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SUCCESS IN THE MEDICAL PROFESSION.

AN

INTRODUCTORY LECTURE

DELIVERED AT THE

MASSACHUSETTS MEDICAL COLLEGE,

NOVEMBER 6th, 1850.

By JOHN WARE, M.D.,

HERSEY PROFESSOR OF THE THEORY AND PRACTICE OF PHYSIC IN HARVARD UNIVERSITY.

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WASHINGTON, D. C.

INTRODUCTORY LECTURE.

I AM forcibly reminded, gentlemen, of the rapid passage of time, by finding it again my duty, in the order of rotation, to become the organ of the Faculty in addressing the class at the beginning of another course of lectures. The topics which suggest themselves, for such an occasion, are sufficiently obvious, but, unfortunately, are not very various. One is therefore fearful that he may become tedious and distasteful, because he is obliged to treat of subjects and utter sentiments, which are repeated many times every year to many medical classes. He has, however, only to recollect, that though the materials of such a discourse may be stale to himself and to some small part of his audience, yet to the greater part of it, and to that part for whose advantage it is intended, everything may be new, and any topic, if properly treated, may be made useful.

In a profession like ours, the avenues to which are always filled by eager and aspiring competitors, the young man naturally looks forward to the day when he shall himself take his place among them. He reflects, too, with some anxiety, upon his chance for success amidst the crowd; and he would be glad to learn what the means are by which he may secure it. The inquiry constantly forces itself upon him—What are the elements of success? How am I to attain that which is the ultimate object of my exertions, the confidence and the patronage of mankind?

Is it best that this inquiry should thus engage the mind of the student? He will be told by some that he is not to think of the future, but of the present; that he is to qualify himself now, by a sedulous attention to his studies, for the duties that will by-and-by devolve upon him; and that, if he is faithful to these, he may be certain of his reward hereafter. He is told to take care of the present, and that the future will take care of itself. This, like many other popular maxims, is specious rather than solid. The advice it conveys, taken without much qualification, is not founded in wisdom. To understand the present and act well in it, we must

know something of the future, for which it is to prepare us. There is much, as I think, in the right direction of professional study, and much in the character and habits, moral and social, which the student forms, that will have a direct influence on his success as a practitioner. This it is all important that he should be convinced of in an early part of his career. I propose, therefore, to devote the time allotted to this discourse to a consideration of the Elements of Success in the Medical Profession.

But let me, in the first place, explain what I mean by success. I do not mean merely getting rapidly into a large practice and receiving a large income. This is desirable. But it may be done without what I understand by the best success. Where this is done rapidly, it is seldom done permanently. True success in medicine is that which gives to a man—after a reasonable probation—a probation which affords time for his qualifications to be really appreciated—the entire confidence of the circle in which he lives. This confidence is always a plant of slow growth. If it spring up in a night, it may wither in a night. Those qualities which afford a substantial foundation for it, cannot be made known, cannot be duly appreciated, in a short period. The same is true of any vocation—most of all is it true of ours. A suddenly acquired reputation and practice can only be the result of qualities of a superficial kind, which attract and dazzle at first, and which usually captivate a class of patients who are themselves superficial and generally fickle. In every community there is such a class, caught by every new pretension in the medical art. Large promises and an assured air of self-reliance afford a certain passport to their favor. But their favor is transient. Him whom they thus seek and trust before they can know him, they forsake as lightly. He has not the qualities which ensure a confidence worth keeping—and they have not the character which enables them to place a confidence worth keeping in anything.

No man who embarks his lot for life in our profession—no man who intends to practise it with a view to its highest usefulness to others, as well as to his own best advantage, should aim at the cultivation of the qualities that can only gain him a patronage so worthless and evanescent as this. I believe, gentlemen, I may say with truth, that everything relating to your studies, your character, your habits, your manners, your social and professional intercourse, may have an influence more or less important on your prosperity in the profession you have chosen; and my present purpose is to offer a few suggestions to aid in preparing you to acquire that sort of confidence which I have described as the only sure foundation for permanent success.

Of course I shall be expected to say that a thorough knowledge of medicine is of the first importance, and assuredly it is so. But this general statement requires some qualification. Medicine embraces a vast field of knowledge. To go over the whole of it is impossible, even in a long life. The pupil can only begin its cultivation. All this knowledge is of value ; but all is not of equal value. All has some connection, but not an equal connection, with practice. Now the main purpose of the study of medicine with most of us, is to enable us to treat disease. This is the ultimate object, which is to be kept in view at every step. It is for this end that the science of medicine exists—for this that the profession exists. This is never for a moment to be forgotten. No doubt there are some physicians whose aim is different—to whom practice is a secondary concern. They mean to acquire a great proficiency in some particular department. They mean to devote peculiar attention to anatomy, to pathology, to organic chemistry, to the microscopic study of organic forms. These are all useful pursuits, and they all have a useful bearing upon practice. But I am not speaking to such persons. The mass of medical students are to be practitioners, and practitioners only. These are the proper subjects of general medical instruction.

This I regard as a very important point. It is too often overlooked, that the final purpose of all medical study is practice. The whole circle of sciences connected with medicine has been called into existence for this purpose, and their value depends upon their connection with it. I do not mean to say that they are not worthy to be pursued for their own sakes. They are so, richly. Nowhere are the power, the wisdom and the benevolence of the Creator more wonderfully exhibited than in the human body ; and its phenomena both in health and disease are as well worthy the contemplation of an enlightened mind for their own sakes, as those of chemistry or physics. But it is not as philosophers, as lovers of science, or even as admirers of the wonderful works of God, that we are called to interest ourselves in these subjects. It is solely that we may learn to treat disease. The direction and arrangement of our studies are to be wholly governed by this as their final purpose. Fortunate it is that the attainment of this purpose is not inconsistent with much of that pleasure which arises from the pursuit of knowledge for its own sake. But we are ever to recollect that this is to hold only the second place in our regard.

What, then, is that thorough knowledge of the profession which is necessary to success ? A man may know a vast deal of the profession, and yet be a very poor practitioner. He may be an excellent anatomist,

pathologist, chemist—nay, he may be minutely acquainted with the history and treatment of disease, and yet be totally unfit to take charge of a single patient. The thorough knowledge of the profession to which I refer in this connection, is that which will make the physician a good practitioner. The whole course of his education—the whole course of his thoughts—is to have such a direction given them as will most certainly tend to bring about this result. This makes it a matter of nicety as well as of importance, to select and give a due proportion to the different departments of medical study. Many things which it would be desirable to teach, it is not possible to teach, lest other things, more distinctly bearing on the main purpose, be crowded out. The object is to learn so much of each subject as will best qualify a man to understand and treat diseases ; and the most proper education for the practitioner is that, which selects just such a proportion of the knowledge of each department as will best accomplish this end.

Hence, though it may be an ungrateful task to check the interest of the young man in any study which he is pursuing with zeal, yet is he often in danger of expending a disproportionate share of his time and faculties on some favorite but limited subject. He may acquire so exclusive a relish for anatomy, for chemistry, for the microscope, or for pathology, as to vitiate his character as a practitioner. Not that these are useless kinds of knowledge, but that an excessive devotion to them may impair the practical tendency of his pursuits, and give them a wrong bias.

Of course it is desirable that he should be a perfect anatomist. But if he takes the time necessary to make him a perfect anatomist, he may neglect what is necessary to make him a good practitioner. After the acquisition of a general knowledge of anatomy, accurate as far as it goes, the surgeon requires a more minute acquaintance with the structures connected with accidents, operations, and surgical diseases ; and the physician, with those of the organs which are the principal seats of medical diseases. It is in vain for the ordinary practitioner to attempt more than this.

The same rule is to be observed in judging of the amount of attention to be devoted to chemistry and pathology. Not that a man can know too much of chemistry, or, especially, of pathology ; but that he may give to them too much time in proportion to that which he devotes to the practical branches. He cannot know too much of these, but he may know too little of therapeutics and materia medica. The point is to maintain the due relation between the several departments, and not to become devoted to one at the expense of the others.

It is a common fault among students, as indeed it is among practitioners also, to become extremely interested in some particular department of inquiry, and to pay an almost exclusive attention to this ; as, for instance, to organic chemistry—to microscopic anatomy—to pathological anatomy. Such is most likely to be the case with the more ardent and enterprising among them ; and their interest is apt to be particularly engaged by some of the elementary branches. This tendency is not unfrequently carried forward into professional life, and some men are thus led to devote themselves to an exclusive object of interest. This is useful to the science by adding to the common stock of knowledge. But the profession is benefited at the expense of the individual. Hence it has happened that many distinguished men in different departments of medical knowledge have failed in practice, and that some who have been very useful in accumulating materials which have made others good practitioners, have been very indifferent ones themselves. They have been sacrificed to the good of the profession.

Suppose one to devote himself, for example, to morbid anatomy. He becomes engrossed by it. It furnishes him with subjects of interest sufficient to occupy him completely. He is likely to withdraw himself from the study of ordinary diseases, and to find his chief interest in the study of those in which morbid changes are to be expected. He overlooks, or regards but slightly, all that vast amount of cases in which structural changes are not to be looked for, or in which they are not cognizable by the senses. Now such cases make up far the largest portion of those which actually fall under our notice in every day practice. Then, too, his mind being fixed upon structural disease, and engaged in the study of cases in which it is found, he is apt to expect its existence where a man of common observation would not, because he has not become familiar with those cases in which symptoms like those of structural change present themselves independently of any such change.

Moreover, some members of our profession, both as students and as practitioners, become interested in the history of disease for itself alone, and fail in a due regard to the final purpose for which it is to be studied. I wish to make this statement clearly and carefully, because this branch of study is, in its proper proportion, the only sure foundation of a good practice. But there is danger of failing to keep constantly in mind its relation to practice ; of regarding it too much as a mere scientific pursuit. This is a fault into which men of the highest education are perhaps the most apt to fall. They acquire the habit of studying disease merely as an object of science. It may, indeed, be worth studying as an object of science merely. But he who would practise medicine, must study it with a view to the practice of medicine.

Accurate diagnosis is of course essential to the good practitioner, but the student may take a wrong direction even in the study of diagnosis. He may bestow undue pains upon certain parts of it, to the neglect of others. As a striking example of this, I may refer to the paramount interest which young men are apt to take in the diagnosis of cases characterized by a few marked and salient features—especially in the minute diagnosis of diseases of the heart and lungs by physical signs. Let me not be misunderstood. I fully appreciate the value of this species of investigation. But we often give to it a disproportioned attention, and attach to it an undue value. We take great pains in determining minute points of diagnosis for the sake of detecting them, to the neglect of many circumstances in the history of diseases, the knowledge of which is of far more consequence in determining their management.

This is a very natural as well as a very common error. It is one which has certain good results. It cultivates and disciplines the powers of observation and discrimination. This is the kind of observation to which the student should first devote himself. The danger is, that he will attach to it an undue importance; that he will rest in it, instead of advancing to other modes of investigation. The exactness, and, scientifically speaking, the beauty, of its results, are captivating. There is a certainty in them which is gratifying to our pride; but we should recollect, that this is the most superficial and the least difficult of our modes of inquiry into disease, and that it affords us but a small part of the information which is necessary in order to enable us to treat it successfully.

Take, for example, the very common case of an organic disease of the heart. The minute points of its diagnosis are of great interest; they may present many nice questions which require the most careful scrutiny to decide. But suppose them settled. Suppose we have determined which cavity and which valves are diseased; and how, and how much they are diseased. Does this establish the prognosis, or the treatment? Not at all. These depend upon entirely different considerations. The patient's age, the origin of the disease, its length, its rate of progress, the secondary affections in other parts which it has produced, the mode in which the system is affected by it, are all to receive the practitioner's attention. I believe I am safe in saying, that, in a case of this kind, the treatment is more dependent upon the manner in which other organs are secondarily affected, than upon the condition of that in which the primary disease exists. The man who merely satisfies himself, in a general way, that the heart is the seat of disease, and then investigates assiduously all the other phenomena, will, in my opinion, give far better aid to

the patient, than he whose almost exclusive attention is directed to the nice determination of the local diagnosis. The ship-master who is a careful observer of the winds and currents—of rocks and shoals—who keeps a watchful eye upon the course of his ship, and trims his sails in accordance with favoring or adverse gales, though with but a rough approximation to his latitude and longitude, will make a quicker and safer voyage than the accomplished observer who can determine his place on the ocean to the fraction of a second, but neglects the other and weightier matters of seamanship.

And here it occurs to me to mention a distinction, not always sufficiently adverted to, which yet lies at the very foundation of good practice—the distinction between a pathological and a therapeutical diagnosis—the diagnosis which determines the technical character of the disease, and that which determines the principles upon which it is to be treated. In the preceding illustration *the pathological diagnosis* is the determination of the precise organic change in the heart; *the therapeutical diagnosis* is the determination of that condition of the system or of the other organs, or of the habits, or of the exposure of the patient, upon the management of which depends the cure, the suspension, or the relief of the disease, or merely the mitigation of his suffering. This condition may be in the lungs, the liver, the digestive organs, the kidneys, or in the habits of life, or the locality or the climate, in which the patient lives. The therapeutical diagnosis is far the more important. Cases of which the pathological character is precisely the same may require a treatment diametrically opposite. Some instances of this kind are so strongly marked, as to force themselves upon the notice of the most exclusive pathologist. No physician would, for example, treat the pneumonia which occurs in the last stages of chronic disease, as he would that which seizes a person in health; nor the pleurisy of a tubercular patient, as he would that of a sound man; nor the apoplexy which comes on as the result of a granulated kidney, as he would that which strikes down a robust, short-necked, plethoric individual in the vigor of life. These cases speak for themselves. But the same essential distinction runs through all cases of disease; and it is the perception and due appreciation of this fact which makes the chief difference between one practitioner and another.

Take for a further example typhoid fever. One physician, deeply skilled in pathology, makes early a perfect diagnosis. He rests satisfied with this; the great labor in the case is accomplished, and he treats it as his teachers or as his books direct; that is to say, he bleeds or purges, or gives calomel or antimonials or stimulants, according to the school in

which he has been brought up. But another man, less expert in diagnosis, studies less carefully the signs which distinguish the precise nature of the malady, and may perhaps remain in some doubt as to the diagnosis, or he may even come to a wrong one; but he investigates more thoroughly, and understands better, the varying conditions of the organs of the system, on which the treatment depends. Even if he does not know what the disease is, he knows what course of management will best enable the patient to contend with it successfully, whatever it may be; and he reduces, evacuates, quiets, stimulates, supports or feeds the sick man according to the particular indications afforded by the individual case. You will find such a man sometimes using remedies in this disease, or at some period of it, which would make the former shudder; giving wine or opium, for example, where the former would vomit or bleed—or, perhaps, letting the patient alone, and leaving him entirely to the resources of nature, in a state of things which to the former would seem to require all the resources of art.

We might multiply indefinitely examples of this essential distinction. In one case of apoplexy, to open a vein may be to raise the subject from death to life; in another, pathologically just the same, it is to sign his death warrant with his own blood. In one case of delirium, an opiate wraps the sufferer in a delicious slumber, from which he awakes refreshed, his scattered senses restored to their propriety; in another, it only serves to fill his mind with images more horrid than before, or to procure an uncertain and treacherous repose from which he never awakes, or, at best, awakes in a state of aggravated excitement. In short, scarcely a case presents itself in which we do not find occasion for the application of this distinction. To neglect it, to overlook it, is to fail in arming ourselves with a species of knowledge which is essential to successful practice.

It should farther be stated with regard to this distinction, that, whilst the pathological distinctions of disease are very many, the therapeutical are comparatively few. Of this we have a very clear illustration in diseases of the skin. The variations in their form, extent, and aspect, in the texture affected and the mode of affection, are very many. They are capable of a minute and accurate classification and description, and you may make of them an almost indefinite number of genera and species, all sufficiently distinct from one another as objects of pathological observation. But their successful treatment does not depend on an accurate discrimination of this sort alone, though such a discrimination may aid in it; it depends more upon the discovery of certain morbid states of the digestive organs, of the secretions of the liver, the kidneys or the skin, or of a diseased state of the blood itself, of which the cutaneous eruption is

merely one of the results. These conditions are few, and the same one of them may exhibit itself in different individuals in the production of very different appearances upon the surface. Hence the same kind of eruption may at different times require very different treatment; while eruptions varying essentially in their pathological character may yield to precisely the same remedies.

As one of the results of this distinction, it often must have occurred to most practitioners to observe, that they can treat many cases perfectly well although they may not have been able to make out their scientific distinction; and, on the other hand, that they are quite at a loss sometimes where this distinction is perfectly clear. Hence, too, we find, that a very excellent pathologist sometimes, nay, I am afraid, quite often, may make but an indifferent practitioner; whilst some men, with a very moderate amount of pathological learning, but a large fund of sound common sense and a natural talent for nice observation, will make very excellent ones. They seize, with an intuitive quickness of perception, upon those conditions of disease on which its management depends; they learn, by an experience guided by their original sagacity, how far diseases are controllable by art, what conditions of them are so, and the agencies by which it can be done—and they apply this knowledge with a wisdom which is sometimes altogether beyond that which merely high attainments in science can confer. I am disposed, in connection with this topic, to introduce the words of one of the most eminent practitioners of our own or any time, which have a certain bearing upon the subject of which I am speaking. “I am convinced,” says Dr. Baillie, “that the most successful treatment of patients will depend upon the exertion of sagacity or good common sense, guided by a competent professional knowledge, and not by following strictly the rules laid down in books, even by men of the greatest talent and experience.” “A physician who should be guided by the rules laid down in books would be a very bad practitioner.”

It is a result of the same course of remark that an *exclusive* Hospital Education is not favorable to the formation of the best practitioners. In the first place it leads the student to attach an undue importance to the nicer pathological distinctions of disease as compared with its therapeutical relations; and in the next place it leads him to take an especial interest in cases of a strong and decided character, which present prominent features for observation and analysis, to the neglect of those that are vague as subjects of diagnosis, but yet call more than the others for the interference of art. Thus we see students crowd around the hopeless bedside of the subject of an internal aneurism, or of organic disease of the

heart, or of pulmonary consumption, where some nice stethoscopic distinction is in controversy ; whilst they pass carelessly by patients laboring under complicated disturbances of the functions, quite amenable to treatment, but presenting no distinct and tangible features to repay scientific investigation. Yet, in actual practice, it is in the management of these latter cases that we can do the most good—and it is these that we are most frequently called upon to treat.

A man's character as a practitioner is often injured by a special interest in diseases of a particular class, or in modes of treatment of a particular class. He may have a hobby both in pathology and therapeutics, which he rides very much at his patient's expense. Thus one man is disposed to find everywhere disease of the stomach ; another man disease of the liver ; another, of the heart ; and so on. Some trace all diseases to congestion ; some, to irritation ; some, to spasm ; some, to inflammation ; and some, to the state of the blood. Having their pet diseases, they are very likely to have also their favorite remedies ; and all their patients, with little regard to differences of condition, are put under very much the same course of treatment.

Let me repeat, that the point I have endeavored to illustrate is, that the main purpose of all medical education is to make good practitioners, and that all other considerations are to be subordinate to this. I feel further bound, in connection with this subject, to express a doubt I have often felt, whether that part of the education of young men which is pursued abroad, has always had a favorable influence upon them in this respect. It has seemed to me, that the same time, the same expenditure, the same diligence at home, with the opportunities afforded them, would train them quite as well, if not better, as practitioners. I would not undervalue the knowledge of the history and pathology of disease which they acquire abroad, and the time has been when these were not to be acquired at home ; but, generally speaking, the acquisition is not made under good practical influences, and has not therefore its best effect in preparing for practice. This seems to me to be partly owing to the fact, that our students chiefly resort to the French schools. No nation has contributed more, it is true, to the progress of medical science than the French. But their tendency is to be satisfied with the science. The French mind is not practical. On the contrary, the English and American is eminently so ; and I cannot but regard it as unfortunate for practical medicine, that the French schools have been so generally resorted to by our countrymen in preference to those upon the other side of the channel. It is not that they will find, or get, more science in England ; but what they get, they will get in relation to its proper uses.

The English, like ourselves, as it has been said, are essentially a practical people. The first question with them in all matters of science is, What is the use? We owe as striking scientific results, perhaps, to the French as to the English; but who have originated the principal applications of science to the arts? The whole social life of man has been revolutionized in our day by these applications. Space and time have been almost annihilated. We live and move and have our being in almost a new universe. To whom are due the discoveries and inventions which have wrought this great change? The French have investigated chemistry, the laws of steam, hydraulics, mechanics, the whole of natural philosophy, quite as successfully as the English. But who has applied them to practical life? To whom do we owe the spinning-jenny, the power-press, the steam-engine, steam-boats, gas-lights, railroads, locomotives, the magnetic telegraph, the lightning rod, ether, chloroform? Either to Englishmen or to their descendants. And as it is in everything else, so it is in the application of the science of medicine to the art of medicine. We can enumerate half a dozen English writers whose works contain more lessons of practical wisdom than the whole catalogue of the French. Where is their Sydenham? or their Hunter? or, to come down to our contemporaries, I know not a single work, which, for those sound, common-sense, practical lessons, that can alone fit a physician for his ordinary duties, is to be compared for a moment with those of Heberden, Prout, Abercrombie, and Holland.

In saying this, let it not be understood that I intend an unqualified commendation of English practice, for, although now greatly modified, it has always partaken too much of the officious and perturbing tendency. But even in its faults you see the kind of influence it may have in directing the student's steps into the right path. It is the constant striving for use which has made it too active. The advantage to the student is, that he is always under an influence which leads him to consider the practical relations of whatever he learns. The principle of progress he acquires will be practical, and not speculative. He may not learn more; but whatever he learns will be associated in his mind with the strong impression, that the use he can make of it, gives to it its chief value.

Many other considerations might be urged as reasons for preferring an English medical education. Some of these are sufficiently obvious, such as the identity of language, the social relations, the greater resemblance in the moral and religious standard of society in England to our own; but that which I have mentioned is quite sufficient to induce me to advise every young man to study at least a part of the time he

spends abroad, among the surgeons and physicians of the land of his ancestors.

Among the points connected with professional preparation which are of importance in promoting the success of the physician, is a careful study of the laws of prognosis in disease, and a use of the knowledge thus acquired, with that caution which should be always used, where we are so liable to uncertainty and error as in this department of our art. A physician may form a correct judgment of the character of a disease, and understand perfectly well the principles of its treatment, and yet judge very imperfectly as to its course and result. In other words, he may be deficient in a knowledge of prognosis. This knowledge is of value in two ways. First, it is a guide as to the energy of treatment, even where it may not be as to the kind. The necessity of remedial measures depends much on the amount of danger. What and how much we do, will be determined by what we foresee will happen if nothing be done. If we can satisfy ourselves that a patient will recover spontaneously within a reasonable time, we may justifiably abstain from the painful and disagreeable remedies which might be required were his life or future health in danger. In the second place, a competent knowledge of prognosis is necessary in order to ensure a fair estimate of our qualifications in other respects. Mankind are not good judges of our knowledge of pathology, or of diagnosis, or even of treatment. We may be wrong—and the world and even ourselves remain in ignorance of our mistake. But it is not so with prognosis. When we say that a patient will recover, and he dies; or that he will die, and he recovers, everybody can see that we were wrong. The same is true of all the minor points of prognosis. The world is apt to judge of our knowledge upon subjects of which it is ignorant, by what it perceives of our knowledge upon those with which it is acquainted. Consequently when we are known to make mistakes of one kind, it is naturally enough inferred that we are liable to those of another.

It is right that the young man should avail himself of all honest means to ensure a fair estimate of his qualifications. He should certainly seek to appear to know as much as he really does know, and his actual attainments are often undervalued from a deficiency in some of the minor details of practice, which are mainly to be acquired by familiarity with disease at the bed-side. This deficiency is readily perceived by the habitués of the sick-room, and is often construed to his disadvantage. Nurses, in particular, are apt to be watchful and jealous of young men. They are often the arbiters of his fate—the fatal sisters who may cut,

if they do not spin, the thread on which his destiny is suspended. They are sometimes hard judges. Obligated as they are to submit to the unquestioned dictates of the old man—or at least to criticize them in secret—they often make amends for this by watching with painful scrutiny the management of the young one, hoping for some flaw, which may be made the means of displaying their superior knowledge and sagacity. A favorable impression is made by the exhibition in the sick-chamber of a familiar acquaintance with its little details and the minor operations and manipulations one is called on to perform, to direct, or to judge of. You may make great mistakes in practice with impunity; nobody may find it out, and you may not suspect it yourself. But if you bungle in bleeding, or break off a tooth in attempting to draw it, or fail in passing a catheter, or know nothing about the making of gruel and poultices, or the making up of the obstetric bed, you may be set down as an ignoramus, even although you might be able to win a professor's chair at a medical *concours*.

Very much of a physician's success, especially in early life, depends upon his manners and deportment, more particularly in his intercourse with the sick. This everybody acknowledges. The success of many depends wholly upon this. They have no other recommendation. We meet with individuals who really acquire and retain more credit and confidence from the mismanagement of a case which terminates fatally, than others will gain from the most judicious treatment of one that has a favorable result.

Upon what does this depend? It is at once obvious to those who have observed the matter, that they who exhibit a great difference in this respect from each other are equally successful; and that the man who is very popular with one set of patients is often very unpopular with another set. The explanation of this is sufficiently obvious. Patients themselves are of different temperaments. Some are hopeful, and some are desponding; some are courageous, and some are timid; some are diffident and require support from others, whilst some are self-dependent; some are acute and penetrate the true character of those who attend them—whilst others are superficial themselves and do not look below the surface for the character of others. Some love flattery and subserviency, whilst others are disgusted by it. Hence different peculiarities of manner are with different people the passport to their regard, and persons of entirely opposite external qualities may be found among the most acceptable practitioners.

One man who succeeds is a boaster. He is a living advertisement of

his own recommendations. His talk is of great cures, of which he tells long and marvellous stories ; of the distinguished and well-known families whose attendant he is ; of the great distance from which patients come to seek his advice. He loses no opportunity of impressing on mankind his great skill and his extensive reputation. There is another who develops his self-complacency in a different manner. He is lofty and oracular. His style of discourse is that of a superior ; he cherishes something of the old mystery in which the profession used to delight. He talks obscurely ; he entrenches himself behind technicalities, is magnificent upon trifles ; he even deals out his pills with an air of majesty. There is still another, who is irritable and arbitrary ; who is a tyrant in the sick-room ; who resents every little disobedience as a personal insult, and regards the natural expressions of doubt and anxiety as so many reflections on his professional character. As his opposite, there is one who is all gentleness ; who always assents—never finds anything or anybody in the wrong ; who courts the patient, the friends, and the nurse—and has a flattering word for each ; who is all things to all ; who is a sycophant and almost a hypocrite—whose countenance is the index to his character ;

“ Eternal smiles his emptiness betray,
As shallow streams run dimpling all the way.”

Then there is on the one hand the man of invincible taciturnity, in whom silence is taken by some as the sign of wisdom ; and on the other, the man of invincible loquacity, whose never-ending stream of words flows on as innocent and as empty of meaning as the babbling of a summer brook.

In this picture there is perhaps a little exaggeration of what we meet in actual life ; yet men exhibiting these various peculiarities do oftentimes succeed. Their currency, however, is usually with a limited class ; those who like one, naturally dislike his opposite. But there are some physicians whose mode of intercourse with the sick, recommends them equally to all, independently of any mere reliance on their medical skill. Now upon what does this depend ? I will endeavor briefly to present a sketch of the circumstances which contribute to this result.

To most persons a fit of sickness is an important event ; the physician is associated with all its recollections ; and he will best secure the confidence and regard of the patient and his friends who has most distinctly contributed to make those recollections agreeable ; who has succeeded best in beguiling its wearisomeness, diminishing its discomforts, relieving its anxieties, dispelling its fears, and raising its hopes.

In order to this a variety of circumstances demand attention. The patient should feel that you take an interest in his case. A physician

may take this interest without appearing to do so, or he may appear to take it when he does not. It is better for him that he should both take it and manifest it. A man who is thoroughly in earnest in his profession, will make every case enough of a study to understand it, and this will be usually apparent; but some men always, and all of us sometimes, exhibit a species of carelessness and indifference which even if only apparent has an unfavorable impression on the mind of the sick man.

Many cases of disease which seem to the patient very important, the physician at a glance sees to be quite otherwise. But the apprehensions of the patient will not be relieved unless he sees that you have given a sufficient consideration to his case to enable you to form a careful judgment of it. He has a right to your deliberate opinion. If he has thought his malady a grave one, he is not likely to be satisfied with your view of it unless he perceive that you have given a candid consideration to his.

The patient, then, should always be allowed a fair hearing. It is gratifying to him to have his account fully heard and well considered. To many invalids there is an absolute pleasure in detailing their experiences to one whom they believe capable of forming a judgment concerning them, independently of any expectation of relief; so that, among the qualities which tend to make a physician acceptable, is that of being a good listener. I do not mean to say that you are bound to listen to all that a garrulous and tedious invalid may choose to inflict upon you; but it is for your interest to be rather indulgent to this propensity, and you are bound to let the patient, as far as practicable, tell his own story in his own way, and not abruptly to cut him short in the narration of details, which appear important to him, and of which you cannot yourself fairly judge till you have heard them.

One should allow a certain degree of weight to a patient's view of his own case, and to the opinions of those who are constantly around him. Not that we are ever to give up our own careful judgment for theirs; but we are to consider theirs in making up our own—especially as regards prognosis. This remark particularly applies to acute cases, and above all to acute cases in children. We are not hastily to put aside the impressions of those who are constantly around the sick-bed, and who have therefore an opportunity for observing many things which we do not. These impressions are very often erroneous, tinged with prejudice and exaggerated by apprehension; still let them be attended to. Every man must, I think, recollect cases, where the judgment of others, especially concerning the severity and the result of a case, has turned out to be better than his own.

The conversation of the sick-room is a matter of some consequence,

and the regulation of it with delicacy and tact constitutes one of the recommendations of a physician. He is indeed first to decide whether any at all is to be allowed ; as, in many cases, it is altogether inadmissible. But at some period in most acute, and generally in chronic diseases, it is not only admissible, but, if duly regulated, may do something to beguile the tedious hours of confinement. The visit of the physician is an important event in the day of the invalid ; and although the state of his case and the direction of his course are the chief things to be regarded, yet it is not to be forgotten that much may often be learned of his condition by observing him when his mind is withdrawn from the contemplation of his symptoms, and that the agreeable exercise of his faculties and the diversion of his attention may do something in aid of strictly medical management.

It is not always easy to manage this in the best way for each individual. The general tendency of invalids is to dwell upon and talk over their complaints, to observe their symptoms with great attention, and to detail them very minutely. So far as this will throw light on their diseases, it is right to indulge them ; but when it proceeds from a morbid habit of mind, and is found to vitiate the imagination and to lead the patient to exaggerated views of his disease, it is injurious. The physician should not unceremoniously interrupt such discourse ; he should give it all useful attention ; but for the sake of the healthful state of the patient's mind, as well as for his own comfort, he should lead the thoughts away to other subjects.

The conversation of some physicians in the sick-chamber is frequently regulated, by a regard more to their own interest, than to that of the sick man. They indulge in narrations of their medical experience, and especially in accounts of cases similar to that of the person on whom they are attending. This is apt to be done from a desire of self-glorification ; it is the ebullition of self-complacency ; its object is to produce a favorable impression of the importance and qualifications of the speaker. It is laudable only when it is intended to soothe the anxiety and encourage the hopes of the patient ; and this may sometimes be done by an account of cases similar to his which have had a favorable result.

It is almost unnecessary to speak of the value of kindness and cordiality of manner ; and simple kindness of manner is, I am happy to say, one of the most common characteristics of the profession. Few that have been much engaged in practice, are deficient in it. It is a habit almost necessarily forced upon them by their daily business. But it is not inconsistent with a very superficial character in all essential respects, and may be combined with much selfishness and an actual disre-

gard of the patient's welfare. Still it goes far, even if it be wholly external ; but much farther, when it is the true expression of kind feeling, and is the shining forth of a generous sentiment from within. One of the important results of this genuine quality is a due consideration for, and patience with, the weakness and infirmities of sickness. These are sore evils, and they are no small trials to even well-disciplined minds. Continued suffering, protracted confinement, disappointed expectations of recovery, all tend to produce impatience, irritability, and a selfish regard to mere personal considerations. The influence of this state of mind may extend to the friends of the sick man, who partake, in a measure, of his sufferings and trials. The result is sometimes such as to prove no small tax upon our patience and equanimity. It is particularly so in our younger days, when our authority is less, and the habit of unquestioning confidence in us has not been formed. There are certain degrees of it, and certain modes of its exhibition, which cannot be submitted to consistently with a proper self-respect. Still much of this is to be borne ; it is not to be seen. On the other hand, there is often capriciousness and irritability in the physician, which are far less excusable in him than in the patient. We are not childishly to take offence at little expressions that annoy us—at hasty or angry words—at suggestions as to variations in our treatment—at every little deviation from the exact path we mark out, or even at the interference of ill-judging friends, or at the desire to have other advice than our own. We are apt to construe such things as intended to mean more than they do—as implying doubts of our skill, our knowledge, our judgment. They are generally not so meant ; and if so regarded, may often make us feel offended with those who have a proper reliance on our judgment, and entertain the kindest feelings towards us.

In our younger days, a readiness to admit, and even to seek, the advice of older men, rather contributes to success, unless it be the result of timidity—of nervous and unfounded apprehension—or of ignorance. I have often heard it mentioned as a recommendation to a young man, and as a reason for giving him patronage, that in all important cases, as soon as he perceived the approach of danger, he was ready to call in the aid of his more experienced brethren. This removes one of the sources of hesitation about the employment of an untried practitioner, and imparts a feeling of safety to those who do employ him. Indeed there is no way in which a patient is so likely to derive all possible aid from our art, in a case involving great anxiety and danger, as when he is under the combined care of an old and a young physician, and has all the

advantage of the observation and vigilance of the one, and of the experience and wisdom of the other.

Cheerfulness in the sick-room is an important item among the qualities of an acceptable practitioner. His deportment in this particular, must, of course, depend, in some measure, upon the gravity of the case, and the amount of anxiety on the part of friends. He should never be frivolous or trifling. His occupation is a serious and sober one, and it becomes him to be and to appear a serious and sober man. But this is not inconsistent with a uniform cheerfulness. It is revolting to the feelings of the sick man and his friends to see you light and indifferent, when they are tortured with apprehension ; but to see you cheerful imparts to them confidence and serenity. To some, cheerfulness belongs by temperament ; but others, who are naturally disposed to look upon the dark side of things, find it difficult to acquire it. Indeed, with the heavy and often painful load of responsibility which is resting upon us, it is not always easy, even to those of a buoyant nature, to retain the necessary command over the feelings. The impression, made by the sad aspect of the chamber where friends are weeping about the bed of departing life, may not have been entirely dispelled before we enter that where they are rejoicing around the cradle of a new object of love. The gloom of one sick-room may follow us into another, and infect that also by its contagious influence. The patient may read an unfavorable augury as to his condition, in the countenance and manners, which have derived their character from scenes we have just left.

The best help to the acquisition of the demeanor of which I speak, is the cultivation of habitually cheerful views of life and providence. No man is more called into close communion with his fellow beings in their dark and trying hours, than the physician ; and no man, therefore, needs more than he, both for his own sake and for that of others, to be able to look upon the brightest lights of the darkest picture. It is one thing to be indifferent, when those with whom we have intercourse are laboring under painful apprehensions, or suffering heavy afflictions ; it is quite another thing to be seriously cheerful. This is not inconsistent with the deepest sympathy.

The physician should seek to understand those things in the management of the sick which especially contribute to their comfort. It is not enough to carry your patient safely through his disease—you should aim also to carry him comfortably through it. It is even not too much to say, that ensuring the comfort of a fit of illness, does no little towards

making it safe. In a majority of cases, I believe that the discomforts, the annoyances, the sufferings, which attend disease, are looked back upon with quite as much horror as its dangers. Many, who are not disturbed at the prospect of death, shudder when they look forward to the endurance of pain. Many, who are tranquil and happy when their lives are in imminent hazard, are made irritable, peevish and wretched by the little annoyances of a malady which is perfectly safe. A patient is seldom certain that his physician has saved his life; but he often knows that he has been made comfortable by his words or his prescriptions. The adroit and timely administration of remedies which relieve pain, or procure repose, or allay some of the thousand disquieting symptoms of disease, though they may form no part of the essential course of its treatment, make a more vivid impression than the wisest therapeutic management in other respects. The cataplasm which has quieted an aching side, the draught which has soothed the irritated nerves, the opiate which has given to the jaded sufferer a night of placid slumber or of delicious visions, leave far more agreeable associations than the harsher remedies which are employed to encounter the more formidable events of disease.

The physician who is rich in expedients for meeting the ever-varying phenomena of disease, whether of mind or body, will always be an acceptable visitor at the bed-side of the sick. Perhaps some may regard the importance I attach to details of this sort as a little exaggerated. Let me say, as the result of some observation of this matter, that, so far as the success of the practitioner is concerned, he who studies to make the sick-room agreeable and comfortable, is more certain of it, than he who studies only to make it safe. Now as the two are not incompatible—but, on the contrary, since making it agreeable and comfortable, makes it also, to a certain extent, safer, it is surely the part of policy, to say nothing of humanity, to practise all those arts that tend to produce such a result.

Self-reliance, in which is included self-possession, is another important element of success. In all affairs we are instinctively led to rely upon those who rely upon themselves. We know how much this quality, even when carried to the extent of arrogance and self-conceit, will accomplish in ensuring a certain kind of success. But self-reliance may be modest, unassuming, and without presumption. Where so many things, both as to the nature of disease and its best treatment, are necessarily uncertain, the mind of the physician must often be in a state of hesitation and doubt. But neither the patient nor those interested in him should be suffered to partake in the anxiety which this circumstance

occasions. This burden it is a part of our business to bear for them. When we have come to the best judgment, as to the nature and treatment of a case, that our knowledge enables us to form, we should, as in all the other affairs of life, act according to it with decision. Because all doubt may not have been removed, we are not to hesitate, or vacillate, or change, unless new light should open to us new views. I do not mean by this that we are always to rely on the decisions of our own minds alone. Indeed, men who are deficient in judgment are more apt to be jealous of the advice and interference of others, than those who possess it. He who has an honest and well-founded reliance upon his own judgment, is perhaps the most ready man in the world to welcome aid and council from every quarter in the formation of his opinions.

The relation which the physician bears to the other sex is peculiar, and the mode in which he regards this relation and his consequent deportment, make another topic connected with the subject I am endeavoring to illustrate. His daily duties associate him constantly with women. They are more frequently his patients than men ; and, as mothers, as wives, as sisters, as nurses, they are the natural attendants in the chambers of the sick. Without female ministration they are dreary and cheerless indeed. It is, then, not only his duty as a man, to exhibit that deference and delicacy in his deportment which is their right—but it is eminently for his interest to do so, as a candidate for professional employment. The first success of a young man depends especially upon his acceptance with them. They may be his best friends, or his worst enemies.

In our intercourse with them as patients, many occasions arise in which there is great embarrassment to a diffident and delicate female. It cannot be otherwise. It ought not to be otherwise. Her feelings are, in the best sense, natural and appropriate. In such cases it will depend entirely upon the tact and delicacy of the physician whether violence is done to these feelings, or whether they are soothed ; whether the information necessary to be had, remains locked up in the bosom of the patient, or whether it is kindly and gently drawn from her without a wound to her sensibility. It makes an immense difference to her, whether the man she consults regard the whole matter with a hard and vulgar indifference, and as one which is to call out no peculiar sentiment—or whether he duly appreciate the agitated and often agonized condition in which she is placed. It is certain that many females suffer for years from causes which might be easily removed, for want of courage to speak of them

to their medical attendant—or for want of that tact on his part which would enable him to elicit an account they cannot bring themselves spontaneously to give.

I beg leave, then, to impress it on you, as a most important lesson, never to forget to maintain that deportment towards every individual of the other sex, which, being an essential characteristic of the gentleman, ought, of course, to be eminently of the physician—never to approach any woman as a patient and forget that the relation you bear to her is one peculiar to our profession, and that she may be called upon to confide in you as she would in no other human being. No doubt there are coarse and vulgar women, both among the high and the low, who are not offended or repulsed by a want of the deportment I mean, and to them coarse and vulgar physicians are not unacceptable. But even such are not insensible to the influence of a refined and delicate treatment; they appreciate instinctively the homage which is thus paid to their sex; whilst from the truly modest and cultivated it wins, more perhaps than any other quality, their confidence and regard.

There is unfortunately something in the first influences of our training which tends to impair the delicacy of our minds with regard to certain subjects. From being matters of constant attention in our earlier years, they become so familiar, that they cease to have the same associations to us, as they have to others. We consequently may acquire habits of feeling, and often of speaking, in relation to some topics held in a certain reserve by mankind in general, which habits are repulsive and even shocking to the feelings of others. I may refer, as an example, not merely to the subject upon which I have just spoken, but also to that of dissections. Certainly the tendency of the habit of dissection is to produce a difference between us and other men in the feelings with which we regard the remains of the dead. Naturally we entertain a sort of reverence for the inanimate body of a fellow being; a kind of awe comes over us in contemplating it; we provide in the most respectful and affectionate manner, and often at great expense, for its sepulture; we accompany it with holy rites; we are shocked if even the remains of a stranger, or a criminal, are committed to the grave without them. Thus all our associations are of a tender and almost sacred nature. But the habitual dissection of the dead body, necessary as it is, surely has a tendency to destroy these associations; we may forget that the object before us is anything but a mere subject of our art; it may become to us no more than the inorganic materials of the chemist's retort are to him. Thence may arise an indifference and even a levity of

speech and manner, which are abhorrent to the sensibilities of the rest of mankind.

Now it is not necessary that this should be. The influence exerted is so gradual, the change in our habits and feelings is so insensibly brought about, that we are not aware that it has taken place, and are, perhaps, surprised and offended if it be pointed out to us. But the testimony of others to its reality should teach us carefully to look to the influences to which we are exposed, on this and other subjects, in our habitual pursuits. It should teach us to resist whatever may tend, in any degree, to diminish the tenderness, the delicacy, the purity of mind, which are so peculiarly required in the performance of our duties.

These considerations suggest, and they afford an occasion for, a few remarks upon the position which becomes us towards those of the other sex who are candidates for practice in our profession. It is well known that it is now seriously proposed, not only to introduce them more fully into that branch, which has always remained more or less in their hands, but also to prepare them, by a complete medical education, to engage in the general practice of the art.

I trust we should be among the last to oppose the entrance of woman into any department of active life, in which she can secure to herself a useful and honorable position, and a full reward for her talents and services. None know so well, as those of our profession, how heavy a share of the burdens, the trials, the responsibilities of life fall to her lot, or wonder more at that mysterious arrangement by which the author of our being has assigned so unequal a destiny to the fairest and most tender of his creatures. But so we know it to be, and we should be the first to promote her introduction to any occupation which will afford her a fair portion of the pleasures, duties, rewards and honors of society, aye, to welcome her to our own, if it can prove for her advantage or happiness.

But whatever may be thought of her adaptation to the one particular department to which I have alluded—and for this I am willing to admit that considerations of some weight may be urged—I cannot withhold my conviction that the general practice of medicine would be found unsuited to her physical, intellectual, and moral constitution—that she could not go thoroughly through with the preparation necessary for it without impairing many of those higher characteristics for which we honor and love her. There may be exceptions, but a profession cannot be filled by exceptions. I have spoken of some of the unfavorable influences of professional pursuits on our own minds; such influences would be doubly

hurtful in their results upon the mind of woman. It is difficult to conceive that she should go through all that we have to encounter in the various departments of the study of medicine, without tarnishing that delicate surface of the female mind, which can hardly be imagined even to reflect what is gross without somewhat of defilement.

The common Creator of man and woman, with a view to their relative uses in the great economy of human existence, has seen fit to give them constitutions widely different. While to man he has given strength, to woman he has given beauty ; while man has been endowed with a capacity for the investigation of truth by the laborious process of reasoning, woman has been enabled to arrive at results, perhaps as little liable to error, by a mere act of perception ; what he does by labor, she does by intuition ; he is carried forward in the active business of life by a courage and enterprise which lead him to encounter and almost to court dangers and obstacles ; she, whilst she shrinks at perils and difficulties when they are distant, meets them, when they assail her, with a fortitude which amounts almost to heroism.

The office of the physician and surgeon calls for those qualities which are characteristic of man. It is attended by many hardships of body and trials of mind, which, though not greater than those which women undergo, are yet different from them. He must be exposed by night and by day, to the wind and the storm, to cold and to heat ; he needs bodily strength, endurance, and activity. So, too, he must be unmoved by suffering ; he must be firm amidst dangers ; he must have presence of mind in doubt and difficulty ; he must not shrink from inflicting pain ; he must forget that he is doing so ; he must not be carried away by his strong sympathies, he must often act as though he had them not. Is the nature of woman competent to this ? Should we love her as well if it were ? Would she not be less a woman ? We have each our office at the bedside of the sick—but it is a different one. We cannot perform hers, and she cannot perform ours.

But, however strong our conviction may be, that the burden which we often find it so heavy to bear—the responsibilities which we sometimes shudder to assume—the toils which are found to wear out the frames and shorten the lives of medical men—are unsuited to the more tender constitution of the other sex, let this conviction be never expressed but in the earnest and respectful language which becomes the subject. Let us be sure that we are governed by a sincere regard for truth and usefulness, and not by a mean jealousy of encroachment on a profitable field of labor. We may be wrong in our views ; but, if right, the right will be best asserted by that calm and unimpassioned expression of it which be-

comes at once the truth and our relation to the other sex. Above all things, let opposition never assume the attitude of hostility or defiance. This is no subject for ridicule; and no man of honor or right feeling can ever make the respectable female practitioner the object of a heartless jest or a cold-blooded sarcasm.

I have left myself barely time to hint at one other element of the best success in our profession—an element without which, the others I have mentioned are but as sounding brass and a tinkling cymbal—I mean a high personal character. To deserve and retain the permanent confidence of mankind, the physician should be a man of honor, of integrity, of truth. “No man,” says Quintilian, “can be an orator, unless he be a good man.” How much more strikingly is this maxim true of the physician? Upon whom are laid higher responsibilities? Upon whom is it more essential that mankind should be able to lean, with that perfect trust which can only be founded upon moral qualities? And is it out of place to add here, that, as the crowning element in the medical character, there should exist a firm, but unostentatious faith, the only sure foundation for all other excellence.

I cannot impress this sentiment more strongly than by using the words of a late teacher in this school, eminent for his long services in the profession, and for the many benefits he has conferred upon this institution. “A mere moral sentiment is not a sufficient support to the character of a professor of the healing art. He is daily placed in situations and involved in responsibilities which can be known to no human mind but his own; and if he does not feel answerable for his conduct to a higher consciousness than that of his own heart, he may stand on ground which will sink beneath his feet. Religious opinions and religious feelings form a highly important part of the medical character. They carry us through scenes of difficulty and danger, in a manner satisfactory to our own consciousness. They enable us to give support and consolation to patients who are suffering under mental as well as bodily distress; and they purify all our conduct by the reflection, that we must give an account of the motives of our acts, as well as of our manner of performing them. The loss of our patient’s confidence, the jealousies of our professional brethren, the disappointment of our sanguine hopes, are all soothed or obliterated by higher feelings. And, finally, the confidence of every patient, whether religious or not, will be greatest in a physician who is animated by the noblest principles which the human mind is capable of entertaining.”*

* Dr. Warren’s Address before the American Medical Association at Cincinnati.

And here I might close, but some may perhaps feel that it is discouraging to aim at so high a standard, when there are so many examples of great success in those who fall far, very far below it—who possess, indeed, few of those qualifications upon which I have insisted. It is mortifying to be obliged to admit that this is too often true; that men do succeed who are greatly deficient in the sterling qualities, which should alone give a passport to the confidence of mankind. But I must still maintain that these are exceptions, and that, although in a few cases, they acquire a high reputation and maintain it to the end of their career, yet that usually it is not so. More frequently their success is not permanent. They pass very currently during the early and perhaps the middle period of life—but its decline is attended by a marked diminution of reputation, and their old age is passed in neglect and forgetfulness. Any one who has been conversant with the profession for a whole generation, must have noted repeated instances, where men who have had great notoriety and extensive employment for a series of years, have declined in public esteem, and passed into comparative obscurity, at a period of life when those, whose characters have been founded on the true basis, are reaping their richest harvest.

But the success, even for a time, of men without attainments and without character, is by no means a slight evil; and it is a greater evil to the community than to the profession. It has been to me, I confess, a constant subject of amazement to witness what small pains so many take to satisfy themselves of the real scientific and personal qualifications of those to whom they entrust so important a responsibility as that of their medical attendant. We constantly see persons of education, refinement and intelligence, placing themselves, their wives and their children, in the hands of men not only ignorant of the art they profess, but whose very touch is contamination, and the atmosphere around them corrupt. While they spare no pains and grudge no expense to secure lawyers, teachers, mechanics, who have had a competent preparation in their respective departments, they trust men as physicians of whom they know nothing but their vain pretensions, and of whom, very likely, the worst feature is not their deficiency of medical education.

Still, let me not be supposed to imply that this is generally true of mankind. It is true of many—and many of whom we should not expect it. But there is much in the nature of disease and in the effects it produces on the mind, which account for it. You may be assured that in the long run, only men possessed of some sterling qualities will secure the permanent confidence of mankind. The examples to which I have alluded are prominent; they excite our attention—too often they pro-

voke us to anger—but, after all, they are exceptions. The great mass of medical patronage is enjoyed by those whose education and characters render them worthy of it. Look around us in our own community, and upon whom does its affection and confidence most securely rest for a series of years? Who among the physicians of this place, within the memory of the present generation, have been most implicitly trusted and beloved? They have been men of education, of talent, of honor, of integrity, of benevolence. We are apt to indulge at certain moments in complaints of ingratitude and a want of due appreciation; but I must be permitted to say, as the result of the experience of many years spent in the most laborious duties of the profession, in all classes, among the rich and the poor, the educated and the uneducated, the refined and the vulgar, the good and the bad—that this complaint is unfounded. And let me say too, as a word of encouragement to those who are now taking their first lessons in our art, that as I believe no man exercises a more honorable office among his fellow-beings than the accomplished and conscientious physician, so I believe there is none who reaps a richer reward in the confidence, the affection and the gratitude of those whom he is called upon to serve.



