

~~COLL. CAT.~~

BY-LAWS, REGULATIONS,
AND
CODE OF ETHICS
OF THE
NEW-HAMPSHIRE MEDICAL SOCIETY.

AT

THE

BY-LAWS, REGULATIONS,

AND

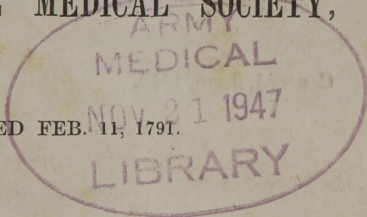
CODE OF ETHICS

OF THE

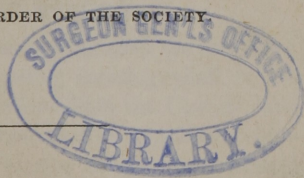
✓
NEW-HAMPSHIRE MEDICAL SOCIETY,

611

ORGANIZED FEB. 11, 1791.



PUBLISHED BY ORDER OF THE SOCIETY.



CONCORD:

PRINTED BY ASA McFARLAND, MAIN STREET

1850.

WB

N548c

1850

The Committee appointed by vote of the N. H. Medical Society, June, 1847, to revise the By-Laws of said Society, submit the following as a true copy of the *Revised Code*, as it was adopted at the Annual Meeting of the Society, June, 1849.

E. R. PEASLEE, }
E. CARTER, } Com.
C. P. GAGE, }
E. K. WEBSTER, }

Concord, June, 1850.

BY-LAWS.

SECTION I.

ANNUAL MEETING.

ARTICLE 1. The Annual Meeting of the Society shall be on the Tuesday preceding the first Wednesday in June, at ten o'clock, A. M., in the town of Concord, unless otherwise directed by the Society, fourteen days notice being previously given in at least two newspapers, by the Secretary.

ART. 2. Nine members shall be necessary to constitute a quorum for business.

ART. 3. At each Annual Meeting there shall be elected by ballot a President, Vice-President,* two Counsellors, and two Censors from each district; a Secretary, Treasurer, Librarian, Committee of Correspondence, and two Delegates to attend the examination of candidates for Medical Degrees at Dartmouth College.

SECTION II.

ORDER OF BUSINESS.

ART. 1. The President having declared the meeting open,

1. The record of the preceding meeting shall be read by the Secretary, and communications from the Council received.

2. The following Committees shall be appointed, viz.—1. A committee to examine and prescribe for such patients as present themselves to the Society for advice. 2. A committee to audit the Treasurer's account.

*No person shall hold the office of President or Vice-President two years in succession. See vote of Society, June, 1848.

3. Reports from Committees, and other communications received.
4. Dissertations read.
5. Election of officers.
6. Annual Address of the President.
7. Report of Committees on the examination of Patients.
8. Miscellaneous business.

SECTION III.

DUTIES OF OFFICERS.

PRESIDENT.

ARTICLE 1. The President shall be, *ex officio*, member of the Council—shall preside at all meetings of the Society and Council,—but is expected to take no part in debate, nor discuss any question, unless previously leaving the chair, and requesting the Vice-President, or, in his absence, some other member, to preside. He shall vote only in case of division, and at each Annual Meeting shall extemporaneously, or by a written dissertation or essay, address the Society on some subject connected with the duties of the Profession.

VICE-PRESIDENT.

ART. 2. The Vice-President shall perform all the duties incumbent on the President, in case of his absence.

COUNCIL.

ART. 3. The Council shall meet the day preceding the Annual Meeting of the Society,—shall propose all candidates for membership,—shall appoint two or more members to read dissertations at each annual meeting,—shall call special meetings of the Society at the request of any five members, or whenever in their own opinion such meetings may be necessary. They

shall take cognizance of any breach of the By-Laws, Regulations, or Police of the Society, or of any immoralities or differences between individual members, whether made known to them by the complaints of others, or occurring within their own observation; and if they cannot be satisfactorily adjusted, shall report the same for the adjudication of the Society. They shall prepare all business concerning individual interests alone, to be brought before the Society; and shall have the general supervision of the Society's interests during the interval of its meetings. Three shall constitute a quorum for business.

SECRETARY.

ART. 4. The Secretary shall be, *ex officio*, member of the Council; shall notify and attend all meetings of the Society and Council, and shall record their transactions, which record shall be subject at all times to the inspection of the members. He shall be the medium of communication between this Society and others,—shall notify new members of their election, and committees of their appointment, and shall have the charge of the Society's Seal, shall affix the same to Licentiates' Certificates and Certificates of Membership, and such other papers as require its sanction.

TREASURER.

ART. 5. The Treasurer shall have the custody of all moneys belonging to the Society, and shall pay out the same only on the order of the Council. He shall collect all dues from members and others, and his account of receipts and disbursements shall be annually examined by a committee appointed for the purpose, and their report shall be entered on the records.

LIBRARIAN.

ART. 6. The Librarian shall have in his custody and charge the Books, Instruments, or any Surgical Apparatus that may belong to the Society.

CENSORS.

ART. 7. It shall be the duty of the Censors to examine any candidate for the practice of Medicine and Surgery who possesses the requisite qualifications, viz: he shall have attained the age of twenty-one years,—shall possess a knowledge of all the Elementary Branches and Classical Studies required for admission to the Freshman Class in Dartmouth College,—shall have studied three years under the direction of one or more regular members of the Profession; shall have attended two full courses of public Lectures at some regular Medical Institution, and shall possess a good moral character. Two Censors shall constitute a quorum. The candidate, if his examination prove satisfactory, shall receive a letter of approbation and license, in the form following—for which he shall pay the sum of ten dollars, for the benefit of the Society:

STATE OF NEW-HAMPSHIRE.

We, the Censors of the New-Hampshire Medical Society, duly appointed and authorized, have examined A. B., of C., in the County of D., a candidate for the practice of Physic and Surgery; and, having found him qualified, do approve and license him a Practitioner in Medicine and Surgery, agreeably to law in that case made and provided.

Dated at —, this — day of —, A. D. 18—.

E. F. }
G. H. } Censors.

By virtue of the power in me vested, I have hereunto caused the Seal of the New-Hampshire Medical Society to be affixed.

I. J., President.

Attest: K. L., Secretary.

SECTION IV.

QUALIFICATION FOR MEMBERSHIP.

ARTICLE 1. Any person who has received a medical de-

gree at any school or university authorized to confer the same, or who has been duly licensed by the Censors of a regularly constituted Medical Society, and sustains a good moral character, having signified his wish to join the Society, may be proposed by the Council for membership, and voted for at any regular or special meeting of the Society, (a majority of two thirds of the votes cast being necessary to constitute a choice;) but his election shall be void unless he pay the initiation fee, and subscribe the By-Laws and Regulations at or before the next annual meeting; which conditions it shall be the duty of the Secretary to communicate to each person, together with the notice of his election. These conditions being complied with, the member elect shall then receive from the Secretary a Certificate of Fellowship in the form following:

STATE OF NEW-HAMPSHIRE.

Be it remembered, that at a meeting of the New-Hampshire Medical Society, holden at Concord, this —— day of ——, A. D. 18—, A. B. was elected a Fellow thereof, and invested with all its rights and privileges.

In testimony of which, the Seal of our Society has been affixed to these Presents, this —— day of ——, A. D. 18—.

{ President.
 { Secretary.

ART. 2. Each member shall pay a fee of three dollars on admission into the Society, and an annual tax of three dollars thereafter, except regular members of District Societies, who shall pay two dollars annually.

ART. 3. Whenever the annual assessment of any member is not paid at the annual meeting of the Society, it shall be the duty of the Treasurer *in all cases* to collect the same as early thereafter as may be; always, if practicable, within the year. If it shall be necessary in any case, he shall take such legal measures to compel payment as the Counsellors shall direct.

ART. 4. Members of other State Medical Societies may be elected to this Society, and become members, without paying the initiation fee.

DUTIES OF MEMBERS.

ART. 5. It is expected of each member that he communicate to the Society, verbally or in writing, all occurrences in his practice worthy of special notice, as also all facts calculated to contribute to the improvement of the Profession;—that he will dispense or use in his practice no secret medicines, the composition of which he withholds from his brethren;—that he will on all occasions vindicate the character and practice of others, so far as truth and justice will permit;—that he will cheerfully attend and gratuitously advise in all cases of sickness of his brethren of the profession or their families; and in the case of irregular and unqualified practitioners within the range of his practice, he shall use his influence to discourage their employment, by avoiding, so far as prudence will dictate, any professional intercourse with them, in the sick room or elsewhere; and in all cases of unavoidable consultation, his advice and directions should be given rather to the patient or friends than to such attending Physician.

RESIGNATIONS.

ART. 6. No member shall withdraw from this Society, or resign his connection therewith, while a practitioner of Medicine or Surgery in this State, without the permission of the Counsellors. They shall give such permission to any member who applies for the same in writing, after he has attained the age of sixty years; and also to any other member who applies for the same, and gives his reasons in writing, if they deem those reasons to be satisfactory.

RETIRED MEMBERSHIP.

ART. 7. Those members who, having attained to the age of sixty years, have resigned the fellowship of this Society by permission of the Counsellors, shall, while living, be distinguished in the printed list of the Society, by a peculiar mark, and be denominated Retired Members. They shall be entitled

to all the privileges and conform to all the requirements of the Society, and be subject to all its penalties; except that they shall not be liable to assessments, nor be bound to accept any office in the Society.

HONORARY MEMBERSHIP.

ART. 8. Medical men in this or other States, who have acquired an honorable distinction in their profession, may be proposed by the Council as Honorary Members of this Society. A majority of two thirds of all the votes cast shall be necessary to their election; they shall be distinguished in the printed list by a peculiar mark; and shall enjoy all the privileges of retired members before mentioned.

ART. 9. Members of other regularly constituted Medical Societies, in reputable standing, may attend the meetings of the Society, as corresponding members, but are expected to take no part in its deliberations unless invited by special vote.

COMMITTEE OF CORRESPONDENCE.

ART. 10. There shall be annually chosen a committee, consisting of one from each District, to be styled the Committee of Correspondence, or Corresponding Secretaries, whose duty it shall be, in their joint or individual capacity, to collect and present to the Society, at each annual meeting, an historical account of prevailing diseases, an account of epidemics, and such novel and interesting cases as the Fellows may communicate to them; and any other information that may contribute to the good of the Society and advance the knowledge of the healing art.

FORM OF SUBSCRIPTION.

The subscribers agree to comply with the By-Laws and Regulations of the New-Hampshire Medical Society.

SECTION V.

DISTRICT SOCIETIES.

ART. 1. Every application for the establishment of a District

Society shall be made in writing to the Council, and if approved of by the Society, they shall issue a Charter in the following form, viz :

STATE OF NEW-HAMPSHIRE.

*The Council of the New-Hampshire Medical Society, to A. B. & C.,
Fellows of said Society,*

GREETING.

Your application, made in due form, requesting that a District Medical Society might be instituted, to consist of the Fellows and Associates residing in the towns of —, was duly considered and approved by the Society, on the — day of —, Anno Domini 18—.

Be it therefore known, that a District Society, by the name of —, is hereby established, to consist of the Fellows of the New-Hampshire Medical Society and the Associates now resident in the towns abovementioned, and of such others as they may hereafter elect; and A. B. is hereby authorized to call a meeting of the same, for the purpose of electing officers and transacting any other business necessary for organizing said Society.

In testimony whereof we have hereunto subscribed our names, this — day of —, Anno Domini 18—.

C. D. }
E. F. } Council.
G. H. }

By virtue of the power in me vested, I have caused the Seal of the New-Hampshire Medical Society to be hereunto affixed.

I. J., President.

Attest: K. L., Secretary.

ART. 2. Each District Society shall transmit an abstract of its proceedings to the Counsellors of the State Society, to be read before the same, provided the Council deem it expedient; and no By-Law or regulation of any District Society shall be valid if it come in competition with or be repugnant to the regulations of the General Society.

CODE OF ETHICS

OF THE

AMERICAN MEDICAL ASSOCIATION,

ADOPTED BY THE

N. H. MEDICAL SOCIETY.

CONTENTS.

CHAPTER I.

Of the duties of physicians to their patients, and of the obligations of patients to their physicians.

- ART. I.—Of the duties of physicians to their patients, . . . 13
ART. II.—Of the obligations of patients to their physicians, . . . 15

CHAPTER II.

Of the duties of physicians to each other, and to the profession at large.

- ART. I.—Of the duties of physicians for the support of professional character, 17
ART. II.—Of the duties of physicians in regard to professional services to each other, 18
ART. III.—Of the duties of physicians in regard to vicarious offices, 19
ART. IV.—Of the duties of physicians in consultations, . . . 19
ART. V.—Of the duties of physicians in cases of interference with one another, 21
ART. VI.—Of the duties of physicians when differences occur between them, 23
ART. VII.—Of the duties of physicians in regard to pecuniary acknowledgments, 23

CHAPTER III.

Of the duties of the profession to the public, and of the obligations of the public to the profession.

- ART. I.—Of the duties of the profession to the public, . . . 24
ART. II.—Of the obligations of the public to physicians, . . . 25

CODE OF MEDICAL ETHICS.

CHAPTER I.

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

ART. 1. *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 department, 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 him 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 savour 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 unfrequently 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. 2. *Obligations of Patients to their Physicians.*

§ 1. The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties towards 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 consequences, 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 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.

CHAPTER II.

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

ART 1. *Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs 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 laws 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. 2. *Professional services of Physicians to each other.*

§ 1. 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. 3. *Of the duties of Physicians as respects vicarious offices.*

§ 1. 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 withdraw 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. 4. *Of the duties of Physicians in regard to consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, 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 practice from some medical board of known and acknowledged respectability, recognized by this 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 rejection 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 towards 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 farther 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 commu-

nicate 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 variation 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 one of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. 5. *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.

§ 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 farther 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. 6. *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*.

As peculiar reserve must be maintained by physicians towards 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. 7. *Of Pecuniary Acknowledgments.*

§ 1. Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

CHAPTER III.

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

ART. 1. *Duties of the profession to the public.*

§ 1. 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, &c.,—and in regard to measures for the prevention 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 always be 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 liberally 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 public duties, referred to in section 1 of this chapter, 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.

ART. 2. *Obligations of the Public to Physicians.*

§ 1. The benefits accruing to the public directly and indirectly from the active and unwearied 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 liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

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 patient from the devices and pretensions of such quacks and impostors. Physicians ought to use all the influence which they may possess as professors in Colleges of Physicians, and by examining their opinion in regard to the steps 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.

ART. 2. Obligations of the Public to Physicians.

§ 1. The benefits accruing to the public directly and indirectly from the active and untiring benevolence 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 distinction between true science and the assumptions of ignorance and egotism;—to afford every encouragement and facility for the acquisition of medical education; and no longer to allow the waste books to exhibit the uncertainty of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

FELLOWS

OF THE

NEW-HAMPSHIRE MEDICAL SOCIETY.

[ARRANGED ALPHABETICALLY.]

The present residence of Members living within the limits of the State is given, if known to the Committee; otherwise, their location at the time of admission.

* Deceased. † Removed from the State. ‡ Resigned.
§ Retired Members.

Admitted.	Names.	Residence.
1791.	*Bartlett, Josiah	Kingston.
"	*Brackett, Joshua	Portsmouth.
"	*Brackett, James	Lee.
"	*Carr, Moses	Somersworth.
"	*Cogswell, William	Atkinson.
"	*Cutter, Ammi R.	Portsmouth.
"	*Green, Ezra	Dover.
"	*Jackson, Hall	Portsmouth.
"	*Jackson, John	Portsmouth.
"	*Osgood, Kendall	Peterboro'.
"	*Page, Benjamin	Exeter.
"	*Page, William	Charlestown.
"	*Parker, William, Jr.	Exeter.
"	*Peabody, Nathaniel	Exeter.
"	*Rockwood, Ebenezer	Wilton.
"	*Rogers, John	Plymouth.
"	*Sparhawk, George	Walpole.
"	*Tenney, Samuel	Exeter.
"	*Thom, Isaac	Londonderry.

N. B.--The above were the original Grantees, or Founders of the Society.

Admitted.	Names.	Residence.
1832.	Abbott, James B.	Sanbornton.
1820.	†Abell, Truman	Lempster.
1811.	*Adams, Daniel	Keene.
1817.	§Adams, Daniel	Keene.
1791.	*Bartlett, Levi	Kingston.
1799.	*Bartlett, Josiah	Stratham.
1800.	*Bartlett, Ezra	Haverhill.
1818.	*Bartlett, Peter	Salisbury.
1838.	Bartlett, Josiah	Stratham.
1848.	Bartlett, Ezra	So. Berwick, Me.
1810.	*Bartley, Robert	Londonderry.
1837.	Bassett, Thomas	Kingston.
1816.	†Batchelder, John P.	Charlestown.
1825.	§Batcheller, James	Marlborough.
1846.	Batchelder, D. H.	Londonderry.
1835.	†Bell, Luther V.	Concord.
1836.	*Blaisdell, Elijah	Boscawen.
1817.	*Blanchard, Abel	Pembroke.
1792.	*Bond, John	Hampstead.
1819.	†Bond, Henry	Concord.
1816.	*Boyden, Joseph	Tamworth.
1844.	Boyden, Frederick	Hinsdale.
1807.	*Brackett, Joshua, Jr.	Portsmouth.
1837.	*Brown, Thomas	Manchester.
1841.	*Burnham, Israel	Antrim.
1845.	Campbell, W. G.	Nashua.
1817.	§Carr, John	Sanbornton.
1840.	Carr, Alonzo F.	Goffstown.
1791.	*Carrigain, Philip	Concord.
1826.	Carter, Ezra	Concord.
1818.	§Chadbourne, Thomas	Concord.
1803.	*Chadwick, Edward	Deerfield.
1844.	†Chandler, George	Concord.
1840.	†Chase, Warren E.	Boscawen.
1835.	†Chase, Charles	Nichester.
1816.	*Clark, Alexander T.	Northfield.
1850.	Clough, John	Enfield.
1845.	Colburn, Elijah	Nashua.
1843.	Colburn, Z.	Manchester.
1826.	†Colby, Elijah	Concord.

Admitted.	Names.	Residence.
1841.	*Cowan, James W.	Dover.
1806.	†Crombie, James	Francestown.
1841.	Crombie, James H.	Derry.
1810.	*Crosby, Asa	Hanover.
1818.	Crosby, Josiah	Manchester.
1827.	Crosby, Dixi	Hanover.
1842.	Crosby, Thomas R.	Manchester.
1841.	Cummings, Silas	Fitzwilliam.
1845.	Currie, Thomas H.	Boscawen.
1800.	*Cutter, William	Portsmouth.
1822.	*Dalton, John	New-Boston.
1821.	*Dana, James F.	Hanover.
1845.	Danforth, James	New-Boston.
1821.	†Dewey, John	Lancaster.
1840.	†Dickey, Hanover	Epsom.
1843.	Dickey, A. O.	Lyme.
1832.	*Dousman, John B.	Keene.
1816.	*Dow, Jabez	Dover.
1835.	*Dow, Samuel W.	Dover.
1821.	Drew, Stephen	Milton.
1840.	Eastman, Josiah C.	Hampstead.
1841.	Eastman, Joseph	Candia.
1840.	Eaton, Jacob S.	Bristol.
1842.	Eaton, Harrison	Merrimack.
1836.	*Eldridge, Micah	Milford.
1836.	Eldridge, Hezekiah	Milford.
1825.	*Elkins, John P.	New-Durham.
1846.	Elliot, Charles F.	Somersworth.
1816.	†Farrar, George	Derry.
1831.	Fernald, John S.	Barrington.
1838.	Fitch, Francis P.	Amherst.
1836.	*Flanders, David	Londonderry.
1820.	†French, John	Landaff.
1843.	French, Otis	Gilmanton.
1847.	French, John O.	Chesterfield.
1840.	Gage, Charles P.	Concord.
1791.	*Gale, Amos	Kingston.
1792.	*Gale, Amos, Jr.	Kingston.

Admitted.	Names.	Residence.
1820.	*Gale, Israel	Newtown.
1849.	Garland, George W.	Meredith Bridge.
1824.	*George, Austin	Boscawen.
1791.	*Gove, Jonathan	Goffstown.
1820.	*Graves, William	Deerfield.
1848.	*Graves, J. H.	Nashville.
1791.	*Green, Peter	Concord.
1848.	Grover, William	Barnstead.
1838.	Hall, Jeremiah F.	Wolfborough.
1845.	Hammond, E. B.	Nashua.
1849.	Hamilton, Cyrus B.	Lyme.
1818.	†Harper, Joseph M.	Canterbury.
1828.	†Hatch, Reuben	Hillsborough.
1820.	§Hill, Thomas P.	Hanover.
1839.	Hill, Levi G.	Dover.
1791.	*Howe, James	Rochester.
1821.	*Howe, Luke	Jaffrey.
1812.	*Howe, Zadoc	Concord.
1824.	Hoyt, Enos	Framingham, Ms.
1836.	†Hoyt, Otis	Mason.
1848.	Hubbard, George H.	Washington.
1811.	*Kelley, Benjamin	Gilmanton.
1817.	*Kelley, Amasa	Chichester.
1849.	Kelley, Cyrus K.	Sanbornton Bridge.
1821.	†Kimball, John W.	Campton.
1792.	*Kittredge, Jacob	Dover.
1820.	*Kittredge, Jacob, Jr.	Dover.
1820.	§Kittredge, Josiah	Nashua.
1835.	*Kittredge, George W.	Dover.
1839.	Knight, Luther M.	Franklin.
1837.	†Leach, John T. G.	Concord.
1800.	*Lerned, Ebenezer	Hopkinton.
1821.	*Livy, David T.	Wolfborough.
1849.	Locke, L. F.	Nashua.
1816.	†Long, Moses	Concord.
1846.	Marshall, Thomas H.	Mason.
1836.	Martin, Noah	Dover.
1847.	Mason, William H. H.	Moultonborough.

Admitted.	Names.	Residence.
1841.	McFarland, Andrew	Concord.
1822.	†McGregory, John B.	Newport.
1817.	†Merrill, Silas	Andover.
1817.	†Merrill, Jesse	Franklin.
1820.	†Merrill, Thomas H.	Raymond.
1848.	Moore, E. G.	Concord.
1807.	‡Morril, Samuel	Concord.
1815.	*Morril, David L.	Concord.
1814.	†Morse, Caleb	Moultonborough.
1842.	‡Morse, Julius H.	Manchester.
1825.	†Mowe, Daniel	Sanbornton.
1816.	†Mussey, Reuben D.	Hanover.
1791.	*Nichols, Moses	Amherst.
1817.	*Odell, James	Stratham.
1821.	*Oliver, Daniel	Hanover.
1819.	†Parker, Benjamin	Concord.
1849.	Parker, Edward H.	Concord.
1850.	Peabody, Leonard W.	Epsom.
1826.	‡Peach, Thomas	Boscawen.
1842.	Peaslee, Edmund R.	Hanover.
1818.	*Perkins, Cyrus	Hanover.
1809.	*Pierrepont, James H.	Portsmouth.
1818.	§Prescott, William	Concord.
1825.	*Prescott, Jonathan C.	Concord.
1850.	Prescott, David S.	Temple.
1791.	*Preston, John	New-Ipswich.
1818.	*Proctor, John	Epsom.
1791.	*Ranney, Thomas S.	Brentwood.
1822.	*Rogers, John	Boscawen.
1822.	§Sanborn, Nathan	Henniker.
1830.	*Sanborn, John T.	Wentworth.
1837.	Sargent, James F.	Concord.
1845.	†Sargent, Seneca	Pittsfield.
1840.	†Savory, Charles A.	Hopkinton.
1849.	Senter, M. D.	Pembroke.
1850.	Shackford, Charles H.	Somersworth.
1826.	*Shurtleff, Asahel D.	Rindge.

Admitted.	Names.	Residence.
1848.	Smalley, Adoniram	Lyme.
1791.	*Smith, Nathan	Hanover.
1821.	†Smith, Samuel	Bristol.
1821.	*Smith, William	Northwood.
1837.	Smith, Joseph H.	Dover.
1844.	Smith, Albert	Peterborough.
1803.	*Spaulding, Lyman	Portsmouth.
1809.	*Spaulding, Matthias	Amherst.
1822.	*Spaulding, Matthias, Jr.	Milford.
1845.	Spaulding, Edward	Nashua.
1844.	Stackpole, P. A.	Dover.
1816.	*Stark, James	Hopkinton.
1825.	*Stickney, Jeremiah	Antrim.
1849.	Stone, William P.	Danbury.
1821.	Straw, Jacob	Henniker.
1825.	*Studley, Harvey	Bradford.
1841.	Swett, John L.	Newport.
1820.	*Tenney, William	London.
1836.	Tenney, Richard P. J.	Pittsfield.
1847.	Tibbetts, Charles C.	Sanbornton.
1829.	*Tilton, Timothy	Canaan.
1840.	†Tilton, James A.	Pembroke.
1811.	†Torrey, Erastus	Cornish.
1845.	†Tripp, Benjamin H.	Concord.
1821.	*Tuttle, Peter	Hancock.
1811.	*Twitchell, Amos	Keene.
1844.	Twitchell, George B.	Keene.
1850.	Tyler, John E.	Rollinsford.
1823.	*Walker, Silas	Bedford.
1820.	*Wallace, John	Milford.
1837.	Wallace, Thomas	Derry.
1838.	Webster, Eliphalet K.	Boscawen.
1835.	†Wells, David	Deerfield.
1845.	Weymouth, H. A.	Andover.
1820.	‡Wiggin, Andrew P.	Greenland.
1839.	Wight, Nahum	Gilmanton.
1847.	Whittemore, Jacob P.	Chester.
1840.	Willard, Moses T.	Concord.
1828.	†Williams, Jacob	Gilmanton.
1835.	*Williams, Richard	Milford.

Admitted.	Names.	Residence.
1814.	§ Wilson, Job	Franklin.
1835.	Wilson, Thomas W.	Salisbury.
1848.	Wilson, E. F.	Concord.
1820.	§ Woodbury, Peter P.	Bedford.
1847.	Woodbury, Mark R.	Northfield.

HONORARY MEMBERS.

[ARRANGED IN THE ORDER OF ELECTION.]

Elected.	Names.	Residence.
1793.	*Kittredge, Thomas	Andover, Mass.
1794.	*Prescott, Oliver	Groton, Mass.
1808.	*Simmes, James	London, England.
"	*Jenner, Edward	Cheltenham, England.
"	*Ramsey, David	Charleston, S. C.
"	*Rush, Benjamin	Philadelphia.
"	*Warren, John	Boston.
"	*Mitchell, Samuel L.	New-York.
"	*Fisher, Joshua	Beverly, Ms.
"	*Holyoke, E. A.	Salem, Ms.
"	*Wells, Henry	Montague, Ms.
1810.	*Wistar, Caspar	Philadelphia.
"	Barton, Benjamin S.	Philadelphia.
"	*Physick, Philip S.	Philadelphia.
"	Coxe, John R.	Philadelphia.
"	*Dorsey, John S.	Philadelphia.
"	Post, Wright	New-York.
"	*Miller, Edward	New-York.
1811.	Shattuck, George C.	Boston.
"	Warren, John C.	Boston.
"	*Gorham, John	Boston.
"	Ingalls, William	Boston.
"	Jackson, James	Boston.
1815.	Dexter, Samuel	Boston.
1819.	*Ramsey, Alexander	Fryeburg, Me.
1828.	Bigelow, Jacob	Boston.
"	Ives, Eli	New-Haven, Ct.
"	*Hosack, David	New-York.
"	Mott, Valentine	New-York.

Eicted.	Names.	Residence.
1828.	Smith, John Augustine	New-York.
"	Smith, Joseph	New-York.
"	Delafield, Edward	New-York.
"	*Beck, John B.	New-York.
"	Beck, J. Romeyn	Albany.
1833.	*Deweese, William P.	Philadelphia.
"	Harlan, Richard	Philadelphia.
"	Drake, Daniel	Cincinnati, O.
1838.	*Chase, Heber	Philadelphia.
1840.	Mussey, Reuben D.	Cincinnati, O.
"	Hubbard, Oliver P.	Dart. College.
1843.	Parker, Willard	New-York.
1845.	Phelps, Edward E.	Dart. College.
"	Roby, Joseph	Dart. College.
"	Gross, Samuel D.	Louisville, Ky.
1846.	Hubbard, John	Hallowell, Me.
1848.	Chandler, George	Worcester, Ms.
1849.	Parsons, Usher	Providence, R. I.
1850.	Bell, Luther V.	Somerville, Ms.

