bing with a brush which from constant use and non-sterilization is reeking with germs. The immersion of the hands for a few seconds or minutes in an antiseptic solution renders them far from sterile. The family jar of vaselin commonly offered the physician as an unguent is as septic a material as could possibly be used upon the examining finger, but it is often employed by the physician without the slightest conception that by its use he is endangering his patient. The external genitals of the lying-in woman are not aseptic until so rendered, yet in how many cases are examinations made without these precautions being taken. These are but samples of the faulty technique, which is the cause of sepsis in varying degrees of intensity.

The minute attention to details of surgical cleanliness, which is so essential to the proper healing of wounds, should be used in the normal case of confinement if we are to avoid the milder forms of sepsis which may cause subsequent suffering. The physician must not refrain from taking these precautions from the idea that childbirth is a normal physiologic process and should not be interfered with. Childbirth is a normal process, but nature did not anticipate or provide against the introduction of septic material by the physician. It is time that members of the profession awake to the fact that they and they alone are in most instances responsible for the mild sepsis which prolongs the convalescence of the lying-in woman.

What has been said in regard to sepsis after childbirth may be applied even to a greater extent when the uterus is emptied prematurely. It will be found in many instances that the origin of pelvic trouble can be traced directly to a former miscarriage. It is unnecessary to enumerate the reasons for this. It would be much more profitable to discuss the question of what measures should be adopted to stop the practice of criminal abortion which is alarmingly frequent. The abortionist is to be found in every community and he plies his trade in the most bare-faced manner, even making use of the daily papers to advertise his business. It is doubtful whether much can be done toward the extermination of this class of human reptiles, who with their dirty fingers and instruments do more harm in a community than does smallpox. As a rule the law only reaches them when a death has resulted at their hands, and then conviction is exceedingly difficult. They are usually doctors debased by drink or drug habits and really belong to the defective criminal class.

Unfortunately, physicians are acquainted with another class of abortionists made up of so-called respectable members of the profession. We have been called to attend and have saved the lives of their victims from the effects of flooding or sepsis only by the greatest exertion. It is our fault if we know of these crimes and refrain from action. By his own acts the abortionist for the sake of money has abdicated his position among the honorable members of his profession. Let us scourge him from our societies and by so doing show our disapproval of his unprofessional conduct. Until this is done he will continue to disgrace us and cast shame upon an honorable calling.

Above all things let us be honest and truthful with ourselves and our patients when they apply to us for the relief of certain conditions. Let us not juggle with our consciences and prescribe something with the assurance that it will cause menstruation to appear, if pregnancy has not supervened. When they come to us with the old, old story and request that we help them out of their difficulties, explain to them the enormity of the crime they ask us to commit and not refer them to some one who will give them the desired relief. Let us show them that our refusal is not based upon fear of detection, but upon high moral grounds which are a part of our much abused code of ethics. It is proof enough that the profession has been negligent in its instruction in this matter of criminal abortion, else patients would not unblushingly insult us so frequently by this request.

It also devolves upon us to describe the evil results which may accrue from a miscarriage, even if death does not result from a septic instrument. The chances of resulting sterility must not be forgotten. The physician is called upon to enlighten the patient as well as to refuse to accede to her request. When this is done conscientiously, with no fear of losing the subsequent patronage of the patient, then will come a time when the commmunity will regard this question of induced abortion is its true light and these sins against nature with all the attending suffering will become less frequent.

Who can predict the mighty advances in gynecology and abdominal surgery which the one hundredth anniversary of the AMERICAN MEDICAL ASSOCIATION will reveal? During the past half century these two branches of our science have been revolutionized, chiefly, I am proud to say, through the genius and industry of American physicians. It is not beyond the realms of possibility that these same qualities directed toward the solution of the problems of preventive medicine will again revolutionize these departments during the course of the next fifty years.

Pythian Temple.

ORIGINAL ARTICLES.

THE NECESSITY OF GRANTING PRIVILEGED COMMUNICATIONS TO THE MEDICAL PROFESSION IN THE STATE OF ILLINOIS.

Read before the Medico-Legal Society of Chicago, Dec. 5, 1896.

BY DANIEL R. BROWER, M.D.

Professor Mental Diseases, Materia Medica and Therapeutics, Rush Medical College; Professor Mental and Nervous Diseases, Northwestern University Woman's Medical School, etc.

CHICAGO, ILL.

Hippocrates, the sage of Cos, 460 years B.C., demanded, as you well know, of the students in his asclepia an oath in which, among other things, they swore that "whatever in connection with professional practice, or not in connection with it, I see or hear, in the life of men which ought not to be spoken abroad I will not divulge, as reckoning that all such should be kept secret." From the time of this great Grecian physician until today the great principle embodied in this portion of his oath has been the principle actuating all good physicians in their daily life and conduct. He knew, as every physician of today knows, that so close, so intimate, so privileged are the communications between patient and doctor that they should be kept as inviolable secrets. He knew, as we know, that there is in almost every household a closet and a skeleton, hid carefully from the eyes of ordinary men, but easily accessible to the physician, and this must

not be disclosed. He knew, as we know, that in the daily inspection of our patients we see stigmata, in the boldest figures as plain as the writing on the walls of Belshazzar's banquet hall, consequences of the violation of nature's laws, that must not be proclaimed from the housetops. He knew, as we know, that when a woman comes to us for relief from some discomfort and our microscope reveals the fact that she has not been leading the life that her position in society demands; that she is, indeed, no better than a prostitute, although the daughter of a highly esteemed family, that this information thus obtained is privileged, and that no advantage can possibly come from its publication. It is our duty to lead her from the errors and dangers of her life, but not to disgrace her and her family by the publication under any circumstances of this information thus obtained. And he knew, as we know today, that there are hundreds of ways in which information comes to physicians, wrung out of their patients by their conscience-stricken condition, wrung out of patients by the fear of death, obtained by simple, careful scientific inspection, placing us vastly closer to the innermost recesses of the people than either the clergy or the lawyers can ever hope to attain. These communications are not in all communities privileged, either as to the clergy or the doctors; because, I presume, that the laws are made, not by the doctors, not by the clergy, but by the lawyers. For, in common law, communications between client and legal advisers are privileged, but not similar communications between clergymen, physicians and clients. They tell us that these communications must not be privileged because, if so, crime will be much more difficult of detection. This argument may have been a very adequate one in olden times, but certainly today it is altogether insufficient.

In England, priests and physicians have no privileged communications. In France they have, and I can assert, I think, without fear of contradiction, that the detection and punishment of crime is as prompt and sure in France as in England.

In the United States, twenty-one States and Territories regard these professional confidences precisely as they are regarded in France, as privileged communications, and these States and Territories are: Arizona, Arkansas, Colorado, California, Indiana, Idaho, Iowa, Kansas, Montana, Michigan, Minnesota, Missouri, Nevada, Nebraska, New York, Ohio, Oregon, Utah, Washington, Wisconsin and Wyoming. I think I may safely say that the machinery for the conviction and punishment of crime operates just as well and as promptly in these States and Territories as in their less fortunate sisters.

It might be interesting to consider the subject matter of some of these laws in other States.

In California the law reads: "A licensed physician can not without consent of patients be examined in a civil action as to information acquired in attending patients which was necessary to enable him to prescribe or act for the patient." In Colorado, it is similar to that of California.

In Indiana the law reads: "Physicians are incompetent witnesses as to the matters communicated to them as such by patients in their professional relations." The law in Iowa is much the same as in Indiana. In Kansas the law is much the same as in California.

In Michigan the law reads: "No person duly authorized to practice physic or surgery shall be allowed to disclose any information which he may have acquired in attending any patient in his professional character, which information was necessary for him to prescribe for such patients as a physician or do any act for him as a surgeon."

In Minnesota the law reads: "A regular physician or surgeon can not, without the consent of his patient, be examined in a civil action as to any information acquired by attending the patient which was necessary to enable him to prescribe or act for the patient." The Missouri law is similar to that of Michigan.

The Nebraska law reads: "No practicing attorney, counsellor, physician or surgeon, minister of the gospel, or priest of any denomination shall be allowed in giving testimony to disclose any confidential communications properly entrusted to him, to enable him to discharge the functions of his office according t the usual course of practice or discipline."

In New York the law reads: "A person duly authorized to practice physic or surgery shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, but gives the right of waiver to the patient or person confessing."

In Ohio it is enacted that, "A physician shall not testify concerning a communication made to him by a patient in his relation as adviser to his patient; but the physician may testify by the expressed consent of his patients, and if the patients voluntarily testify the physician may be compelled to testify on the same subject."

In Wisconsin the enactment is that, "No person duly authorized to practice physic or surgery shall be compelled to disclose any information which may be acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as his physician or to do any act for him as a surgeon."

It is very surprising that the great State of Illinois, with its medical colleges and hospitals in the very first rank of such institutions in the world, with so many practitioners of international reputation, and with laws regulating public health, and great medical charities that are not surpassed, should be in the rear-guard of States in this important matter; and it is also surprising that there are so many well informed physicians who are not aware of the position the State occupies.

In France the Penal Code, Art. 378, directs that if physicians, surgeons, officers of health, as also apothecaries, midwives and all other persons depositaries of secrets, either through their condition or profession shall reveal these secrets (except in cases where the law obliges them) they shall be punished with fine and imprisonment; and in another place it is clearly indicated that the exception has reference to crimes that put the safety of the state at hazard. The adjudications under this law have been various, seemingly dependent upon the judicial officer. A Dr. St. Pare, surgeon in the French navy, in the case of a duel in which he acted as surgeon, for refusing to answer the question, "Are you in attendance on M. Giraud, wounded some days since in a duel? Where is the wound situated and for how many days will he be incapacitated from pursuing his ordinary avocation?" was fined 150 francs.

Some points have been raised in these several States that are of interest in this connection. One

was as to whether physicians shall testify after death of the patient, as in cases of testamentary capacity, insurance cases, etc. If it had been always strictly interpreted it might cause some inconvenience and the court of appeals of New York has admitted that it might cause mischief.

In Indiana in a similar case the court held that the legal representative of a patient might waive the privilege.

In the people *versus* Kennuder, 119, New York, 585, it was held that the privilege does not extend the information as to the patient's condition, either mental or physical, gained by the doctor who is sent to make an examination of the prisoner's mental or physical condition in jail, provided the testimony does not include conversations with the prisoner or transactions in jail. If the doctor simply testifies as to his opinion of a person's mental or physical condition as he saw him in his cell or court room the evidence is unobjectionable.

In Michigan several cases have been argued upon the question whether if the patient states a certain physician attended him the physician can be put on the witness stand to contradict the patient as to this fact.

In Brown *versus* Metropolitan Life Insurance Company, 65 Michigan, 306, this was not allowed.

In New York, it has been further decided that if a party claims to exclude evidence as coming under this prohibition he must show the relations of a physician to the patient to have existed, and that the rule does not apply to criminal cases. Moreover, the courts have seemed to rule that it is not needed to definitely prove the information to have been necessary to enable the physician to act as such, this being inferred by the relation of physician and patient. Furthermore, the rule of evidence which excludes communications between physicians and patients must be invoked by an objection at the time the evidence of the witness was given.

The penalty of the disclosure of confidential communications appears to be regulated by the general law. Bishop on Rights and Torts, 1889, Sec. 295 and 301 gives the spirit of the law as follows:

"The doctrine that one who follows a command or permission of the law, is not liable to another, casually injured thereby, furnishes a wide protection to defendants in libel and slander. But this principle covers in general only honest and careful utterances. . . . Sec. 295.

"We may add as the doctrine here to be considered, that whenever the law or any social duty which the law recognizes, permits or requires an utterance not thus privileged absolutely, it is conditionally so, that is, if cautiously and circumspectly made so as not to inflict needless injury, in other words, if it is honest and without malice—otherwise it is not protected."

As illustrations are given: A letter written by a man to his wife's mother, cautioning her against one she contemplated marrying, was in an English jury case, ruled by Alderson B. to be privileged (Todd *versus* Hawkins 8, Car and P. 88). But in a Massachusetts case (Joannes *versus* Bennett, 5, Allen 169) a like letter from a pastor to a girl was ruled otherwise as he was not related to her. See also in N. Y. Byam *versus* Collins, 39 Hun. 204.

It is not likely that any court would rule a communication or consultation for criminal purposes to be privileged. In New York this has been specially ruled against. Hewitt *versus* Prime, 21 Wend. 79. Hageman on Privileged Communications.

I am very glad the Medico-Legal Society of Chicago, composed as it is of representative members of the medical as well as of the legal profession, has taken up the consideration of this important question, and I believe they fully agree with me that the State of Illinois should as speedily as possible be placed in the role of States that makes the communications of physicians, lawyers and clergymen privileged communications, and we sincerely trust, at least, that there is no medical man in this association who would not prefer to sacrifice his personal liberty rather than violate the secrecy or implicate the character of his patients and under no circumstances permit professional secrets to be dragged into publicity in a law court.

A RAPID AND SUCCESSFUL TREATMENT OF HERPES ZOSTER.

Read in the Section on Dermatology and Syphilography, at the Forty-seventh Annual Meeting of the American Medical Association, held at Atlanta, Ga., May 5-8, 1896.

BY A. H. OHMANN-DUMESNIL, M.D.

PROFESSOR OF DERMATOLOGY AND SYPHILOLOGY IN THE MARION-SIMS COLLEGE OF MEDICINE.

ST. LOUIS, MO.

Although herpes zoster is one of the effections of the skin which is of comparatively frequent occurrence and has been known ever since cutaneous eruptions were observed, there is no manner of doubt that many points connected with its etiology and pathology are still veiled in more or less obscurity. It was not until quite recently that a consensus was arrived at in regard to its being a relapsing disease. And, for this knowledge we must give the general practitioner due credit. Without any pretenses to a special knowledge of cutaneous medicine, the country doctor has frequently had occasion to observe "shingles" occur a number of times in the same individual. Such instances have been reported so often that the idea no longer prevails that one attack of herpes zoster confers immunity against subsequent attacks in the same individual. Nevertheless, this was the opinion formerly held by the best observers and a reference to works on dermatology will show that it was generally accepted. The cause of this no doubt lay in the fact that the patient either did not apply for relief when another attack came on or sought the services of some one else in the hope that this latter would be able to prevent a recurrence.

Another idea which has prevailed is that the disease has a self-limited course, lasting from three to four weeks, when spontaneous recovery takes place. I have seen cases in which successive crops of vesicles have appeared for two or three months with breaking down of the lesions and ulceration. Not only this but the ulceration would become phlegmonous and during all this time the neuralgic pains were of an intense character, to such a degree that opium and other sedatives soon became impotent. Such a self-limitation is certainly one not to be desired and therapeutic interference is not only indicated but imperatively demanded by the exigencies of every case.

It has been asserted by some good authority that no treatment will cut short the course of herpes zoster and that the best which can be expected from medication is to diminish the neuralgic pain. This is far