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DRIFTING, WHO, HOW, WHITHER?*

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The study of Medical Sociology exhibits a drifting in the matter of consultations. Rightly considered, the medical consultation is the "holy of holies" of associated work. He only can enter it aright, who, in the words of the Great Teacher, "hath clean hands and a pure heart; who hath not lifted up his soul unto vanity, nor sworn deceitfully."

Its history shows that the medical profession has ever taken the greatest interest in the qualifications of those seeking its fellowship. Not all calling themselves "doctors" have been admitted within its fold and many have been ejected therefrom, who have entered by ways other than the strait gate.

Because of its jealousy of the proper character of its membership, the laity have termed the profession intolerant, bigoted, and narrow—so little has the world ever comprehended the sacred trust assumed by the physician.

The medical profession holds as sacred all knowledge acquired in the performance of its duties; it suffers in silence that the sick may recover health; it endures misrepresentation and obloquy because its nature and purpose are exalted above popular comprehension; it must be clean in thought, pure in life, and unselfish in work, if it would most effectually accomplish its purpose. Hence the necessity of ever keeping its ranks free from those lacking these qualities.

Differing standards of admission to the medical

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profession have prevailed in succeeding ages, different countries, peoples, and civilizations; but each has had some standard, for both admitting and expelling members. No physician was ever burned at the stake by the medical profession, for holding diverse views on matters of medical theory or practice, but many have been ostracised and regarded with contempt.

The standards of professional association are partially written, but more generally unwritten. Our written standard was adopted in 1847, but our unwritten one traces its origin to the first medical man, being inherent in the nature of the medical profession—a part of the medical training. The son absorbed from his father, or the student from his preceptor, medical knowledge, morals, and etiquette, and transmitted the same to his sons or students. Thus, from hand to hand, mouth to ear, hand to eye, the real standard by which we accept or reject professional fellowship, has come to us as a direct personal testament from generations far antedating the earliest historic record.

The Roman Catholic Church regards the medical profession as *the* profession, all else but fragments, and in this respect it concurs with the estimate of itself by the profession. It is a gigantic tree whose germ sprouted when human beings first needed relief from suffering, whose leaves have been for the healing of the nations, and under whose sheltering boughs the worn and distressed are protected from the scorching heat of life's physical diseases. The question before us is, what shall be the relations of the medical profession to the "sects" and "isms" as homœopathy, eclecticism, etc.? The code of ethics adopted by the American Medical Profession in 1847 makes the specific statement: that all professional association with members of these sects is derogatory to the medical profession. To "aid or abet" in the education of the believers in these sectarian views is also regarded with similar disfavor. For now, many years, some have doubted whether ostracism was the wisest method of dealing with these sects. The number of doubters has, from year to year, so multiplied, that the student of medical sociology notes the change with increasing interest. He is led to inquire whether this drifting, starting in city and country, upon the mountains and in the valleys