spirit which requires that his own interests be secondary and subordinate to those whom he serves, whose whole trend of life is right, whose attitude is in the right direction, and him on the other hand whose whole conduct and attitude are wrong. Two men may stand very close together and yet face in opposite directions. The charlatan is not only the *ignorant* pretender. He may be highly educated and skilful. He may have high social standing. He may not only be in evidence in the advertising columns of the newspaper, but be the special pet of the editorial chair. His chief and distinguishing characteristic everywhere and always is that he uses the public and his patients for his own aggrandizement. He considers always that his patient is made for him and not he for the patient. His attitude to the public is that of the tradesman, and he is animated by the spirit of the tradesman. He makes merchandise of his calling. He takes advantage of the foibles and weaknesses of humanity to add to his own fame, power and pelf. In his most perfect and typical form he is essentially a parasite on the profession. He assumes the color and the garb of his host, living on his vitality, receiving everything and giving nothing in return. He lives the life of the parasite and should receive the treatment of the parasite. Many of the best of men may be weak enough to yield to temptation of special influence or other causes to show some of these char-

acteristics in a greater or less degree some time or many times in their professional life, but wherever found, whether in the members or officers of our own medical societies, whether in the professors of colleges or in others, to the extent and in the degree that they are manifested, they become the acts and the methods of the charlatan and the unscrupulous. If the one attitude is right the other is wrong. Which course, followed to its logical conclusion, will prove beneficent and which destructive?

It ought to be better understood and more constantly kept in view that medical science is a field without metes and bounds, is one and indivisible, and all inclusive. There are no schools of medical science any more than there are schools of the science of chemistry or astronomy or law. Even the so-called "schools" or "systems" of medical practice are a mental abstraction, consisting more of traditional and rhetorical phrases expressive of a subjective mental state than an objective reality. Such a conception was more or less excusable and suitable, perhaps, in the pre-scientific era of the middle ages when metaphysical abstractions and dogma were the stock in trade of the schoolman, the transcendentalist and the doctrinaire, but it is a crime against the light of these latter days of the nineteenth century.

It is not the belief of the medical man or the doctrine which he holds; it is not what he does nor how he practices; it is not what society he is a member of, nor what written code of morals he professes to be guided by, that is the test of his right relation to medical science and the public. Here again it is his attitude by which he is to be judged.

No doubt there are many well informed people in this audience, well informed in other respects, as there are in every community, who persist in believing that this and similar societies require their members to subscribe to and be governed by a code of ethics which is more or less artificial in character and inapplicable in other walks of life. There is no such artificial code. What we have is but the amplification of the golden rule and the sermon on the mount, set to phrase suited to the medical relation. We teach through our code what is taught as good morals and good manners by every teacher of morals from the forum and the pulpit to mankind, from the cradle to the grave—this and nothing more. Whether it should be used for disciplinary purposes and to what extent, or whether it should remain as a formulary of precepts as its language would seem to imply was the original intention, are the only questions that can be or ever have been raised regarding the code of medical ethics.

No doubt also the belief is just as prevalent that we and all similar organizations require our members to subscribe to some set of doctrines, or a confession of faith, and to conform to certain modes of giving drugs. We know of no such doctrines or rules, except as they are sometimes put into our mouths through others. We hold that no truth is final, and that no man should limit his studies or his practice by any confession. We hold that every proposition of doctrine or of practice must stand or fall to the mind of every individual without let or hindrance, and that there are no limitations on what any man may do in the way of practice or hold in the way of belief except such as are due to himself—his own powers and disposition. More than this we could not do. Less than this would change our atti-

tude to medical science, to other medical men and to the public, and place us in the ranks of the sectarian physician. This attitude of mind in the physician in his relation to medical science and the public is in a limited way akin to that of the banker in relation to the coin of his customer. Every coin offered him he must accept or reject by his own mental process on the evidence obtainable. He scans it, handles it, turns it over, tests it ring, weighs it, and receives it for what it seems to him to be worth. If it is counterfeit, it is rejected at once and absolutely. If it is a debased or clipped coin, he ascertains its value and acts accordingly. If the man of science recognizes the falsity or counterfeit character of some supposed new science, new method or new proposition, and rejects it as peremptorily as the banker does the counterfeit coin, or after examining all its claims to being genuine, still rejects it or receives it only for what it is worth, he is likely to be called a bigot or to be charged with intellectual intolerance to a degree which only medical men are supposed to be guilty of.

Indeed intellectual intolerance is a charge which is too often laid at the door of the medical man when he turns away from the sciolist and declines to share with the pseudo-scientist.

An episode in the life of Israel's king, Solomon, affords a lesson and an answer. He proposed with his sword to divide the living child which was in dispute, in order to determine which was the real mother and which was the pretended mother. The latter counted it a liberal proposition, but the real mother surrendered rather than to submit to such a compromise. There are some things which can not be shared and are insusceptible of division.

Medical science appeals for help and wider recognition from the public and the State. It could easily be shown that the greatest discoveries in this field have through all the past and in recent times conferred much greater proportional benefits on every class of the community than on physicians as a class. It could equally be shown that almost all the valuable discoveries and resources for prolonging life, relieving suffering and preventing disease have been due to the individual efforts of those devoted to medical science with little or no aid from the State and the non-medical public. A few notable and honorable exceptions there may be.

Moreover it is not generally appreciated that almost every one of the epoch-making discoveries have contracted the field for the practitioner and curtailed his resources for earning a living. It ought not therefore to be expected that the medical profession be wholly responsible for the future progress of that science which adds so much to the public welfare and at the same time works to the detriment of the medical calling as a calling. It is unreasonable not to expect that some of the increasing wealth of private citizens and the fostering care of the State should share in the work of discovery and application and bear the burdens thereof.

One thing the situation demands: A better education of the citizen; not of the present generation already in the field of active pursuits, for that is practically hopeless; but better education of the present and future youth of the country—that all educational institutions from the lowest to the highest shall take cognizance of the new fields of knowledge and the new methods of thought and investigation

which have come into view in the last quarter of the century.

A recent writer on higher education says: "Men may be educated in literature and philosophy and yet only half educated or uneducated in science and thus liable to terrible mistakes because they are color blind as to the half of human knowledge. Some of our greatest orators and most popular writers are simpletons as to scientific methods and arguments." To which sentiment we all say, amen!

And another thing the situation demands, viz.: That the United States Government which professedly represents the most civilized, the most enlightened, the most progressive, the most peaceable and the wealthiest in resources of all the nations of the earth, shall nominally and actively recognize the claims of medical science as a science and in its beneficent relations to the people, and shall serve as a channel through which the energies and the wealth of the people shall be directed to these ends.

A peaceable government which spends eighty millions of money a year on its army and navy in times of peace, one hundred and fifty millions in pensions, sixty millions on its inland rivers and harbors, and many millions more to promote commerce and other material interests of its people, ought to spend more than one or two hundred thousand dollars a year in the interests and in the name of the health of all the people. This small pittance which is now expended in this direction is spent in the name and for the sake of trade and commerce by the Marine-Hospital Service for the purpose of quarantine, one of the subordinate functions of this department, which is itself a subordinate department of the executive branch of the government. We read of some of the minor employes of the government having charge of the inspection of meats and other food products; but we also learn that this is carried on wholly in the interests of our trade relations with other countries and not for the sake of the health of the consumer or producer. How many of even the best informed citizens of this country are aware of the fact that if smallpox existed as it did one hundred years ago, that if cholera and yellow fever could not be controlled better to-day than they were twenty-five years ago, to say nothing of other forms of contagion, pestilence and plague—with the increased means and rapidity of travel and with the hundredfold increase of running to and fro upon the earth, I say who and how many know that with these conditions, the towering industries would be brought low, the mighty channels of commerce would be closed, great cities wiped out, the whole population decimated every decade, and if we believe the testimony of the older days, those of the people who remain would nearly all be defaced with pock marks.

The militant type of government was proper enough in earlier history and is well enough now in some of the nations of the world, perhaps, but our government at least must be readjusted to the industrial peace type which our conditions require. The heads of the army and navy departments, now so prominent in the councils of the government, must give way to those who represent the arts of peace, industry and humanity. In this adjustment, we propose to take part and to be a part with the permission and co-operation of the intelligent people. Hygeia will rise step by step until she strikes hands with Ceres and have an equal voice in the councils of the nation.

Then we shall see tuberculosis, the remaining

greatest scourge of the race, which is now accredited with one quarter of the mortality of our time, shorn of its power and controlled.

To quote from a recent address of President Eliot:

"The public does not use its imagination sufficiently with regard to the future of preventive medicine. Leprosy and smallpox have been measurably conquered; it has proved possible to exclude cholera and yellow fever; and yet the public is not impatient for the conquest of every other infectious and contagious disease, and often not willing to provide the necessary means of deliverance from these evils. Some of the most intelligent communities refuse to establish public disinfecting stations. Bacteriological laboratories are few and far between, when they should be everywhere accessible. Pure water supplies have diminished typhoid fever in urban populations, but the rural populations, through ignorance, still suffer disproportionately from this preventable scourge. The faith and hope of the medical profession should arouse the public from this lethargy, and redeem it from this destructive ignorance and incredulity."

In our own State as well as in the general government, we are not living up to our requirements nor our opportunities. We are lagging behind less favored communities in the matter of legislation, looking to the best things in medical science relating to the control of disease and the promotion of health. We have many laws and fragments of laws which seem to have or to have had at some time, beneficent aims in this direction, but they were mostly enacted from and when enforced at all, are enforced from the standpoint of commerce and the good of some local material interest.

We have nominally a State Board of Health, but it has made little impression on the affairs of the State in the name of health, largely from lack of sufficient appropriations, and from lack of the moral support of the community and the medical profession. More of the intelligent and influential members of the profession should be willing to make some sacrifice of their own interest, and take part either directly or indirectly in legislative affairs.

An over-view in the presence of our legislature when in session, is both instructive and discouraging, but by this I mean no disrespect to the mass of well-meaning men who are there. A veteran in legislative halls summarized his experience epigrammatically by saying that the less one knows of how law is made, the more he will respect the product. Of the several hundred bills introduced into our last legislature, aside from general appropriation bills for current expenditures, nine-tenths of them were for the promotion of some local or special interest. A bill looking to the general welfare is generally crowded out or defeated. It has come to be more and more that a legislature is made up of representatives of interests rather than of representatives of a certain number of people. A sprinkling of intelligent medical men to represent the medical interests and to see that medical questions receive respectful and a due share of consideration, might improve a legislature and its work. It could not affect it seriously otherwise.

When medical men are willing to take part in public affairs instead of staying at home and grumbling, and writing jeremiads, medical questions may be better treated in legislative assemblies and by the public generally.

To quote again from President Eliot:

"The medical profession has before it an entrancing prospect of usefulness and honor. It offers to young men the largest opportunities for disinterested, devoted and heroic service. The times are passed when men had to go war to give evidence of endurance, or courage, or capacity to think quickly and

well under pressure of responsibility and danger. The fields open to the physician and surgeon now give ample scope for these lofty qualities.

"The times are past when the church alone asked men to devote themselves patiently, disinterestedly, and bravely to the service of their fellowmen. The medical profession now exhibits in highest degree these virtues. Our nation sometimes seems tempted to seek in war—that stupid and horrible savagery!—for other greatness than can come from vast natural resources, prosperous industries and expanding commerce. The pursuits of peace seem to pall for lack of risk and adventure. Would it might turn its energies and its longing for patriotic and heroic emotion into the immense fields of beneficent activity which sanitation, preventive medicine, and comparative medicine offer it! There are spiritual and physical triumphs to be won in these fields infinitely higher than any which war can offer; for they will be triumphs of construction and preservation, not of destruction and ruin. They will be triumphs of good over evil, and of happiness over misery."

ORIGINAL ARTICLES.

WHAT CONSTITUTES TRUE CLINICAL EXPERIENCE IN MEDICAL PRACTICE AND ITS RELATIONS TO THE PUBLIC HEALTH?

Read in the Section on State Medicine, at the Forty-seventh Annual Meeting of the American Medical Association, at Atlanta, Ga., May 5-8, 1896.

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Clinical experience is to be regarded as the knowledge gained by a direct study of diseases or morbid processes, including their causes, symptoms, progress, natural tendencies and results, and the actual influence of remedies in arresting, modifying them or shortening their duration. If this is correct, it must be obvious that the value or reliability of our clinical experience will depend directly upon the extent and accuracy of knowledge of the nature and modes of action of the causes of disease, the natural tendencies and results of each disease or group of morbid processes, and the actual mode of action of each remedy used in the treatment of such processes. In other words, the clinical experience of members of the profession will be reliable, just in proportion to their knowledge of etiology, pathology and therapeutics.

It was not until the last fifty or seventy-five years that organic and physiologic chemistry and microscopy had attained such a degree of development that many of the exciting or efficient causes of disease could be identified and their mode of action in the living body determined. Patient, persistent observation through the preceding centuries had led the profession to believe that all acute general diseases were caused by specific causes to which the names of malaria, miasms and contagiums were given. But their identification had, in far the greater number of instances, eluded the powers of simple observation; and consequently, neither their mode of development nor their mode of action on the functions or structures of the body could be traced with accuracy. The same remarks are applicable to our clinical knowledge of the action of remedies. Without the aid of the more recent improvements in chemic and microscopic methods of research it was not possible, in the first place, to separate the active agents from the crude materials of the drugs, and then so closely follow the active agents when administered as to see what changes, if any, they undergo, what changes they effect in any of