

MANUAL OF
THE NEW BRUNSWICK
MEDICAL SOCIETY.

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BY-LAWS,
Code of Medical Ethics

AND

TARIFF OF FEES

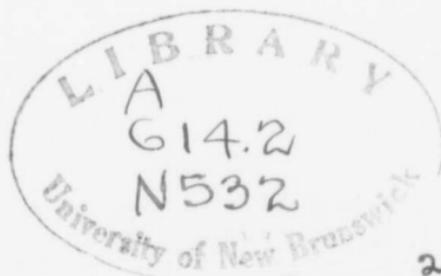
OF

The New Brunswick Medical Society

WITH

Extracts from the Medical Act.

SAINT JOHN, N. B.
J. & A. McMILLAN,
1904.



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PREFATORY NOTE.

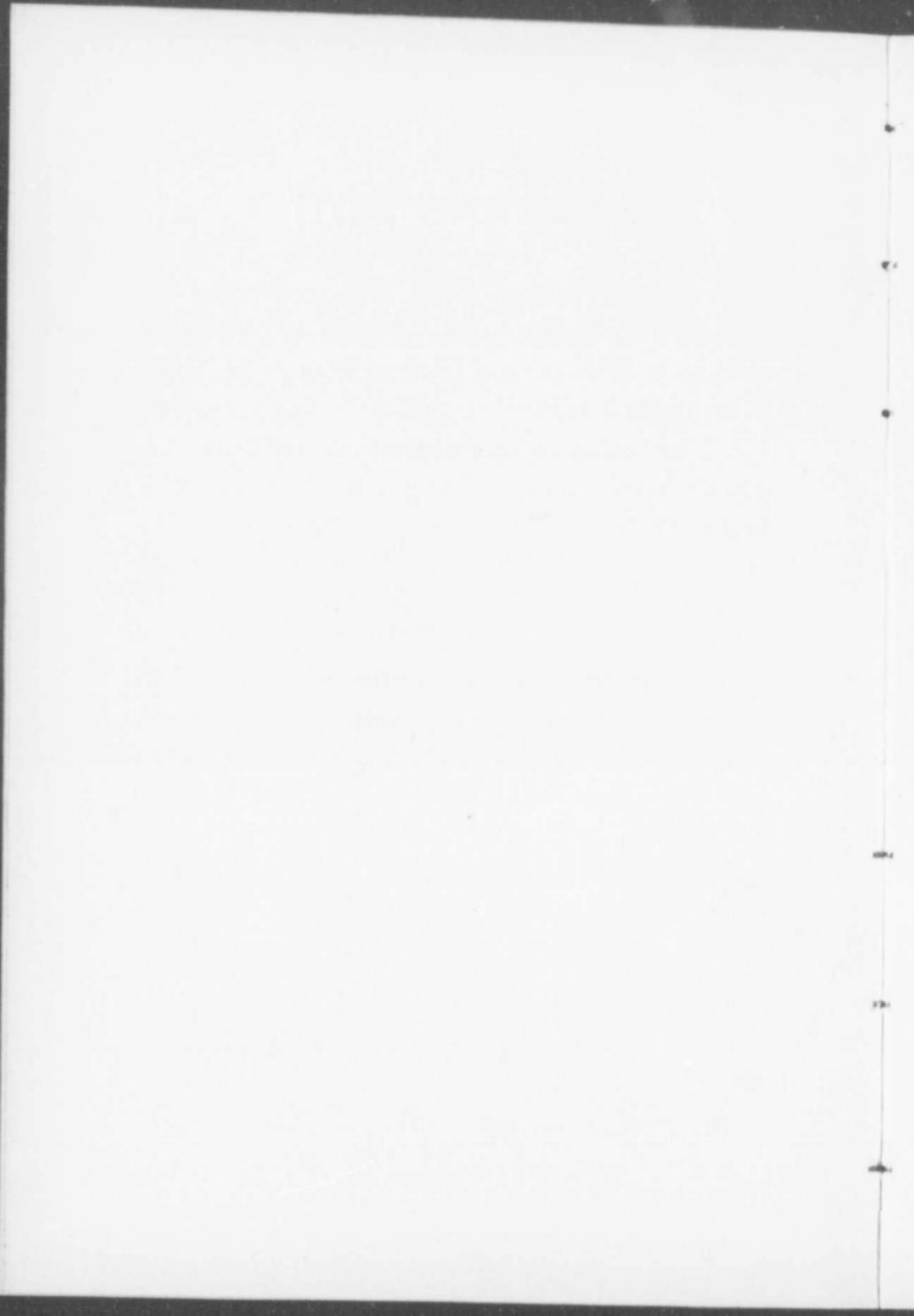
The present edition of this hand-book is the outcome of a resolution passed by the New Brunswick Medical Society at its annual meeting in St. John, N. B., in July, 1902.

The omissions and alterations made and the matter added are not great, and were assented to and confirmed by the Society at its meeting in 1903; the Society, at that time, ordering the book printed and distributed gratuitously to the Profession in the Province.

The committee of revision was also instructed, at the same time, to insert as much as was deemed necessary of the Medical Acts of the Province and of the various Regulations of the Council of Physicians and Surgeons relating to the admission to the study and practice of medicine, up to date; which has, accordingly, been done.

Committee of
Revision. { F. H. WETMORE,
Chairman.
P. R. INCHES.
GEO. G. MELVIN,
Secretary.

ST. JOHN, N. B., June, 1904.



BY-LAWS.

ARTICLE I.—MEETINGS.

Section 1.—The Regular Annual Meeting of the New Brunswick Medical Society shall be held on the third Tuesday of July, at 10 a. m. The place of meeting to be determined at the previous annual meeting.

Section 2.—Special Meetings shall be called by the President at his discretion, or upon the written request of five members. Ten members shall constitute a quorum at all meetings.

Section 3.—Due notice of such special meeting shall be sent to each member. The business to be transacted at such meeting shall be stated in the notice, and no other business shall be entertained at such meeting.

ARTICLE II.—MEMBERSHIP.

All persons who are duly registered under the New Brunswick Medical Act of 1881 shall

be members of the New Brunswick Medical Society.

ARTICLE III.—OFFICERS.

Section 1.—The officers of the Society shall be a President, a First and Second Vice-President, Secretary, Corresponding Secretary, Treasurer, and three Trustees.

Section 2.—The officers shall be elected at the regular annual meeting, and shall hold office for one year, or during the pleasure of the Society. The officers respectively shall be chosen by nomination and written ballot on receiving a majority of all the votes cast. In case of a third ballot, the candidate having the fewest votes shall not be in nomination, and on each succeeding ballot the lowest candidate shall be dropped until an election is had.

ARTICLE IV.—DUTIES OF OFFICERS.

Section 1.—The President shall preside at all meetings. He shall decide all questions according to parliamentary usage, and dis-

charge such other duties as devolve on a presiding officer.

Section 2.—In the absence of the President, the First Vice-President shall preside and discharge his duties. If both President and First Vice-President be absent, the Second Vice-President shall preside. If neither of these officers be present, the meeting shall elect a chairman to preside.

Section 3.—The Secretary shall attend all meetings of the Society, and keep a correct record of the proceedings thereof. On the order of the President, he shall issue notices for every meeting.

Section 4.—The Corresponding Secretary shall conduct the foreign correspondence of the Society, and perform such other duties as pertain to his office.

Section 5.—The Treasurer shall have charge of the funds of the Society, and render a financial statement at the Annual Meeting.

Section 6.—The Trustees shall have the control of all properties of the Society, and

shall submit a report of the same at each Annual Meeting.

Section 7.—The Officers shall enter upon their duties at the close of the meeting at which they are elected.

ARTICLE V.—FUNDS OF THE SOCIETY.

Section 1.—Each member shall pay One Dollar (\$1) annually to the Treasurer to defray the expenses of the Society.

Section 2.—No member shall be allowed to vote at any meeting unless his Annual Fee be paid.

ARTICLE VI.—ORDER OF BUSINESS.

1. Reading of Minutes of previous Meeting or Meetings.
2. President's Address.
3. Correspondence, Bills, etc.
4. Receiving Reports.
5. Election of Officers.
6. Reading of Papers and Relation of Cases.
7. Deciding place of Annual Meeting.
8. New Business.

REQUIREMENTS FOR REGISTRATION.

EXTRACTS FROM THE MEDICAL ACT AND AMENDMENTS THERETO.

“9. Hereinafter no person shall begin or enter upon the study of Physic, Surgery, or Midwifery, for the purpose of qualifying himself to practice the same in this Province, unless he shall have obtained from the Council of Physicians and Surgeons a certificate that he has satisfactorily passed a matriculation or preliminary examination in the subjects specified in Schedule B to this Act, or unless he has passed a matriculation examination for an Undergraduate Course in Arts and Science at some College in Great Britain, Ireland, Canada, the United States of America or the Continent of Europe, or holds a First Class Teachers' License from the Board of Education of New Brunswick. Provided, that the Council shall have power to make such alterations in the said Schedule B as may from time to time be deemed requisite.

“10. No candidate shall be admitted to such matriculation or preliminary examination unless he shall

have, at least fourteen days previous to such examination, given notice to the Registrar of the Council of his intention to present himself for such examination, and transmitted to the Registrar a certificate shewing that he has completed his sixteenth year, and shall, before the examination, have paid a fee of five dollars to the Registrar."

Standard of Matriculation or Preliminary Examination established under this Act.

1. English Grammar, Composition, Literature and Rhetoric.
2. Arithmetic, including Vulgar and Decimal Fractions, Extraction of the Square and Cube Root, and Mensuration.
3. Algebra, to the end of Quadratic Equations.
4. Geometry, first three books of Euclid.
5. Latin, first two books of Virgil's *Æneid*, or three books of Cæsar's Commentaries, Translation and Grammar.
6. Elementary Mechanics of Solids and Fluids, comprising the elements of Statics, Dynamics and Hydrostatics.
7. Elementary Chemistry.

8. Canadian and British History, with questions in Modern Geography.
9. Translations and Grammar of any two of the following languages : Greek, French and German.

In order to pass, a candidate must make an average of sixty per cent., with a minimum of forty per cent. in any one subject.

Candidates who have passed the above examinations will be admitted without further preliminary examinations at all Canadian and American Colleges.

This examination also satisfies the requirements of the General Medical Council of Great Britain as to the preliminary examination, which must be passed by persons wishing to register as Medical Students.

TEXT BOOKS.

ENGLISH—Meiklejohn's English Language.
Advanced Text-book.

ARITHMETIC—Hamblin Smith's.

ALGEBRA—Todhunter and Loney's Introduction to Algebra (for beginners).

GEOMETRY—Euclid, Hamblin Smith's.

LATIN—Kelsey's Cæsar, published by Allyn & Bacon, Boston; Greenough's and Kittridge's Virgil, published by Ginn & Co.

GREEK—Grammar and Translation Xenophon's Anabasis, Book I, Text recommended. Goodwin & White, Ginn & Co., Publishers.

FRENCH—1. French Grammar. (Bertenshaw's French Grammar recommended. Any other good grammar will do.) An exact knowledge of the common elements will be required.

2. Translation of French into English. (Livre de Lecture et de Conversation, published by Heath & Co.; or Macmillan's Reader, No. II.)
3. Translation of easy English prose sentences into French.

GERMAN—1. German Grammar. (The Joynes-Meissner German Grammar, parts 1 and 2, recommended. Any other good grammar will do, such as Van der Smisen's Accidence and Syntax.) A thor-

ough knowledge of the common elements is required.

2. Translation of German into English. (Joyne's German Reader recommended.)
3. Translation of easy English prose sentences into German.

PHYSICS—Gage's Elements of Physics ; Williams' Chemistry, first thirty chapters. Ginn & Co., Publishers.

HISTORY OF CANADA—Clements' History, or Jeffers' Outlines of History of Canada.

HISTORY OF ENGLAND—Edith Thompson's History of England.

GEOGRAPHY—General Geography of the World, with special reference to Canada and the British Empire.

EXAMINATIONS.

Examinations will be held in St. John twice in each year, viz., on the first Wednesday in July and the second Wednesday in September.

Persons failing in one or more subjects at the July examinations will be allowed to come up for those subjects in the September examinations upon payment of the usual fee.

PROFESSIONAL COURSE.

Four years of study at a Medical College in every instance are required, which must include a graded Collegiate Course of four sessions of not less than six months each, at some recognized College or University, as per Sec. 2, amendment to the Medical Act, passed 5th March, 1895.

“ 2. No person shall be entitled to have his name entered on the Register of the Council, or to receive a license to practice from such Council, unless he shall satisfy the Council that he has passed the matriculation or preliminary examination; that after passing such examination, he has followed his studies during a period of not less than four years; that during such four years he has attended at some University, College, or Incorporated School of Medicine in good standing, a graded collegiate course of four sessions of not less than six months each, such course to include satisfactory and sufficient lectures and instruction in Anatomy, Practical Anatomy, Chemistry, Practical Chemistry, Physiology, Histology, Materia

Medica, Pharmacy, Therapeutics, Surgery, Medicine, Obstetrics, Diseases of Women and Children, Medical Jurisprudence, Hygiene and Pathology, including Bacteriology, together with evidence of attendance for a period of not less than twelve months upon the general practice of an hospital containing not less than fifty beds, under the charge of not less than two Physicians or Surgeons ; that previous to graduation or obtaining a diploma he has passed satisfactory examinations in the subjects of the above curriculum, and that the examinations have been conducted, and the diploma granted, by a Medical School, College, University, or Licensing Body, which itself requires a four years' graded course, as above appointed ; or for want of such degree or diploma, that he has satisfactorily passed an examination in the various branches hereinbefore specified before examiners to be appointed by the Council ; and in case he has such degree or diploma that he has passed such examination as to his knowledge and skill for the efficient practice of his profession as may be prescribed by the Council ; that he is not less than twenty-one years of age ; that he has paid to the Registrar of the Council a fee of ten dollars ; provided that the Council shall have power, subject to the approval of the Governor in Council, to make such alterations in the foregoing

curriculum and requirement for registration as may from time to time be deemed requisite ; and provided also, that in the event of any person applying for registration as a practitioner of any system of medicine, the registered practitioners of the system shall have the right to appoint an examiner or examiners on the subjects peculiar to that system, namely, Materia Medica, Pharmacy and Therapeutics, and if they should neglect so to do, the Council shall have the power to appoint such examiner or examiners."

BY-LAW :—Passed by the Council of Physicians and Surgeons of New Brunswick at a meeting of the said Council held in the City of St. John on the twenty-seventh day of May, A. D. 1902.

Be it ordained and prescribed by the Council of Physicians and Surgeons of New Brunswick that each and every person who may hereafter apply for registration under the New Brunswick Medical Act, 1881, and amending Acts, and to have his name entered upon the Register of the said Council, shall, whether or not he has a degree or diploma, pass a satisfactory examination, both written and oral, before examiners to be appointed by the said Council, in the following subjects :—

1. Anatomy.
2. Chemistry.
3. Physiology and Histology.
4. Materia Medica, Pharmacy and Therapeutics.
5. Practice of Medicine, including Clinical Medicine.
6. Surgery, including Clinical Surgery, and Diseases of Eye and Ear.
7. Obstetrics and Diseases of Women and Children.
8. Medical Jurisprudence and Toxicology and Hygiene.
9. Pathology, including Bacteriology.

PROFESSIONAL EXAMINATIONS.

The Professional Examinations will be held in St. John once each year, commencing on the fourth Wednesday in June, and at other times when considered advisable.

Candidates have the option of coming up for the Primary Examination at the end of the second year of study.

FEES NOT COLLECTABLE WITHOUT REGISTRATION.

No person shall be entitled to recover any charge in any Court of Law for any Medical

or Surgical advice, or for attendance, or for the performance of any operation, or for any medicine which he shall have both prescribed and supplied, unless he shall prove upon the trial that he is registered under this Act.

If any registered Medical Practitioner omit to pay the annual fee required to be paid by the Council under the fifth section of chapter thirty of forty-fifth Victoria, before the Registrar shall cause the Register of the names to be printed or published in the *Royal Gazette*, as provided in section eight of "The New Brunswick Medical Act, 1881," the Registrar shall not cause the name of such Practitioner to be printed and published as aforesaid, and such Practitioner shall thereupon cease to be deemed a Registered Practitioner; but such Practitioner shall at any time thereafter, upon paying such fee, be entitled to all his rights and privileges as a Registered Practitioner from the time of such payment.

CODE OF MEDICAL ETHICS.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of Physicians to their Patients.*

1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring because there is no tribunal, other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on

their skill, attention, and fidelity. They should study also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services; none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional

attendance, should ever be divulged by the physician, except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail,

on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs ; and even to the patient himself if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick ; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

5. A physician ought not to abandon a patient because the case is deemed incurable ; for his attendance may continue to be highly useful to the patient and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty which is independent of and far superior to all pecuniary consideration.

6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

7. The opportunity which a physician not infrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give

satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II.—*Obligations of Patients to their Physicians.*

1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties toward the community, and who are required to make so many sacrifices of comfort, ease and health for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of

an untaught artist ; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should also confide the care of himself and family, as much as possible, to one physician ; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions of those he attends, is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases ; for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming

stage of violent diseases ; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser ; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious conse-

quences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business, nor the history of his family concerns.

6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions, as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink,

and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded ; and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him ; and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which

may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients

should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician ; for these are of such a character that no mere pecuniary acknowledgment can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH
OTHER, AND TO THE PROFESSION AT
LARGE.

ART. I.—*Duties for the support of Pro-
fessional Character.*

1. Every individual, on entering the profession—as he becomes thereby entitled to all its privileges and immunities—incur an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such as are instituted for the government of its members:—should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors,

brought it to the elevated condition in which he finds it.

2. There is no profession, from the members of which greater purity of character and a higher standard of moral excellence are required, than the medical ; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence ; and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding ; and on emergencies—for which no professional man should be unprepared—a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

3. 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.

4. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine, or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such *nostrum* be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional

liberality ; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional Services of Physicians to each other.*

I. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment, and produce

timidity and irresolution in his practice. Under such circumstances medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously ; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined, for no pecuniary obligation ought to be imposed which the party receiving it would wish not to incur.

ART. III.—*Of the duties of Physicians as respects vicarious offices.*

I. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to with-

draw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy which should always be performed with the utmost consideration for the interest and character of the family physician, and, when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of Physicians in regard to consultations.*

I. A regular medical education furnishes the only presumptive evidence of professional abilities and requirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner who has a license to practise from some medical board of known and acknowledged respectability, recognized by the Maritime Medical Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma, to the rejec-

tion of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

2. In consultations, no rivalry or jealousy should be indulged ; candor, probity, and all due respect should be exercised toward the physician having charge of the case.

3. In consultations, the attending physician should be the first to propose the necessary questions to the sick ; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation ; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends,

except in the presence of all the faculty attending, and by their common consent ; and no *opinions* or *prognostications* should be delivered which are not the result of previous deliberation and concurrence.

4. In consultations, the physician in attendance should deliver his opinion first ; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variations, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will, of course, see the patient and prescribe ; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal* to be delivered to his associate.

6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive, but if the numbers be equal on each side, then the decision should rest with the

attending physician. It may, moreover, sometimes happen that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire ; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

9. As circumstances sometimes occur to render a *special consultation* desirable, when

the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

10. A physician who is called upon to consult should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often practised by the

dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of Physicians in cases of interference.*

1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

3. The same circumspection and reserve should be observed when, from motives of

business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be

justified as far as candor and regard for truth and probity will permit ; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success in the first stage of treatment affords no evidence of a lack of professional knowledge and skill.

5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

6. It often happens, in cases of sudden illness or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the

practitioner who officiates should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

[The expression, "Patient of another Practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any manner given it to be understood that he regarded the said physician as his regular medical attendant.]

8. A physician, when visiting a sick person

in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances ; to interfere no further than is absolutely necessary with the general plan of treatment ; to assume no future direction, unless it be expressly desired ; and, in this last case, to request an immediate consultation with the practitioner previously employed.

9. A wealthy physician should not give advice *gratis* to the affluent ; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one, and it is defrauding, in some degree, the common funds for its support when fees are dispensed with which might justly be claimed.

10. When a physician who has been engaged to attend a case of midwifery is absent,

and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of Differences between Physicians.*

1. Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy, and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*.

2. As peculiar reserve must be maintained by physicians toward the public in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither

the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Undercharging.*

While it is impracticable to fix the rate of payment for medical services, as this must vary according to the circumstances, yet medical men should, in each district, agree to a common minimum, and must not seek to gain advantage over one another by undercharging. Those who do so must not complain if they find they have placed themselves outside the circle of neighborly courtesy and good-will.—*Saundby's Med. Ethics, p. 69.*

OF THE DUTIES OF THE PROFESSION TO
THE PUBLIC, AND OF THE OBLIGATIONS
OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the Profession to the Public.*

I. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, etc.—and in regard to measures for the preven-

tion of epidemic and contagious diseases ; and when pestilence prevails, it is their duty to face the danger and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests, and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in consequence of the time, labor and skill required and the responsibility and risk they incur, that the public should award them a proper honorarium.

3. There is no profession, by the members of which eleemosynary services are more liber-

ally dispensed than the medical ; but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances such professional services should always be cheerfully and freely accorded.

4. It is the duty of physicians, who are

frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

5. Medical practitioners must not accept office under Fraternal Societies or Medical Aid Associations without having satisfied themselves that the rules and methods of administration do not conflict with professional opinion respecting advertising, canvass-

ing and touting for patients. The relations of the medical profession to fraternal societies would be greatly improved if the societies would throw their work open to any medical practitioner, selected by the patient, who is willing to accept the societies' scale of payment. By the adoption of this rule the burning question of wage limit would be got rid of, as each member would have to find a medical attendant willing to accept him at the society's rate, and it would be open to any practitioner to refuse to see well-to-do persons upon inadequate terms.—*Saundby's Medical Ethics*, pp. 46-47.

ART. II.—*Obligations of the Public to Physicians.*

1. The benefits accruing to the public, directly and indirectly, from the active and unwearyed beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration

and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute-books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

2. Medical practitioners should only forego their fees to those persons who are unable to pay, and should refuse to recognize any other grounds for the concession. Unquestionably, patients may be attended *gratis* from the very best motives, but the proceeding is open to very great abuse. It may be laid down as a rule that no one is justified in seeing a large number of *gratis* patients; such cases should

be exceptional, and there should be special reasons to justify the departure from the rule in each instance.

Medical practitioners may take part in charitable work by attending patients in institutions without payment, as the objects of such institutions are generally, by common consent, admitted to be good, and the work laudable. If there is any doubt about the object pursued or the methods employed, a medical practitioner invited to co-operate must consider carefully his position, as the mere name of charity must not be allowed to justify all things.—*Saundby's Medical Ethics*, pp. 47-48.



TARIFF OF FEES

Adopted by the New Brunswick Medical Society,
1903.

1. Ordinary visit, 8 a. m. to 9 p. m. \$ 1 00 to \$ 2 00
2. Ordinary visit, 9 p. m. to 8 a. m. 2 00 to 4 00
3. Advice by telephone..... Half to full fee.
4. Each additional member of a family in same house at same time Half fee.
5. Detention per hour extra in day time..... 1 00 to 2 00
6. Detention per hour extra at night..... 2 00 to 4 00
7. Detention whole day..... 20 00
8. Detention whole night..... 25 00
9. Visit in consultation with another Practitioner..... 5 00
10. Each subsequent visit in consultation 2 00
11. Office consultation..... 1 00 to 5 00
12. Visit on board vessel in harbor. 5 00 to 10 00
13. Visit on board vessel at wharf. 2 50 to 5 00
14. Mileage after first mile..... 50 to 1 00

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| 15. Visit if called in passing | \$ 2 00 to a full fee | |
| 16. Consultation by letter..... | 1 00 to | 3 00 |
| 17. Certificate of health, including examination | 2 00 to | 5 00 |
| 18. Information regarding previous history of insurance risk to be paid by life insurance company | 5 00 | |
| 19. Certificate of lunacy, including examination | 5 00 to | 10 00 |
| 20. Medico-legal opinion | 20 00 to | 50 00 |
| 21. Vaccination..... | 1 00 | |
| 22. Injection saline solution (intra venous or subcutaneous) | 5 00 to | 20 00 |

OBSTETRICS.

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| 23. Natural labor, with ordinary (one week) attendance..... | \$10 00 to | \$20 00 |
| Detention per hour (after four hours) at usual rates. | | |
| 24. Delivery by instruments, full charge. | 15 00 to | 25 00 |
| 25. Turning, full charge..... | 20 00 to | 30 00 |
| 26. Attendance removing placenta (third stage)..... | 5 00 to | 10 00 |
| 27. For removing adherent placen- ta, full charge..... | 15 00 to | 25 00 |

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| 28. Attendance in labor with convulsions | \$25 00 to | \$50 00 |
| 29. For attendance, labor completed | 3 00 to | 5 00 |
| 30. Craniotomy | 25 00 to | 100 00 |
| 31. Attendance placenta prævia... | 25 00 to | 50 00 |
| 32. Miscarriage, or premature labor | 8 00 to | 20 00 |

SURGERY.

| | | |
|-----------------------------------|-----------|--------|
| 33. Administering anæsthetic..... | \$2 00 to | \$5 00 |
| 34. Dressing simple wounds | 1 00 to | 5 00 |
| 35. Introduction of catheter..... | 1 00 to | 5 00 |
| 36. Opening abscess..... | 1 00 to | 5 00 |
| 37. Paracentesis thoracis..... | 5 00 to | 20 00 |
| 38. Paracentesis abdominalis..... | 5 00 to | 20 00 |
| 39. Varicocele..... | 20 00 to | 50 00 |

Amputations.

| | | |
|---|----------|--------|
| 40. Amputation fingers or toes, each | 5 00 to | 15 00 |
| 41. Amputation wrist, forearm, or arm | 20 00 to | 50 00 |
| 42. Amputation shoulder joint.... | 100 00 | |
| 43. Amputation foot, ankle or leg. | 50 00 to | 75 00 |
| 44. Amputation thigh..... | 100 00 | |
| 45. Amputation hip joint..... | 200 00 | |
| 46. Amputation breast..... | 50 00 to | 100 00 |

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|------------------------------|----------|-------|
| 47. Amputation penis..... | \$25 00 | |
| 48. Amputation tonsil..... | 10 00 to | 25 00 |
| 49. Removal of adenoids..... | 25 00 to | 50 00 |

Resections.

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|--|----------|--------|
| 50. Resection of shoulder, elbow, or wrist joint..... | 50 00 to | 100 00 |
| 51. Resection of hip, knee, or ankle | 75 00 to | 150 00 |

Dislocations.

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|--|----------|-------|
| 52. Reducing dislocation of shoul- der joint..... | 10 00 to | 25 00 |
| 53. Reducing dislocation of elbow. | 10 00 to | 25 00 |
| 54. Reducing dislocation of hip... | 25 00 to | 50 00 |
| 55. Reducing dislocation of pha- langes..... | 5 00 to | 10 00 |
| 56. Reducing dislocation of jaw... | 5 00 to | 10 00 |

Fractures.

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| 57. Setting fracture of phalanges.. | 5 00 | |
| 58. Setting fracture of wrist, arm, forearm, or clavicle..... | 20 00 to | 50 00 |
| 59. Setting fracture of jaw..... | 15 00 to | 30 00 |
| 60. Setting fracture of leg..... | 20 00 to | 40 00 |
| 61. Setting fracture of thigh..... | 30 00 to | 50 00 |
| 62. Setting fracture of patella..... | 30 00 to | 50 00 |
| 63. Setting fracture of ribs..... | 5 00 to | 10 00 |
| 64. Each dressing after first..... | 1 00 to | 5 00 |

Ligation.

| | | |
|---|------------|---------|
| 65. Ligating radial or brachial artery | \$25 00 to | \$50 00 |
| 66. Ligating tibial artery | 30 00 to | 60 00 |
| 67. Ligating femoral artery..... | 100 00 | |
| 68. Ligating carotid artery..... | 100 00 to | 200 00 |
| 69. Ligating subclavian or iliac artery | 200 00 to | 300 00 |

Miscellaneous.

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|--|-----------|--------|
| 70. Injection of anti-toxic or other serums..... | 1 00 to | 3 00 |
| 71. Hypodermic injection in addition to visit..... | 1 00 | |
| 72. Examination of urine..... | 1 00 to | 5 00 |
| 73. Circumcision..... | 10 00 to | 20 00 |
| 74. Ligating or cauterizing hemorrhoids..... | 20 00 to | 40 00 |
| 75. Operation for treating hemorrhoids by injection..... | 5 00 to | 25 00 |
| 76. Operation for fistula in ano.... | 10 00 to | 25 00 |
| 77. Aspirating bladder..... | 5 00 to | 25 00 |
| 78. Lithotomy and lithotrity..... | 100 00 to | 200 00 |
| 79. Division stricture of urethra (divulsion) | 20 00 to | 40 00 |
| 80. Division stricture of urethra (urethrotomy)..... | 20 00 to | 40 00 |

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| 81. Tapping hydrocele | \$ 2 50 to | \$ 5 00 |
| 82. Radical cure of hydrocele..... | 10 00 to | 25 00 |
| 83. Reducing strangulated hernia. | 5 00 to | 10 00 |
| 84. Operation for strangulated hernia | 50 00 to | 100 00 |
| 85. Radical cure of hernia..... | 50 00 to | 100 00 |
| 86. Trephining..... | 50 00 to | 100 00 |
| 87. Operation for club foot..... | 20 00 to | 50 00 |
| 88. Operation for hare lip..... | 25 00 to | 50 00 |
| 89. Operation for staphylorrhaphy, | 50 00 to | 100 00 |
| 90. Tracheotomy, laryngotomy and œsophagotomy | 30 00 to | 75 00 |
| 91. Intubation | 20 00 to | 50 00 |
| 92. Removal of foreign body from throat or œsophagus..... | 5 00 to | 50 00 |
| 93. Removal of foreign body from nose or ear..... | 2 00 to | 10 00 |
| 94. Removal of nasal polypus..... | 10 00 to | 30 00 |
| 95. Use of stomach tube..... | 2 00 to | 20 00 |
| 96. Application of plaster jacket.. | 15 00 to | 30 00 |
| 97. Castration..... | 30 00 | |
| 98. Laparotomy for diagnosis..... | 100 00 | |
| 99. Operation for appendicitis..... | 50 00 to | 250 00 |

Diseases of Women.

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|---|---------|------|
| 100. Introducing and removing tampon..... | 1 00 to | 5 00 |
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| 101. Introducing catheter..... | \$ 1 00 to | \$ 2 00 |
| 102. Uterine curettage..... | 25 00 to | 50 00 |
| 103. Uterine and vaginal examination..... | 2 00 to | 5 00 |
| 104. Operation on vesico-vaginal fistula, | 50 00 to | 100 00 |
| 105. Operation on lacerated perinæum (old)..... | 50 00 to | 100 00 |
| 106. Operation on lacerated cervix, | 50 00 to | 100 00 |
| 107. Removal of uterine fibroids.. | 50 00 to | 150 00 |
| 108. Treatment by electrolysis | 3 00 to | 5 00 |
| 109. Ovariectomy | 150 00 to | 300 00 |
| 110. Hysterectomy..... | 200 00 to | 500 00 |
| 111. Alexander's operation (uterus) | 50 00 to | 150 00 |
| 112. Ventro fixation (uterus) | 50 00 to | 150 00 |
| 113. Laparotomy | 100 00 to | 500 00 |

Ophthalmic and Aural Surgery.

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|--|----------|--------|
| 114. Extraction of cataract..... | 50 00 to | 500 00 |
| 115. Iridectomy | 15 00 to | 50 00 |
| 116. Enucleation..... | 20 00 to | 50 00 |
| 117. Strabismus (tenotomy) | 15 00 to | 30 00 |
| 118. Lachrymal stricture | 10 00 to | 20 00 |
| 119. Removal of tarsal tumors.... | 10 00 to | 15 00 |
| 120. Correcting refraction | 5 00 to | 15 00 |
| 121. Catheterization of eustachian tube (first operation)..... | 2 00 to | 5 00 |

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| 122. Politzerization..... | \$ 1 00 to | \$ 2 00 |
| 123. Ectropion and entropion operations | 25 00 to | 50 00 |
| 124. Advancement or readjustment of ocular muscles | 25 00 to | 50 00 |
| 125. Pterygium operations | 10 00 to | 20 00 |
| 126. Exenteration of eyeball (Mule's operation) | 50 00 to | 75 00 |
| 127. Mastoid operation..... | 50 00 to | 100 00 |
| 128. Curettement or removal of carious bone from middle ear..... | 25 00 to | 50 00 |

Venereal Diseases.

| | | |
|---|---------|-------|
| 129. Venereal disease (first consultation) | 5 00 to | 10 00 |
| 130. Venereal disease (subsequent consultation) | 1 00 to | 2 00 |

Dermatology.

| | | |
|---|----------|-------|
| 131. Electrolysis (removing tumors) | 10 00 to | 50 00 |
| 132. Electrolysis (superfluous hair, each sitting)..... | 2 00 to | 5 00 |

In applying the above scale of fees, it is intended that due consideration should be made for patients in poor circumstances.

The above scale of fees does not include payments to assistants.