

**THE MEDICAL POLICE AND RULES  
AND REGULATIONS OF THE  
BOSTON MEDICAL ASSOCIATION,  
WITH A CATALOGUE OF THE  
OFFICERS AND MEMBERS**

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**BOSTON MEDICAL POLICE.**

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*At a meeting of the BOSTON MEDICAL ASSOCIATION, held at Vila's on the first Wednesday in March, 1808;*

*The Committee of the preceding year having, in conformity with their instructions, reported on a code of Medical Police, which was read and accepted by sections,—*

It was VOTED, That the Report of the Committee be recommitted, with instructions to print five hundred copies of the same; and that they present to each member of the Association three copies of the Report, and distribute the remaining copies to such other physicians of the State as they may think proper.

VOTED, LIKEWISE, That the thanks of the Association be presented to the Committee for their judicious and useful Report.

J. GORHAM, *Secretary.*

## BOSTON MEDICAL POLICE.

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THE Standing Committee of the Association of Boston Physicians for the year commencing on the first Wednesday of March, 1807, having been instructed to propose a code of Medical Police, to be submitted to the consideration of the Association at their next annual meeting, beg leave to report:—

1. That, having examined the different publications of Gregory, Rush, and Percival upon this subject, they first selected from them such articles as seemed most applicable to the circumstances of the profession in this place.

2. That, with these articles as a groundwork, they have proceeded to form a short system of police, containing general principles for the government of this Association, by making such alterations or additions to them as they thought necessary for rendering them both practicable and useful.

3. That they have added such new articles as they judged conducive to the general views of this Association, and adapted to the particular situation of medical practice in America.

The result of which is submitted in the form following:



## CONSULTATIONS.

Consultations should be encouraged in difficult and protracted cases, as they give rise to confidence, energy, and more enlarged views in practice. On such occasions, no rivalry or jealousy should be indulged; candor, justice, and all due respect, should be exercised towards the physician who first attended; and, as *he* may be presumed to be best acquainted with the patient and his family, he should deliver all the medical directions, as agreed upon. It should be the province, however, of the senior consulting physician to propose the necessary questions to the sick.

The consulting physician is never to visit without the attending one, unless by the desire of the latter, or when, as in sudden emergency, he is not to be found. No discussion of the case should take place before the patient or his friends; and no prognostications should be delivered, which were not the result of previous deliberation and concurrence. Theoretical debates, indeed, should generally be avoided in consultation, as occasioning perplexity and loss of time; for there may be much diversity of opinion on speculative points, with perfect agreement on those modes of practice which are founded, not on hypothesis, but on experience and observation. Physicians in consultation, whatever may be their private resentments or opinions of one another, should divest themselves of all partialities, and think of nothing but what will most effectually contribute to the relief of those under their care.

If a physician cannot lay his hand to his heart, and say that his mind is perfectly open to conviction, from whatever quarter it may come, he should in honor decline the consultation.

All discussions and debates in consultations are to be held secret and confidential.

Many advantages may arise from two consulting together, who are men of candor, and have mutual confidence in each other's honor. A remedy may occur to one which did not to another; and a physician may want resolution, or a confidence in his own opinion, to prescribe a powerful but precarious remedy, on which, however, the life of his patient may depend: in this case, a concurrent opinion may fix his own. But, when such mutual confidence is wanting, a consultation had better be declined, especially if there is reason to believe that sentiments delivered with openness are to be communicated abroad, or to the family concerned; and if, in consequence of this, either gentleman is to be made responsible for the event.

The utmost punctuality should be observed in consultation-visits; and, to avoid loss of time, it will be expedient to establish the space of *fifteen minutes*, as an allowance for delay, after which the meeting might be considered as postponed for a new appointment.

#### INTERFERENCES.

Medicine is a liberal profession; the practitioners are, or ought to be, men of education; and their expectations of business and employment should be founded on their degrees of qualification, not on artifice and insinuation. A certain undefinable species of assiduities and attentions, therefore, to families usually employing another, is to be considered as beneath the dignity of a regular practitioner, and as making a mere trade of a learned profession; and all officious interferences, in cases of sickness in such families, evince a meanness of disposition, unbecoming the character of a physician or a gentleman. No meddling inquiries should be made concerning them, nor hints given relative to their nature and treatment, nor any selfish conduct pursued, that may, directly or indirectly, tend to

weaken confidence in the physicians or surgeons who have the care of them.

When a physician is called to a patient, who has been under the care of another gentleman of the Faculty, before any examination of the case, he should ascertain whether that gentleman understands that the patient is no longer under his care; and, unless this be the case, the second physician is not to assume the charge of the patient, nor to give his advice,—excepting in instances of sudden attacks,—without a regular consultation; and if such previously attending gentleman has been dismissed, or has voluntarily relinquished the patient, his practice should be treated with candor, and justified so far as probity and truth will permit; for the want of success in the primary treatment of the disorder is no impeachment of professional skill and knowledge.

It frequently happens that a physician, in incidental communications with the patients of others, or with their friends, may have their cases stated to him in so direct a manner as not to admit of his declining to pay attention to them. Under such circumstances, his observations should be delivered with the most delicate propriety and reserve. He should not interfere in the curative plans pursued, and should even recommend a steady adherence to them, if they appear to merit approbation.

#### DIFFERENCES OF PHYSICIANS.

The differences of physicians, when they end in appeals to the public, generally hurt the contending parties; but, what is of more consequence, they discredit the profession, and expose the Faculty itself to contempt and ridicule. Whenever such differences occur as may affect the honor and dignity of the profession, and cannot immediately be terminated, or do not come under the character of violation