

courses (which go on month after month with little change) on the same or allied subjects, are generally so arranged that one can constantly pursue even a single line of study without much conflict of lecture hours. The proportion of teachers who speak English is probably greater in Vienna than in either Paris or Berlin.

Although Vienna is perhaps the best place for the student who has but a short time for study abroad, yet Berlin and other German cities occasionally offer superior advantages in most departments of medicine to the physician or surgeon who can remain for a year or two. A prolonged stay will enable him to learn the language thoroughly and he will be better able to mentally digest what he sees and hears. He will also cultivate the acquaintance of teachers (a numerous class here) who follow their particular studies with an eye single to the service of science—not always casting furtive glances at the pocket books of the class before them. The University issues an admirable calendar (to be had at every book store) and time table of lectures—a pamphlet that will be appreciated by those who have studied in London and Paris. Armed with this, and having chosen a centrally located lodging somewhere near the *Charité*, he can profitably set to work at almost any time. Berlin should, however, be avoided by the new arrival during the months of July, August and September unless he has previously arranged to act as *locum tenens* for some assistant or chief of clinic who has gone for the usual holiday. Moreover, unless he wishes to follow some special advanced course or courses it would be wise for him to begin at the commencement of one of the semesters (the next begins October 26), or one of the *Ferien course*—vacation courses—for practicing physicians. The latter can not be too highly praised and should be attended by every post-graduate student who can conveniently reach Berlin toward the end of September. Full information regarding each course with the address of the clinic where it is held, name of teacher, honorarium, etc., is given in an announcement to be found in most medical bookstores or at the “Langenbeck house” (10 *Ziegelstrasse*).

The lecturers and instructors in the *Ferien* courses are not confined to the professors and *privat docenten* of the University—although these are in the majority—so that several competent and popular instructors outside the sacred precincts are afforded an opportunity to display their merits.

As many of these courses are limited, an early application is usually desirable before September 30, when certain of them begin. They all come to an end on October 26, each single course lasting four weeks. The fees are usually 40 marks (\$10) but range from 20 marks—e.g., Westphal's class in mental diseases, limited to five, twice a week—to 150 marks for Baginsky's practical course in otology, limited to three, and held daily. No department or departmental subsection of medicine or surgery seems to be forgotten in this scheme. For instance, there are thirteen courses, no two of which cover the same ground, in bacteriology, normal and pathologic anatomy; seventeen in internal medicine; eleven on the eye and ear; eight on gynecology and obstetrics; two on physiology; six on medical jurisprudence, toxicology and hygiene; eight on nervous diseases and electro-therapy; five on general surgery; fourteen on diseases of the ear, nose and throat; seven on syphilis, skin diseases and diseases of the genito-urinary organs, and one on medical photography.

Berlin has for us rather a melancholy interest in presenting most of the sanitary advantages that our large towns lack, and but few hygienic shortcomings, of which American cities furnish such conspicuous examples. Every medical visitor should inspect as part of his studies, the extensive municipal slaughter houses and their laboratories, where every animal is examined, macro- and microscopically before its flesh is used for food. And woe unto the butcher who dares

expose for sale a carcass lacking the proper sign of examination! He should also inquire into the system by which a daily and thorough (I had almost said non-political) examination is made of the milk sold within the city limits, and by which a careful search is instituted for adulterations in other forms of food. These matters are fully gone into by Meyer in a little book (*Das Gesetz betreffend den Verkehr mit Nahrungsmitteln*) published by Springer in Berlin. During this study of municipal hygiene, he will find that smallpox is practically unknown in Berlin and that everybody is, without exception, vaccinated. Finally, not to further expand this letter, he will discover that the sewage of the town does not pollute the Sprey, but is pumped out to, and spread upon a municipal farm of some 1,200 acres where it is used as a fertilizer. This estate is thus made to pay, over and above current expenses, more than 3 per cent. on the original outlay for the land.

The Code—Once More.

CHICAGO, ILL., Aug. 1, 1895.

To the Editor:—Will you grant me a little space to consider three questions which in the midst of all the present discussion upon the Code of Ethics, I do not remember to have seen presented in print in exactly the same way they have presented themselves to me. A clear, precise answer, devoid of all eloquent circumlocution, to each one of them will, I believe, go far toward establishing the value of the Code in the minds of many doubters in the profession. These questions stated briefly are as follows:

1. Is any written Code of Ethics compatible with free competition?
2. Is any code which does not assume the form of law with penalties attached, likely to have more than a poetic influence upon competing men?
3. Is the medical profession free from the “commercialism” so much condemned by the Code?

Upon principle and policy I will confess that I am a rigid code man, but I nevertheless fail to see the advantage of a written code of ethics for the medical profession or any competitive avocation and I am without hope of such a code ever being universally practiced though it may be universally admired. The weakness of the Code in the matter of personal competition and want of provision for appropriate penalties, I can best show by a couple of illustrations:

A young man, industrious and well-trained, honorable and talented, graduates at the head of his class and then begins the practice of medicine upon a limited capital. He expends a large part of his surplus cash fitting up his office and otherwise equipping himself for his life work. Like all beginners, he has but few patients, and these far between. Some morning while wearily waiting in his office, an individual walks in to consult him in regard to a small tumor. The young physician recognizes the nature of the growth, is fully cognizant of the ability and willingness of the individual to pay him a handsome fee for removing it, and has furthermore, every confidence in his own surgical skill gained by hospital experience. The patient, however, suddenly informs him that he has just come from Dr. X, whom the young man knows by repute and personal knowledge to be a man of inferior attainments. He furthermore learns that Dr. X has been in charge of the case, and for the last three months has been endeavoring to remove the tumor with all sorts of internal and external medication. Dr. X, being a regular physician, a confrère and personal acquaintance as well as a near neighbor, the young man at once thinks of the Code of Ethics. He also thinks of his own sore need of money to meet his coming rent, and of this rare opportunity afforded him to reveal his superior skill and experience. To send the patient back to Dr. X, would not bene-

fit the patient but would merely turn him away to some other physician. It would moreover, probably bring down upon his own head all the jealous wrath and backbiting of an angry rival—a result which he is likely to bring about whatever course he may pursue.

What, Mr. Editor, is the young man to do in the light of the Code of Ethics? One specific answer in such instances which are so common, is worth a volume of general platitudes.

Permit me to relate an actual occurrence, for these are the cases that are troubling many honorable men in the profession who admire the Code and yet seem strangely opposed to it:

A young friend of mine was treating satisfactorily several members of a well-to-do family. One of the daughters of this family suffered from excessive dysmenorrhea, the attacks of which were so severe as to resemble hysteria. A consultation was proposed and a popular gynecologist summoned. Glancing at the patient, the latter at first declined to make the examination, saying that the case was merely one of nervous dysmenorrhea so frequent among young girls and that marriage would relieve her of all her trouble. The family physician, however, insisted upon a physical examination, stating that the family expected it. It was made. The consultant still declared that nothing was the matter except general neurasthenia which was to be treated upon general principles, and with electricity to the spine, notwithstanding the fact that he had been told the girl had undergone such treatment for about two years at the hands of one of the best neurologists in the city. This was in the spring of the year. The gynecologist went to Europe, and the young physician not having made an examination himself, carried out the consultant's suggestions to the letter. There was not a particle of improvement, but rather the reverse. In the fall, the gynecologist returned and the attending physician after much earnest persuasion got the patient to go and see him. She did so, but note the result! The great man now said she had "inflammation of the womb," that she always had had it and that it was the inflammation which had given her all the trouble in the spring and while he was away. She was told to visit his office (the gynecologist's office!) once or twice a week to receive local applications, for which she paid him \$5 a visit. To complete the story, she went regularly, still continues to go, so far as I know, though much dissatisfied with the result obtained, as she seems but little better than she always was.

The family physician who graduated with intense enthusiasm for the Code, told me he was astounded at two things: first, that the gynecologist whom he had often heard speak glowingly and eloquently before medical audiences in behalf of the grand old Code of Ethics, should have so ignored his rights; and second, that he should have played him so false as to recommend a line of treatment in the spring so utterly at variance with the requirements of the case. The family physician being still in attendance is asked all sorts of questions in regard to the gynecologist's sudden change of opinion, line of treatment, results obtained, etc. To preserve his own credit and to act up to the spirit of the Code how, Mr. Editor, should the attending physician reply to these questions?

A simple answer in such a dilemma is worth a dozen generalities. I wish space was permitted me to cite from actual occurrences even more glaring than these; and I furthermore wish that the valuable space of our better journals now filled with "sweet talk" and "platitudinous nonsense" about the grand old Code were used to report specific instances of flagrant misdemeanors. We would then secure some perceptible light upon many a dark problem haunting the minds of honest would-be high code men.

Mr. Editor, when a man's living is at stake, it is not in the power of human nature for him to make a martyr of himself. One may be persuaded at times to sacrifice one's personal ambition for an ideal principle, if by so doing he does not cause himself or family to starve; but it is perfectly useless to talk to a man about declining to receive certain patients when he is dependent upon these patients for his daily sustenance. It is simply Utopian. Competition exists in the practice of medicine as in every other walk of life. Endow a man with a life competency and he may rise above the spirit of competition except as a means of personal gratification. He may then live up to the letter of the Code or any other divine rule of conduct. On the other hand, while

it may not be a glorious act of martyrdom, neither is it a form of dishonesty for a man to accept all that the world chances to send him and all that his superior talent and education entitle him to enjoy. The socialistic notion is a dream of the imagination; it is neither desirable nor practicable in this intensely human world of ours. It is not to be expected or commended in human nature to hide its light under a bushel. It is a fact, all too apparent, that the one hundred and forty medical colleges of our country turn out doctors of widely varying abilities. The spirit of the Code, if not the actual words, seem to require that every doctor should defer and bow to every other doctor, which as a matter of Chesterfieldian courtesy is all right, but as a matter of a competitive struggle for existence is simply impossible. The medical profession consists of *men* having all the various feelings, unequal talents and differing ambitions of *human beings*. The practice of medicine being almost universally the means of earning a livelihood is a matter of pure competition, and competitors in the very nature of the case can not afford to be self-sacrificing for one another.

It has been said by some of our rigid code friends that the preceding argument is an ancient one and in a few words amounts to this: because "men do not live up to an ethical, religious or even a legal ideal, therefore the ethical, religious or the legal law or ideal should be abolished." In reply, I must recall to our friends the fact that unanswered and unanswerable arguments, only, become ancient, otherwise they would cease to exist at all as arguments; and secondly, that ethical, religious and legal laws or ideals are totally free from the influences wrought by competition. To speak of ethical, religious and legal ideals in the same category as the medical code is a willful misconception or lamentable ignorance of them all. Ethics has to do only with a man's own conscience and is largely a matter of education. A disregard of ethics may injure the man himself but he has only himself to answer for it; when a disregard of an ethical question amounts to a positive injury to one's neighbor, the law steps in and takes charge of the question which has now ceased to be one of pure ethics. Law, however, knows that its ethical enactments must be enforced with appropriate penalties. A man may lie, if he wishes, to his neighbor and he may even become an habitual liar, which is unethical and may prove unprofitable, but at all events the man is free to do as he likes and from his particular point of view may even reason that it is right to lie. If he commits a forgery, however, he injures another beside himself and the law then takes charge of him and punishes him.

Ethical questions are all controversial. They range from questions of mere self-preservation to questions of heroism and martyrdom. A Hottentot's ethics differ from the ethics of the North American Indian. In all sincerity each will act in accordance with his own conscience. Two men and their families watch a burning house. A child belonging to neither of the men has been left in the house and it is positive death for either one of them to attempt to rescue it. One man says: "My family is dependent upon me. I will not risk my life"—(self-preservation); the other says: "I will try and save the child if I lose my own life." He rushes in and does lose his life—(heroism). The ethical question in the case of each man was answered by his own conscience. A man steals for his starving little ones at home; another lets them starve rather than steal. They both know it is wrong to steal, but their respective reasoning leads them to different results.

So illustration after illustration might be given to show that ethical questions are, as a rule, controversial, and are usually answered according to a man's *individual* conscience. Recognizing this fact, common law strives to eliminate the controversial element out of the ethical questions it takes in hand, by assigning penalties for their disregard. It says to both men who steal: "I care not what reasons you may have had for stealing, reasons perhaps conclusive to your own mind. Stealing is wrong and you must be punished for it." That is just where the Code of Ethics of the AMERICAN MEDICAL ASSOCIATION is at fault. It is a mere code of ethics and is therefore controversial; on the other hand, it is not law and therefore without the force which law with its penalties usually exercises.

Religion is so absolutely a matter of private opinion and so utterly free from all shadow of human competition, that I marvel any rational being should have compared it and its teachings in any way with the practice of medicine. Jew and Gentile live most harmoniously together so far as their particular religious opinions are concerned, but may fight like the Killkenny cats when bartering over a piece of silk. I am ashamed that any one in this nineteenth century and

in this tolerant land should even so much as insinuate that religion and religious tenets enter as a part of the competitive scheme of life. Religion is a matter of the soul, and has to do with man's relation to his Creator. The nature of that relation may and does influence in one way or another the man's actions in life, but for those actions he is responsible only to his Creator from the *religious* standpoint. A Mohammedan with his dozen wives, a Jew denying the Messiahship of Christ, an Atheist and a Christian may buy and sell, practice medicine upon each other and do a thousand other things mutually needful in life, and yet never know one another's religious opinions.

Let us not lose sight of plain common sense in our discussions. The Code, therefore, while theoretically a most commendable set of rules, just as Plato's "Republic" and More's "Utopia" are theoretically admirable governments, is practically valueless because it can not overcome (nor would it be desirable for it to overcome) the worldly spirit of competition, and because it offers no appreciable deterrent against its own infringements.

Why, Mr. Editor, it seems almost absurd that it should ever have been thought that such rules would be effective. Every organization that I know anything of, such as militia companies, literary societies, clubs and beneficiary bodies, impose fines for misdemeanors or delinquencies against their rules, and yet these delinquencies and misdemeanors, while involving more or less disgrace, do not involve a man's livelihood. On the other hand, the AMERICAN MEDICAL ASSOCIATION adopts a set of rules utterly devoid of all punitive provisions and then expects it to be effective against misdemeanors and delinquencies that are not only at times irresistibly tempting but, occasionally, seemingly necessary for a man to commit in making his living.

I verily believe, sir, in that as a profession we injure and belittle ourselves in the eyes of the people, with all this shallow, ineffective nonsense of the Code, and with the effort to set ourselves up as superhuman beings, too good for this terrestrial existence with its sharp competition and intense rivalry. I wonder that lawyers, statesmen and legislators, leaders of men and all those who have to do with men *en masse*, do not laugh at us more than they are in the habit of doing, for our refreshing gullibility in expecting laws without penalties attached to have any very profound or extensive influence.

Let me say emphatically right here, sir, that for one, at least, I disclaim all such slurs upon our great merchants, bankers and commercial houses as are insinuated in the cant frequently appearing in our journals to the effect that, as a profession, we are too good to stoop to commercialism and commercial methods. We do stoop to commercialism and when honorably done we need not be ashamed of it. We exchange or *barter*, if you like, our skill, learning and particular experience for a price. Our prices vary with our skill and reputation, just as the merchants' prices vary with the quality of their goods. We advertise too, and it can not be gainsaid. Our successful cases are our advertisements. College and hospital appointments are eagerly sought after by most reputable men for the advertisement such positions give them. We join social organizations and enter clubs, unions and all forms of corporate life for the advertisement we get therefrom. We solicit patronage by seeking for examinations in insurance companies, railway offices, beneficiary unions and other associations. If we are specialists we are not averse to accepting office in special societies and even giving banquets and receptions to the medical profession in our own homes. As editors of reputable journals, we publish our names in full at the head of the editorial columns. Our libraries groan with the accumulated weight of books in which positively the only new thing is the author's name with a long string of self-laudatory honors attached. Perhaps 50 per cent. of our periodical literature is written for mere advertisement. Is it from the simple love of speechmaking and a self-sacrificing devotion to poor humanity that some of the best of us give lectures upon medical topics before Young Men's Christian Associations, popular institutes and other public assemblies? If we are rich enough to drive a team and keep a luxuriously appointed office with an extra maid in attendance, do we not do so? Show me the doctor who, in dress, manner and mode of living does not endeavor to put himself in the best light (professional light, I mean) before the community, and I will show you a man who has ceased to be human.

And what is this all done for? Legitimate advertisement, call it by what other name you please. Let us not ostrich-like hide our heads in the sand and chuckle to ourselves that we are unlike other men. Let us, for our own credit's

sake, at least, not try to parade around in the masks of angels, in the hope of making a shrewd world believe that we are something more than human.

No, sir! I, for one, most honestly believe and aver that doctors as a class are no better, no worse than any other class of men. Pray, who does not know that the entire commercial world has an unwritten code of ethics? The great and honorable merchants deal courteously, gentlemanly and diplomatically with one another as all men should do; they compete for customers in a legitimate manner; and they strive to surpass one another by availing themselves of their respective superior opportunities. They are charitable in their way just as we are in ours. They give of their wealth as we give of our skill. It is high time that we should cease the cant phrase and vulgar insinuation that we as a profession are something better than the commercial world. We are what we are, solely because we are the *men* we are. I believe if we acted less superciliously, and met the laity on their own footing, there would be less friction between hospital boards and medical attendants, between courts and experts, between public functionaries and physicians in public places.

Let us have done, then, with all this unbecoming, childish, self-laudatory, namby-pamby nonsense about the angelic qualities of the medical calling. It is a practical, very practical profession in a practical world among practical men. An unwritten code will always exist among medical gentlemen, just the same as an unwritten code exists among gentlemen in other walks of life. For the other fellows of the medical profession, as well as for the other fellows of the other vocations, the only code that will be of any avail at all will be the code that has some effective punishment provided against its infringement. AMERICUS VERITATIS.

BOOK NOTICES.

Gunshot Injuries. A New Edition of Sir T. Longmore's Work.—

Gunshot Injuries; their History, Characteristic Features, Complications and General Treatment; with statistics concerning them as they have been met with in warfare. By SURGEON-GENERAL SIR T. LONGMORE (Retired) C.B., O.H.S., F.R.C.S., etc. Second edition. London and New York: Longmans, Green & Co.

Surgeon-General Longmore, although on the retired list of the Army, has not given up his active work on behalf of the medico-military profession. There has just been issued a second edition of his volume on gunshot injuries. The first, published in 1877, contained 686 pages; the second is a solid volume of 821 pages. In the intervening years, radical changes have been made in the firearms of military nations which will alter the character of the gunshot wounds of future wars and modify the relations which medical officers will bear to the fighting line; meanwhile, also, changes have taken place in methods of treatment. The object of the present volume is to give an account of these changes and to bring the information contained in the former edition on many other topics up to date. The reader will, however, find it a work of much difficulty to sift out the new matter, as it is scattered throughout the many sections and chapters in interpolated paragraphs and sentences and even in modifications of the sense of sentences that are found in the old edition. In fact, the whole work has evidently been rewritten with the utmost care.

In bringing up to date the many other topics to which he refers in his preface, the author has made free use of the third part of the "Surgical Volume of the History of the War of the Rebellion," which was issued subsequent to the publication of his first edition.

In Chapter 2, a paragraph is given to smokeless powder; a second to the special explosive, cordite, authorized in the British service for use with the Lee-Mitford rifle, and a third to the use of compressed air as an agent in the production of gunshot wounds. In Chapter 4, the article on red hot shot gives place to one on machine guns and another on "fougasses." The latter are stated to have been employed largely, under the misapplied name of "torpedoes," in the