EUTHANASIA — DEGENERATED SYMPATHY.

Boston, February, 1906.

Mr. Editor: The subject of "Degenerated Sympathy," discussed and dismissed very briefly by a leading medical journal, is too important to be put aside with a sneer, and is worthy of more extended and respectful consideration than was there given it.

The propositions alluded to in this article seem to indicate a wider spread of sentiments, neither new nor obsolete, than has been hitherto apparent upon the surface. They are not entertained solely by the immoral, insensible, crumpy or degenerate, nor are they so rare among the medical profession, in a class much higher than that of the common hangman, as some of the comments would lead one to suppose.

The discussion of them is most appropriate in the journals which bring the great problems of life, death, suffering and crime most nearly home to the men who are in daily contact with them and whose work is their relief.

Reference is made to the recommendation of a "reforming woman to kill off the Infirmables" and of another to "murder the children in the slums" and to the "moral aberration" of Professor Norton who proposes to make away with the "hopelessly insane, diseased and injured." Since the article appeared there have been many commentaries upon a bill introduced (and rejected) by the Ohio legislature giving permission to physicians to fatally anesthetize persons hopelessly ill who ask for the privilege. A bill has been introduced into the New York legislature making any advocacy of such propositions a felony.

The right to take the life of another is recognized in the individual who is threatened with the loss of his own, and in the community when that of a criminal becomes a menace.

The right of the community to accept the sacrifice of life when members is admitted in the interest of the life of it by almost any great industrial enterprise. We admit the hideous sacrificial, war, for which we select the best and reject many who could well be spared, and in times of stress do not wait for the sacrifice to be a voluntary one. A few men must fall from the bridge that the multitude need not suffer the inconvenience of the ferry. Crowds throng to exhibitions in which the principal object of attraction is the chance of the performer being killed. We are by no means careful of life in general.

It is only when the question is one of the life of some definite individual, when it is our friend, or some one on whom the community focuses its attention, when it is the one man or one woman about whom the papers and the public are for the moment talking, and not merely the undetermined few taken at random from among unknown thousands, — that the sacredness of life comes to the front for practical recognition.

I may not knowingly administer a fatal dose of morphine to the anemophilous monster, but I may without legal restraint distribute the same drug wholesale among normal persons so long as no one can point out which particular one will have the possibilities of a useful life destroyed. A courageous governor may not order the carrying into execution of a just sentence upon an acknowledged murderer of the lowest type without awakening horror-stricken comments and protests, but he might with approval have vetoed a bill which would protect the lives of thousands of travelers if his decision were in the matter of commercial enterprise.

In fact, life in the abstract, a percentage of life in a mass, weighs but lightly in the balance against other considerations which involve its destruction, but when the necessity or policy of its loss narrows down to the one selected life, then the pity, conscience and religious sentiment of the community go out in an instinctive repugnance to the taking of it.

This reverence for the individual human life without regard to its value, this respect for the mere functions of respiration and heart beat which may go on without the
least trace of consciousness, and with an intelligence which can by no possibility be made to rise to that of a human being. If it is to be assumed that we have a soul below it; this moral and religious principle, as we consider it, is in reality a sentiment, based indeed for the most part upon a principle, but not a reasoned or reasonable conviction which should be allowed to control in all cases the sense of humanity to the patient or the welfare of the community.

It is the deeply rooted and admirable instinct (mother-instinct, if you will) of protection to the helpless, which preserves the existence of the lowest of beings in the human race. But we may also consider the peculiar relations of our family life, which involve us after they themselves have ceased from all the higher functions or are carrying a burden which they would gladly lay down.

That there exists in some minds a rudimentary perception of our right to care for in our treatment the value of individual lives may be seen in the impression, of which the physician sometimes becomes aware, that it is his duty to take away at birth the life of certain monsters; and he may be reproached for not having done so by those who would not take the responsibility themselves.

This right or duty, although in every respect contributory to the public welfare, has never been conceded by the code of professional ethics. In the case of the anencephalus fetus the question is of no great importance, but in the case of the nature-scarred, or of the creature which they themselves have ceased from all the higher functions, or even from the formation of a soul, the question of its treatment or the keeping of it alive becomes one of the most difficult ethical problems that medicine has met. The physician is often compelled to deny the patient the rest of his days, not from simple charity, but from a religious feeling of duty.

In neither of the two cases, however, is there any question of the prolongation of life, if the prolongation of life is a matter of life and death; but only the prolongation of pain, of physical suffering. Does it come to the prolongation of life, and does the prolongation of life make up for the prolongation of suffering? Can we put our hands on the impose that makes a prolongation of life a benefit to the patient? Can we put our hands on the impose that makes the prolongation of life a benefit to the patient?

It may be that there is a prolongation of life, but it is an imposition, a prolongation of suffering, and not the prolongation of life. The prolongation of suffering is, in medical ethics, the prolongation of pain, the prolongation of distress, the prolongation of sorrow.

The objections to any such plans upon the practical side are at once obvious in the abuses which might come in the hands of the unsupervising physicians. It is, however, true that we have a moral and religious principle, as we consider it, in reality a sentiment, based indeed for the most part upon a principle, but not a reasoned or reasonable conviction which should be allowed to control in all cases the sense of humanity to the patient or the welfare of the community.

It is not necessary to go back many years to arrive at a time when the same sort of accusations of abuse were made in regard to this nostrum, which now look upon it in their astonishment at the system which gave the care of such cases to families and shushouses.

Certainly, precautions much less stringent than those now employed for keeping the murderer from his just doom would make about as little difference. It should like to call your attention and that of some of the secular papers to an editorial on euthanasia in the New York Medical Record of some twenty years ago. It shows that the proposition of introduction into the Ohio legislature, which has called out so many unfavorable comments from the lay press, was no novelty, but that its author was simply a man who had the courage of his convictions and the convictions of many others.

It seems to me very clear from this article, as well as from conversations with physicians and others, that it is the feeling of dislike and aversion to a direct, definite, and complete responsibility for the taking of life, which makes men decline to take 100% of it when they are fully convinced, and show by their deeds that they are aware of their duty to take 90% in behalf of their suffering patients. It is the same feeling which at a military execution loads one gun of the firing party with blank cartridge in order that each one, who perhaps would have no hesitation about pouring a storm of bullets from an almost unfauling machine into a crowd of his fellow men, may flatter himself that he has not the death of a comrade upon his conscience.

Very truly yours,

"THE MEDICAL PROFESSION AND THE MEDICAL JOURNALS IN RELATION TO NOSTRUMS."

THE MEDICAL SOCIETY OF THE COUNTY OF WILSON. The County Board of Health.

Camden, Alabama, March 10, 1900.

Mr. Editor: I have just read with a great deal of interest the article under the head of "The Medical Profession and the Medical Journals in Relation to Nostrums." in your issue of March 1, 1900. As one who fills his own prescriptions, as a necessity, not choice, I find that there are among the proper medicines (so called nostrums) some which are of such excellent therapeutic qualities that they should be discarded by the physician, for the reason that there are not 10% of the country physicians who are qualified to fill any prescription that requires the amount of skill these do. If they attempted to make any internal antiseptic solution, like the one in mind, I fear they would fail, or if they wanted a solution of iron, pyurate and manganese, could they make it? If not, why not use the best, which is a proprietary medicine? The author criticises this preparation on account of its unformed name, not its inefficiency. All of us have heard our grandmothers say for bruises, sprains, etc., and now that we can get chy as an elegant preparation, should we not take advantage of it? There are a few other proprietaries of equal efficiency that should be retained as a part of our armamentarium. As for the advertisements of these nostrums in the medical journals, does the doctor think that if the journals refuse to accept these advertisements, all of the firms, selling proprietaries, are going out of business? On the contrary, they will form a journal of their own, procure the services of a Board of Editors composed of physicians, and continue to put their preparations before the eyes of the profession, or, what is worse, they will send advertisers to the livery through the mails and advertise. It is not far better to have these dealers under the control of the profession, as they now are, than to force them to look to the people for support? We can choose the efficient preparations and discard the unworthy ones. The livery will not use such discretion, but will accept them according to their "cure-all" claims. Shall the physician sacrifice the genuine proprietary, or shall the people ignorantly take them?

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