

It is now more than twenty years since Dr. Forbes Watson drew special attention to the high percentage of nitrogen—over 70 per cent.—contained in the cotyledons of the *Soja hispida* or “Soy” bean of India, but from some cause or other no attempts—or at least no successful attempts, appear to have been made to dietetically utilize the bean. Some new biscuits prepared from the *Soja* have been brought out, and these are stated to be well adapted for use amongst diabetic patients, by reason of the insignificant proportion of starchy and saccharine matters they contain. The biscuits, unlike several “diabetic” productions, are not at all unpalatable, and indeed may be said to be rather nice than otherwise. Consequently they are likely to become popular with patients.

Mr. Ritchie, in his capacity of President of the Local Government Board, has directed the attention of the County Councils in the country, and sanitary authorities, vestries and District Boards of the metropolis, to the provisions of the Act passed last session as to the housing of the working classes. This Act has greatly extended the powers of the local authorities. Heretofore in towns houses could not be condemned unless the medical officer of health alleged that the prevalence of disease in the district might be reasonably attributed to the sanitary defects of the dwellings. Henceforth it will not be necessary to await the outbreak of disease. The stable doors may be locked before the steed is stolen. It will be enough for the medical officer of health to represent that the sanitary defects are dangerous or injurious to the health of the inhabitants or their neighbors. The compensation to be given to the owners of any houses in an unhealthy area acquired for an improvement scheme will not be based on the rental if that rental has been swollen by dangerous overcrowding. If the houses are deemed utterly unfit for habitation, only the value of the land and of the materials of the buildings will be allowed. Apart from improvement schemes, important powers are given to the local authority to deal with unhealthy dwellings. The medical officer of health is expected to keep himself informed about such houses, and where he does not take action of his own accord he is bound to take notice of the complaint of any four neighboring householders. Urban sanitary authorities have also the power, under the new Act, of building and furnishing lodging-houses for the working classes, but this part of the Act cannot come into force in rural districts unless it has been adopted by the sanitary authorities after a local inquiry directed by the County Council.

A rather unusual case occurred at the Dover County Court. A surgeon sued a retired medical practitioner for £21 for professional attendance. Defendant contended that it was the custom in the medical profession not to charge each other

for attendance. Plaintiff and another medical gentleman said that although it was not usual to charge a man in practice, it was usual to charge a retired medical man. With this the judge agreed and gave judgment for the plaintiff.

It appears after all that there is but slender foundation for the alarming report that the influenza epidemic had reappeared in the city of London. One leading practitioner states that he has heard of only four cases, and they were all in one family, while another suggests that the symptoms of other maladies have been mistaken for those of influenza.

The authorities of the Metropolitan Asylum Board have been compelled, in consequence of the rapidity with which fever cases are coming into the London hospitals, to open huts at Gore Farm, Darenth, for convalescing patients. For some time past the cases have been coming into the six hospitals at present open at the rate of forty a day, and at the present there are 2,147 cases under treatment.

With the object of continuing the work of popularizing the use of short-hand amongst medical students, an examination in general proficiency in short-hand and the methods of its use will be held at the Examination Hall of the Royal Colleges of Surgeons. G. O. M.

DOMESTIC CORRESPONDENCE.

“Limited Practice” and the Code of Ethics.

To the Editor:—The leading editorial in the *Peoria Medical Monthly* for September, 1890, commences with the following paragraph: “We believe the Code of Ethics of the American Medical Association permits of advertising to the extent of an announcement, ‘*Practice limited to diseases* —,’ following the name of the advertiser.” And throughout the article the writer assumes that the Code of Ethics actually gives permission to advertise “practice limited” to this or that specialty, whereas, there is not a word in the Code of Ethics relating to specialties or to “practice limited,” as I have had occasion to explain many times. The only clause in the Code referring to advertising is in the following words:

It is derogatory to the dignity of the profession to resort to public advertisements or private cards or handbills, *inviting the attention* of individuals affected 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 suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and 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.

The origin of the phrase, “practice limited,” is to be found, not in the Code of Ethics, but in the

report of a committee on a revision of the Code of Ethics made to the Association in 1874, as the following quotation shows:

The Code of Ethics very properly makes no mention of specialties or specialists, but presents plainly the rules necessary for the maintenance of professional character as applicable to all. But we are asked how, then, can those who wish to pursue a special practice make known their position to their brethren and the public? We answer that the title of Doctor of Medicine covers the whole field of practice, and whoever is entitled to that appellation has the right to occupy the whole or any part of the field, as he pleases. The acceptance of this honorable title is presumptive evidence to the community that the man accepting it is ready to attend practically to any and all duties which it implies. As all special practice is simply a self-imposed limitation of duties implied in the general title of Doctor, it should be indicated not by special qualifying titles, such as oculist, gynecologist, etc., nor by any setting forth of special qualifications, but by a simple *honest* notice appended to the ordinary card of the general practitioner, saying, "practice limited to the eye and ear," or to "diseases peculiar to women," or to "midwifery exclusively," as the case may be. Such a simple notice of limitation, if *truthfully* made, would involve no other principle than the notice of the general practitioner that he limits his attention to professional business within certain hours of the day. Neither could it be regarded as a claim to special or superior qualifications. To give the specialist any privileges beyond this, would be to invest him with a special advantage inconsistent with the equality of rights and duties pertaining to the profession.¹

It should be kept in mind that this quotation is simply the reasoning or comment of the committee and not a proposition to be incorporated into the Code. So far from this, the committee, after commenting on several other topics, closed its report with the following declaration: "After carefully reviewing the whole subject your committee do not recommend any alterations in the present Code of Ethics." And on motion of Dr. J. H. Van Deman, of Tennessee, the report was unanimously adopted by the Association.

Whether the suggestion of the committee, that the regular physician who honestly and actually restricts his practice to a fairly defined specialty, may so inform the public by saying on his card "practice limited to ———," is a question about which different opinions have been expressed, and concerning which no judicial action has been taken. But it is certain, as stated by the editor of the *Peoria Medical Monthly*, that the physician who makes such declaration on his professional card, must practice in strict accordance therewith. He cannot declare to the public and his professional brethren that his *practice is limited* to particular diseases or to diseases of particular organs, and continue to take charge of any and all cases that may come in his way, without making himself liable to the charge of deception and unprofessional conduct. And for that reason it is not likely to be generally adopted; simply because only a small percentage of the so-called specialists are willing to actually *limit* their practice to

the legitimate boundaries of their chosen specialty.

Very truly,

N. S. DAVIS.

Chicago, Ill., Oct. 25, 1890.

To the Editor:—Please see page 446, second column, near top of page (for September 20, 1890), where your New York correspondent says: "Consumption being peculiarly a disease of *civilization* (italics mine), is nourished by bad air and overwork amid insalubrious conditions," etc.

Now, just what condition of living constitutes the condition the writer regards "civilization," I am unable to tell; but I do know—from years of personal observation—that our North American Indians, especially those that most nearly approach savagery, not only often die of various forms of phthisis, but are far more subject to tuberculosis (*pulmonalis* and other forms), than the white people of any city in the United States. And not only so, but the Indians who live and ramble over the Rocky Mountains, from British America to Mexico, are also quite subject to phthisis *pulmonalis* (and other forms of phthisis), notwithstanding they breathe (when out-doors) the best air on our continent. Your correspondent, and most all our Eastern (American) medical book-makers should, at least, make themselves very familiar with disease in all parts of our own country—to say nothing of foreign parts—before presuming to teach what they do not know.

See in 7th edition of "Da Costa's Diagnosis," page 904, where he says of dengue: "Dengue is generally a harmless disorder, epidemic and contagious."

While the notorious facts, in reference to the effects of dengue here in Texas, as it has prevailed more or less extensively, at times, for many years past, are that it is not a "harmless disorder" in any sense of that term, for it is well known that our puerperal (and pregnant women not advanced to full term) in many (I may say most) cases, lost their lives as a result of dengue, to say nothing of many male (and female) persons who were first made seriously and painfully sick for a week or more, and left invalided for several or many months, and if of consumptive tendency, to die within a year or less, of phthisis. Now is this a "harmless disorder?" Yet Dr. Da Costa is a learned physician, whom we (Americans) are all proud of, and delight to honor, but had he followed the example of the great medical philosopher, Daniel Drake, he would not have fallen into such harmful blunders. Da Costa should have studied dengue "on the ground," in its native domestic habitat, then wrote not as the "scribes" (of Eastern bookdom) but as "one having authority." As the great Trousseau so often urged us, we (as students) as writers, should be always seeing and studying patients, and under

¹ See Transactions, Vol. 25, pp. 30-31, 1874.