

ment of Adenoid Growths, by C. W. Richardson, Washington, D. C.

Discussion opened by W. E. Casselberry.

21. Indirect Treatment of Laryngeal Disease, by Ephraim Cutter.

Discussion opened by S. G. Dabney, Louisville, Ky.

22. Case in which an Orange Seed Sprouted in the Larynx, by Geo. F. Keifer, Lafayette, Ind.

23. Three Cases of Laryngeal Neoplasms, by Robert Levy, Denver, Col.

24. Laryngeal Tumors; their Removal and Treatment, by Chas. S. Allen, New York City.

Discussion opened by John O. Roe.

THURSDAY—AFTERNOON SESSION.

25. Physiology and Pathology of the Eustachian Tube, by John North, Toledo.

26. Iodine Applied in Hypertrophy of the Walls of the Eustachian Orifices, by A. J. Erwin, Mansfield.

Discussion opened by Dr. Reese, Toronto.

27. Intubation and Tracheotomy in Diphtheritic Croup, with Report of Cases, by W. Johnson, Paterson, N. J.

Discussion opened by Bryson Delavan.

28. Clinical Experience with Pyrozone, by J. E. Newcomb, New York City.

29. Notes of Two Years' Work in the Nose and Throat Clinic at the Michael Reese Hospital, Chicago, by Norval H. Pierce, Chicago.

30. Two Unusual Cases of Syphilis of the Upper Air Passages, C. H. Knight, New York City.

31. a. Description and Presentation of New Combination Ear Instruments. b. Description and Presentation of New Nasal Instruments, by Adolph Blitz, Indianapolis, Ind.

General Discussion.

Papers are conditionally promised by Drs. W. H. Daly, Don M. Campbell, D. B. Delavan, Lucien Howe and S. G. Miner.

DOMESTIC CORRESPONDENCE.

Why We Do Not All Think the Code Above Revision.

To the Editor of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

Dear Sir:—First. The present Code contains irrelevant matter; it may be excellent matter of its kind, admirable in its place, but its proper place is outside of the organic laws which govern a medical association. And, whether its status be that of by-laws or standing resolutions, the Code of Ethics is a portion of the organic law of our medical associations.

Specimens of the matter referred to are to be found in the account of the obligations of patients to their physicians or the attitude of mind that the physician should observe towards his profession. That the sentiments expressed are excellent; that the phraseology used is beautiful no more entitles such passages to a place in our organic law than the same qualities would render pertinent a beautiful and inspiring essay on the subject of ethics.

Second. Whether because of such irrelevant matter, or for other reasons, the Code as it stands, is not enforced; and the experience of nearly half a century goes uniformly to demonstrate that it can not be enforced. The writer has never known a case in which the penalties supposed to follow its violation were inflicted, although probably most members of the American Medical Association believe they know of instances of its violation. For instance, there is an article about collusion between the physician and apothecary. A few years since, some fellow members of our local society called my attention to what they claimed to be a gross violation of this provision, and of which they claimed to have conclusive knowledge. I offered for the vindication of the Code to appear as a prosecutor in the case against a gentleman with whom my relations had always been pleasant, if those who claimed to know of the violation would appear before the censors of the society, and before the society itself to

testify to what they knew, but the necessary testimony was never forthcoming.

Now, it is unlikely that in all the years that the Code has been a portion of our organic law, in all the myriad instances of its violation that have occurred there have been none of conviction and punishment, only that the proportion of these is so small as to be of insignificant importance and influence among the many cases of such alleged violation. The reasoning often resorted to that a law may do good though not always enforced, does not apply to this case. This is a case of a law never or almost never enforced. The claim made that the simple presence of the law on the statute book, quite apart from the matter of its enforcement, exerts a salutary influence, is, I think quite fallacious.

Some years since, I worked out a new form of ophthalmoscope and a very prominent manufacturer of optical apparatus called on me with a proposition to make this ophthalmoscope in large quantities and popularize it. In order to protect himself he proposed that he should take out a patent upon it, so that rivals should not get the advantage of his advertising of it, and he offered to pay me 10 per cent. of the gross receipts as my share. He explained how this had been done for others, and instanced a prominent member of the American Medical Association, whose instrument was fully described in this journal and exhibited, with a mark "patent applied for" upon it, before a section of the Association, and, so far as I know, no one ever suggested any censure or punishment of this gentleman for violation of the law in the American Medical Association. The exhibition of this patented instrument publicly demonstrated that the spirit of the Code could be violated with perfect impunity, that the Association as a body did not care to enforce it.

Third. The Code as it stands is a source of misunderstanding, both with the profession and with the general public. Partly from the inappropriateness of the language of 100 years ago to certain professional situations that exist to-day. More, perhaps by reason of false impressions as to what its provisions really are, arising in the minds of those who are inclined to read into it their own opinions and limitations. Certainly it is on this account subject to the undeserved hostility and contempt of many who hold just the principles it was designed to inculcate. The attitude towards it of the general public, and of more than two-thirds of the profession who have never been willing to subscribe to it, is certainly based on misapprehension, and, even among the members of the Association the widest diversity of interpretation may be found.

Take for instance, the most discussed provision, one that to many persons probably stands for the whole Code, that which declares against consultation with 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." A large proportion of physicians, and the whole laity, seem to understand that this means that men holding different views as to the proper treatment of a case or the manner in which drugs act, are prohibited from meeting in consultation; an interpretation unjustified by any language of the Code, a clear reading into it of meaning it was not intended to convey, with the desire to find in it support for actions really arising from individual prejudice or caprice.

The argument will instantly be raised that the Code is not responsible for the mistakes of those who do not understand it. But there is the point: the Code is an expression of principles; in so far as it fails to express these principles clearly, it is a failure and has no reason to exist. It is a rule for guidance, and in so far as it fails to guide, or its guidance is in quite another direction from that intended it is a failure—a rule worse than useless.

Fourth. The existence of such a Code, misunderstood and rejected by the whole of the laity and a large proportion of the profession; unenforced by the societies that include it as part of their organic law, and which purports to have established finally and in the best possible manner the principles of professional ethics, tends to lessen respect for and obscure the understanding of those principles whose general appreciation is needed for the elevation and advancement of the profession. The absurdity of discussing questions of professional ethics that have been finally decided is so evident that practically no attempt at intelligent discussion of the foundations of professional ethics was made from the time of the adoption of the Code until the New York agitation for its amendment or repeal a few years ago.

The removal of these subjects from the sphere of professional discussion is largely responsible for the lack of a more general application of the principles of professional ethics. These principles, and the best methods for their application, are still properly matters for careful scientific study, not for dogmatism; and the Code, by apparently removing them from the sphere of scientific discussion has done positive harm.

The Code has never been so valuable for the advancement of the principles on which it is founded as it is now, when it becomes a subject for debate and revision.

Fifth. It is to-day the most serious obstacle to professional unity. On account of it, more than for any other reason, the majority of the profession remain outside the medical societies our Association represents. In the Association it is the cause of the widest divergence of opinion and the deepest and bitterest feeling. It is the cause of separation from the Association of the New York Medical Society, a body representing the largest proportion of the profession in the most populous State in the Union. Its existence has built up the medical sects, which to-day constitute the most serious obstacle to professional improvement, as those who have labored for the establishment of State Examination Boards know to their sorrow. The politically and socially powerful organizations known as Homœopathic and Eclectic Medical Societies would be utterly impossible except in the presence of the condensing and unifying influence of professional ostracism. The material of which such societies are usually composed is in the highest degree incoherent, and they could only be held together under this pressure.

These, Mr. Editor, are among the reasons that some of us see for revision of the Code. Some of the other aspects of the subject may be reserved for a second letter.

EDWARD JACKSON.

215 S. 17th St., Philadelphia, Pa.

NECROLOGY.

DR. MILTON JOSIAH ROBERTS, an eminent surgeon, editor and teacher of New York City, died on Wednesday the 26th ult., of pneumonia and renal disease. He was born in Ohio in 1850, educated at Cornell University, and graduated in medicine at the University of the City of New York, class of 1878. After serving a brief term as hospital interne, he took up his residence in New York, and as an assistant to Dr. Lewis A. Sayre took his life's bent in the direction of orthopædic surgery. He became a professor in that department at the Vermont University and the Post-Graduate School of New York. He was an early advocate of Listerian surgery, in the furtherance of which cause he was influenced to found a monthly publication, known as the *International Journal of Surgery and Antiseptics*. This journal was also the channel of presentation to the profession of not a few

of Dr. Roberts' devices and new instruments that his inventive faculty, which was shrewd and fertile, developed for use in osseous and articular surgery. He was visiting surgeon to the Randall's Island hospitals, where his services were of untold value to hundreds of deformed children. He was an active member in the State Medical and other social bodies, to all of which he freely contributed papers as occasion required.

DR. J. S. DORSEY CULLEN, who died in Richmond, Va., on March 23, in the sixty-second year of his age, was a member of the American Medical Association since 1877. He was the son of Dr. John Cullen of Dublin and Richmond, one of the founders of the medical department of the Hampden-Sidney College, now the Medical College of Virginia, and its professor of medicine. Dr. Dorsey Cullen graduated from this school in 1853, after which he spent two years or more in Philadelphia, as interne at the St. Joseph's and Blockley hospitals. During the civil war he served as brigade and division surgeon on the Confederate staff with great distinction, so that at the time when the peace came he was in the responsible position of medical director of the First Army Corps, Army of Northern Virginia. He was physician and surgeon to the almshouse and hospital, and professor of diseases of women and children in the Medical College of Virginia, until about 1881; at which time, upon the resignation of Dr. Hunter McGuire from the chair of surgery, Dr. Dorsey Cullen was chosen to that department. He was one of the founders of the *Virginia Clinical Record*, in 1871, and a co-editor thereof during a part of the time until 1874. He was one of the charter members of the State Society, and interested in the progress of the Southern interstate societies of various names.

PROFESSOR BENJAMIN BALL of the Faculty of Medicine of Paris, who died recently in his sixtieth year, was an author on mental diseases whose elegance of diction and lucidity of instruction brought to mind the qualities of the late Dr. Thomas Watson of London. Dr. Ball was not infrequently styled "the orator of the Academy." His final illness was progressive paralysis. His chief work was entitled "*Les Maladies Mentales*," and indicated the line of his instructions as professor of that branch in the Medical Faculty of Paris.

MEMORIAL OF DR. THOMAS FANNING WOOD, OF WILMINGTON.—The *North Carolina Medical Journal* for April reports that the widow of Dr. Wood has donated the valuable library left to her to the University of North Carolina, where it will remain *in perpetuo*, bearing his honored name. The trustees of the University design still further to commemorate that name by the creation of two Wood scholarships, one of them in the medical department and the other in the department of literature. Dr. Wood was a true book-lover and quite an active collector of rare volumes, his specialties being in vaccination and botany. His long tenure of the position of editor of the journal above named brought into his library a vast number of publications that could not readily otherwise be brought within the reach of the University which now falls heir to them.

MISCELLANY.

DR. DONALD McLEAN of Detroit, has had the degree of LL.D. conferred upon him by the Queen's University of Kingston, Canada.

TWENTY-FIFTH Annual Meeting of the Nebraska State Medical Society will be held at Nebraska City, Neb., May 16, 17 and 18, 1893.