has been abandoned. The law of France protects the physician and his patients, so also does the law in many, if not most, of the States of the American Union. The Code of the State of New York provides as follows:

Sec. 834. "A person duly authorized to practise physic or surgery shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, and which was necessary to enable him to act in that capacity."

The words of the California Code are:

Sec. 1881. "A licensed physician or surgeon cannot, without the consent of his patient, be examined in a civil action as to any information acquired in attending a patient which was necessary to enable him to prescribe or act for the patient."

Against provisions so eminently proper and just it is difficult to conceive what reasonable objection can be offered. It is true that the history of the law of evidence up to the most recent times is marked by a gradual and steady advance along the line of the freer admission of classes of testimony once rejected by the Courts, and it may be urged that to amend the law so as to protect disclosures to a medical adviser would be a step backwards. Yet the objection is more specious than sound. It has never failed of recognition that there are certain matters of fact which the public have no right to probe into, and certain sacred confidences it should not be permitted to disturb; upon which ground communications made between husband and wife during marriage have never been admitted. Nor can it be urged that greater protection would be afforded crime than at present exists, since the above provisions of American Codes have been uniformly construed to offer no obstacle to the compellable disclosure by physicians of crimes against the patient or of criminal attempts by him.

It is and always has been the general opinion of the medical profession that the law in regard to privileged communications between physician and patient should differ in no respect from the law governing similar communications between attorney and client, and this in the interest not so much of the profession itself as of the public which it serves. There would appear to exist in some quarters an impression that a change in this regard is sought by reason of benefit which the profession may expect to derive therefrom, but in what way this benefit may accrue has never been explained. Nor can it be. It is clear that the only protection desired is protection from any disclosure by the physician which should annoy the feelings, damage the character or impair the standing of the patient while living, or disgrace his memory when dead. It is the protection of the individual against the public, and more especially against that portion of the public whose greedy ears are always open to the relation of their neighbours' private affairs. The physician asks no protection for himself. It is not his secrets, but his patients' secrets and his patients' confidence in him which he asks to have respected as sacred. However repugnant to his professional instincts and abhorrent to his feelings he finds it to be compelled to disclose such matters, it is the patient or the family of the patient which suffers.

That the protection desired would enhance, if possible, the dignity of the profession, or would encourage confidences the result of which would be of value to the patient, are considerations of less moment. The profession needs no accession of dignity, and it is questionable if anything could increase the respect in which it is held by the community. It is doubtful if knowledge of the law of evidence is so generally diffused throughout the community that one man or woman in twenty would pause to consider, when about to impart to a medical adviser information of a secret