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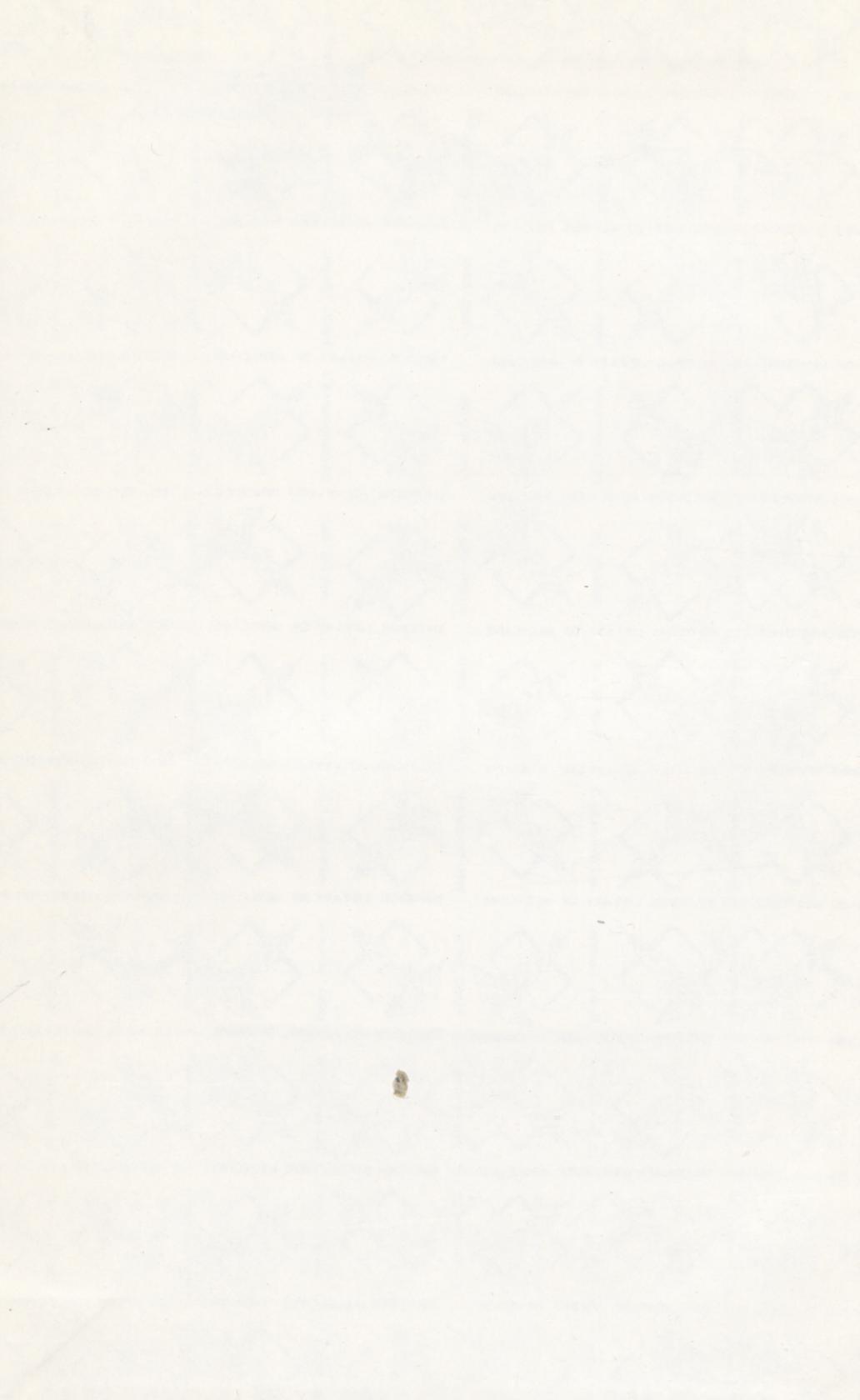
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BOOK

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MEDICUS

ON

The Physician Himself

AND THINGS THAT CONCERN

His Reputation and Success.

BY

D. W. CATHELL, M.D.,
BALTIMORE, MD.

The Ninth Edition, Revised and Enlarged.



PHILADELPHIA AND LONDON :

F. A. DAVIS, PUBLISHER.

1889.

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THE AUTHOR
RESPECTFULLY DEDICATES
THIS LITTLE WORK TO
THE MEMORY OF THAT GREAT AND GOOD MAN,
THE LATE PROFESSOR AUSTIN FLINT, SENIOR,
IN ADMIRATION
OF HIS VARIOUS CONTRIBUTIONS
TO SCIENTIFIC MEDICINE,
AND OF HIS
UNTIRING DEVOTION TO THE WELFARE
OF OUR PROFESSION.

PREFACE TO THE NINTH EDITION.

IMPRESSED with the belief that a "Book on the Physician Himself and Things that Concern His Reputation and Success" would be of decided benefit to numerous members of the profession, and finding that no such work existed, the author, with diffidence, attempted the duty of writing one. This book is the result.

The marked favor with which it has been received by the medical press, the expressions of approval by many well-known members of the profession, and the demand for edition after edition of it, are taken as proof that such a work was greatly needed, and that it is finding its way into the hands of many of those for whom it was written.

Grateful for this result, and desiring to render it more worthy of the flattering commendations it has received, the author has carefully revised the entire work, and made such alterations in it as greater experience and more mature reflection have dictated.

He has also added a great deal of new material, the result of further thought and of later observations.

It is confidently believed that the revision and new material make this, the ninth, edition a very great improvement on the older ones.

D. W. C.

BOOK
ON
THE PHYSICIAN HIMSELF
AND THINGS THAT CONCERN
HIS REPUTATION AND SUCCESS.

CHAPTER I.

“Things small in themselves have often a far-reaching significance.”—*Chew*.

TO FIGHT the battles of life successfully, it is as necessary for even the most skillful physician to possess a certain amount of professional tact and business sagacity, as it is for a ship to have a rudder. There are gentlemen in the ranks of our profession who are perfectly acquainted with the scientific aspects of medicine, and can tell you what to do for almost every ailment that afflicts humanity, who, nevertheless, after earnest trial, have never achieved either reputation or practice because they lack *professional tact and business sagacity*; and there is nothing more pitiful than to see a worthy physician deficient in these qualities, waiting year after year, until his hair turns gray, for a practice, and a consequent sphere of professional usefulness, that never come.

Were a worthy inquirer to ask me: “How shall I conduct myself in the profession, and what honorable means can I employ, in addition to scientific knowledge and book-learning, in order to make my success more certain, more rapid, and more complete, and to excel in the great battle of life to the fullest extent that lies in me?” I should, in answer to these great questions, offer the following suggestions:—

First, last, and in the midst of all, you should, as a man and as a physician, always, and above all else, keep whatever is

honest, whatever is true, whatever is just, and whatever is pure foremost in your mind, and be governed by it.

If you do not you ought not to succeed in the profession, and no honest man can wish you success.

Whether, after graduation, you start to practice without any intermediate course, or wisely strive to further prepare yourself for your life's work, by a limited term of service in some hospital; or by taking a course in diagnosing, prescribing, and manipulations at some Post-Graduate school in one of our own great cities; or make a journey to the hospitals and clinics of London, Paris, Berlin, Vienna, or Leipsig, is a matter of both money and time; but whenever and wherever you start your private practice, you should, above all else, strive to start right, and by the aid of energy, industry, and perseverance to enter promptly on the road to success; for unless you gain popular favor by a worthy display of ability, acquire some reputation, and build up a fair practice in your first six or eight years, the probabilities are that you never will.

Contract no entangling alliances. It is better not to enter into partnership with other physicians. Partners are usually not equally matched in industry, tact, and similar qualities, and are not equally liked by the public. Hence the union generally does not prove as beneficial or as satisfactory as expected, and, consequently, partnerships rarely continue long. Above all else, never ally yourself with any other physician as assistant or junior partner, to do the drudgery; or on any other terms, except as an equal. The sooner you learn to depend wholly on yourself the better. Julius Cæsar said, "I had rather be the first man in a village than the second man in a great city."

"Call not on Hercules for help; his aid
Ne'er serves the man who will not serve himself.
Thine own arm must the conflict meet,
Thy purpose being the victory."

Unless you have your place of residence or the locality already selected, you may find it the most difficult problem

of your life to find an unoccupied nook or corner for a settlement.

With the whole world before you, to accurately balance and weigh the difficulties and advantages of this, that, or the other opening—whether to locate in a populous city, a moderate-sized town, or in the country: in the East or the West, the North or the South, of our wide-spread land—is truly a puzzling puzzle.

Many big blunders are made by locating in the wrong place, therefore give the subject your very best thought; decide with great care, and only after duly considering your own qualities and qualifications, as well as the locations;—whether you are self-reliant and pushing, or quiet and unobtrusive; whether you have abilities that will compel people in a populous centre to employ you in preference to your neighbors, or whether, being less fully armed, you had better seek mediocrity and become a country doctor in a less thickly settled location, where there is less competition and less talent to encounter.

By all means seek to locate in a community to which you are suited; that will be congenial as a place to live in, and in which you are likely to get business and be useful to your fellow-beings, and also to earn a living for yourself. Remember that unpopular opinions in politics or religion injure, and that, all else equal, you will be more likely to succeed in a section where your views, habits, and tastes are naturally in harmony with the bulk of the people, morally, socially, and politically.

No difference where you locate, if you are youthful you will encounter difficulties that older physicians do not. “He looks too young;” “He lacks experience;” “He don’t know anything;” “He has no practice, therefore is no good;” “He shouldn’t doctor me, I’d send him off and get an older physician,” are among the often-heard expressions. Face them all bravely. Show the world that you deserve to succeed, and success will surely come.

If you begin practice in a city or town, the location and

appearance of your office will have a great deal to do with your progress. Select one in a genteel neighborhood, upon or very near an artery of travel, convenient to either a densely populated old section or a rapidly growing new one. If you were to locate on a back or unfrequented street, or other out-of-the-way place, it would naturally suggest to the public either that you had poor judgment or that you were made of timorous, apathetic material, or that you lacked the spirit of enterprise and enthusiasm, or had defective ambition or distrust of your own acquirements.

Remember, in making your selection, that a physician cannot rely on his near neighbors for patronage; people in your immediate neighborhood may never employ you, while some farther away will have no one else.

Avoid frequent removals, and do not shift or change from one place to another, unless it is clearly to better yourself. Select a place suited to your abilities and taste, and then be tenacious. Reputation is a thing that grows slowly, and every distant removal imperils one's practice, necessitates new labor, and sometimes compels a commencing of life over again. A physician's frequent removals naturally create a bad impression, and look like dissatisfaction from lack of success.

Branch offices are, as a rule, not desirable. Besides consuming valuable time in going to and fro, and in general occasioning double trouble, they create an uncertainty in the minds of those seeking the physician as to where he may most readily be found. On estimating all the advantages and disadvantages, therefore, it will be found that a plurality of offices increases greatly neither one's practice, one's popularity, nor one's income, and may be regarded as likely to prove more annoying than profitable.

It is risky for a beginner, who has no influence and but little money, to locate in a section already overstocked with popular, energetic physicians, as their superior advantages, established reputations, and warm competition may keep him limited and crippled for too long a time before a chance or a

change comes. Your first necessity is to possess knowledge and skill as a physician, the second is to find a field in which to exercise and display them.

A corner house is naturally preferable to one in the middle of a row, since it not only has facilities for constructing an office entrance on the side street, leaving the front door free for other callers, but also insures to the consulting-room a good light for examinations, operations, and study.

If possible, have a good, light, airy, comfortable, and accessible office, one that is not used for a family parlor, or any other accessory purpose.

Exercise care in its arrangement; give it a pleasing exterior; make it look fresh, neat and clean outside, and make it snug, bright and cosy inside, thus showing that its occupant is possessed of good taste and gentility, as well as learning and skill; and at the same time that it is neither a lawyer's consulting-room nor a clergyman's sanctum, nor an instrument-maker's shop, nor a smoking club's headquarters, nor a dude's parlor, nor a loafing room for the unemployed, nor a social meeting-place of any kind, but the office of a live, earnest-working, scientific physician, who has a library, takes the journals, and makes use of the various instruments science has devised for him.

Take care, however, to avoid running into a quackish display of instruments and tools, and keep from sight such inappropriate or even repulsive objects as catheters, syringes, obstetric forceps, splints, trusses, amputating knives, skeletons, grinning skulls, jars of amputated extremities, tumors, mannikins, and the unripe fruit of the uterus. Also, avoid such habits as keeping specula or human bones on your desk for use as paper-weights.

It is not unprofessional, however, to have about you, in your outfit, your microscope, stethoscope, spirit-lamp, test-tubes, re-agents for testing urine, and other aids to precision in diagnosis; or to hang up your diplomas, certificates of society membership, portraits, busts of eminent professional friends; or

of teachers or medical celebrities: Hippocrates, Galen, Harvey, Gross, or whomever else you specially admire; academical prizes, professional relics, and keepsakes, or anything else that is specially associated with your medical studies and career. But it is better to limit such articles to those having relation to you as a student or physician.

In buying your office outfit beware of stocking yourself with novelties and instruments that will probably go out of fashion or rust before you will use them. It is better not to invest heavily at first, and to wait and buy none but the usual everyday instruments, until you have a use for others. Remember that soft-rubber goods, and soft goods generally, deteriorate and finally become worthless in keeping.

A neat case of well labelled and well corked medicines, or a cabinet of minerals, or works of art, are in good taste; so also are your dictionaries, encyclopædias, and lexicons for ready reference; but display no miniature museum of sharks' heads, stuffed alligators, tortoise shells, impaled butterflies, bugs, miniature ships, mummies, snakes, stuffed birds, lizards, crocodiles, beetles, tape-worms, devil-fish, ostrich-eggs, hornets' nests, or anything else that will advertise you in any other light than that of a physician. It will, to the thinking portion of the public, seem very much more appropriate for you, as a physician, to be jubilant over a restored patient or a medical discovery than to be enthusiastic over a stuffed flying-fish, an Egyptian mummy, or a rare shell. If you have a love for such incongruous things, or are a bird or dog fancier, or a bug-hunter, at least keep the fact private and keep your specimens out of sight of the public, and endeavor to lead every observer to think of you only as a physician.

It is your duty, as well as to your interest, to display no political or religious emblems, portraits, etc., about your office, because these relate to your personal sentiments; you are emphatically a public man, and your office is a public place, not for any special class, but for every kind of people; no matter

what shade of partisan or sectarian pictures you may display, they will surely be repugnant to some. The obtrusion of unpopular political or religious views have marred the prospects of many a physician, and what is popular to-day may be unpopular to-morrow. Keep your heart and your office open to all denominations and to all parties. This will recommend you equally to all.

Establish a regular professional and business policy at the beginning of your career. Be as regularly at your post as possible, and have your office lighted promptly every evening, at the proper hour, and in all other respects show punctuality and system.

Do not allow the ladies of the family to lounge about your office, read your books, answer the office bell, etc., lest it repel certain kinds of desirable patients. Both messengers and patients would rather meet you, or your servant, than ladies. You should respect public opinion in this and in all other matters justly open to criticism.

A physician is judged by the company he keeps. Avoid associating with aimless idlers and those who bear a merited stigma, or are notoriously deficient, or whose hopes and ambitions have been blighted or wrecked by intemperance, or their good names tarnished by their own misconduct. Let your associations be, as far as possible, with professional brethren and people of genuine worth. Prefer to spend your unoccupied moments in your office, with your standard works and medical journals, or at a friend's drug store, or with other physicians, or at the medical library, to lounging around club rooms, cigar stores, billiard parlors, barber shops, or corner groceries with lazy fellows, who love the occupation of doing nothing, in frivolity and dissipation, or in taking them out riding or to the horse races, or to join the throng at the base-ball game. No ordinary man ever conceives a more exalted opinion of a professional man by fraternizing with him at such places.

Be social with all kinds of patients with whom necessity or

duty brings you into contact, but beware of talking too much, and do not handshake and harmonize and associate unreservedly with the coarse, ignorant, and unappreciative. Undue familiarity shears many juniors of much of their prestige. Never become so familiar with a patient as to lay all formality aside and enter his house, or room, without ringing, knocking, or calling.

Never have companionship with Irregulars; it would detract from both you and rational medicine, which you represent, and give countenance to delusions and pretenders; avoid this, and every other contaminating alliance.

What shall be said of self-mutilation with harlots and association with concubines? Of drinking and of gambling? You, in the dethroning fields of Venus and Bacchus! Oh! young physician, if you have entered any one of these DANGEROUS roads follow the dictates of common sense and turn from it this day, this hour! for they both lead rapidly downward, and either of them will deform and warp all your finer sensibilities, prove fatal to every ambition, and speedily put a death-blight on your career. And if indulging any one of these habits singly will be like sowing dragon's teeth for yourself, what will be the combined effects of them all? It will be social and moral death! Professional suicide, short, quick, and sure! An unspotted name is the only thing that will enable you to withstand your critics; for neither you nor any other physician can successfully lead a double life, or afford to despise public opinion.

Put not a feather's weight upon the honorable ambition of any one, or a straw in the pathway of his worthy aspirations, but be very cautious how you involve yourself by inducing young men to study medicine, as there are already three physicians where one is required. Besides, either their failure in the profession, or their misconduct, or their unfair rivalry may in time to come work great injury to you.

It is neither profitable nor advisable for you, a private practitioner, to take aspirants for Æsculapian honors as office students, as they will necessarily be in the way and divert your

mind from other duties; but if you do take any, charge them a fair price for the privilege, and remember that in taking students you stand as a guardian at one of the outer gates of the profession, and listen only to such applicants as have a pure, high-souled, and just appreciation of the profession, good sense, sobriety, mental and physical vigor, and a strictly honorable ambition to be a worthy physician.

Remember that good gas makes a good light, and bad gas a poor one; that a good battery generates good electricity, and that a bad one necessarily makes a poor kind; so, also, that a good brain, a good mental soil creates better ideas, better fruit than an ordinary one. Brains and common sense are a rare gift from heaven; and a diploma from every medical college on the face of the earth, each bedizened with ribbons—red, white, and blue—and each stowed away in a gold case set with diamonds, cannot give them to those who lack them. Remember this, and dissuade and refuse every one who wants to embrace medicine from a belief that its study is simply a pleasurable pastime, or that it is a mere trade, or that it is less laborious than the business they are following, or Jacks-at-all-trades, who are tempted, by the ease with which a diploma can be obtained, to add *it* to their others, or by the false notion that it is a gay and pleasant life, or a smooth and rosy road to money-making; or simply to please his grandmother or his fond papa, or the tough, ox-faced fellow who feels an anxiety to see the shedding of human blood, or any other applicant so unworthy. The standard has fallen lower and lower, until we have at last reached a point at which the untilled, brainless bumpkin, who has hardly mastered the multiplication table, and knows not the difference between a single angle and a triangle, who is following the plow, or driving the jack-plane, or measuring ribbons and tape to-day, thinks he can find a place where he can be metamorphosed into an M.D. to-morrow, and that a sign or door-plate with his name (and prefix Doctor) on it, and a buggy at his door, is about all that is necessary.

Select your associates with great care, and do not let your office be a lounging place or a smoking-room for horse-jockeys, dog-fanciers, base-ballers, politicians, mimics, chatty blockheads, or others whose time hangs heavily on their hands. The public look upon physicians as public characters—earnest, sober men with scientific tastes and habits, who have been singled out and set apart for a lofty purpose, and as socially, mentally, and morally worthy of an esteem not accorded to such people, or other private citizens engaged in the ordinary business of life. The idle jokes, amusements, common-place gabble and boyish nonsense, the habits and prevailing tone of mind of such light-minded people; do not harmonize with the studies, tastes, and desires of worthy physicians; and, moreover, they tend to weaken or destroy the faith of the public, which is so essential in our work; on no profession does faith have such influence as on ours. The public, and especially the female portion of it, with eyes as of a microscope, takes cognizance of the associations and of a thousand other little things regarding medical men; in fact, every circumstance in your appearance, manners, walk, conversation, habits, etc., will be closely observed and criticised in order to arrive at a true verdict, more especially in the early years of your career.

No one can succeed fully without the favorable opinion of the gentle maids and acute matrons he meets in the sick-room. They can be his best friends or his worst enemies. Females have more sickness than males, and the females of every family have a potent voice in selecting the family physician. I have often thought that the secret why so many truly scientific but dry-as-dust physicians of a statistical or hypothetical turn, to whom a patient is the same as a rock is to a geologist, or as a flower is to a botanist, who, more naturalists than physicians, love the rays of philosophy and the beams of science better than humanity; and who, with their eye at the end of the microscope, watch cases merely from a scientific point of view, or to study the action of medicine; very often decidedly and perma-

nently lack popularity, and fail to get much practice; is that cold logic and rigid mathematics, chemistry, physiology, and other high theoretical attainments, however much admired abstractly, are not a certain guarantee of popular favor, since they are often attained at the expense of the endearing sentiments, and hence create none of those ties upon which many a successful practice depends; but, on the contrary, are often associated with a deficiency of those minor qualities of head and heart which appeal to the weak side of woman—*her emotions*—and gain her favoring opinions, and get her good will and word. If you are deficient in the social half, cultivate it.

In getting office signs, remember that a physician has them, not as advertisements, but simply to show his office to those looking for him. Your signs should be neither too large nor too numerous. One of black smalt with gold letters is the neatest and most attractive of all; one such sign on the front wall for the day-time, and a glass one with black letters in the window, to be seen at night, when your office is lighted, are sufficient. The letters on the former should be round and well shaped, and not more than two inches high, with corresponding width.

All signs should be neatly made and properly lettered, for even a sign makes an impression, either good or bad, on the public, and first impressions are very enduring.

It is better to put Dr. . . . , on your sign, than to put . . . , M.D. "Doctor" looks better and is understood by all.

To put "Physician and Surgeon" or "Physician and Accoucheur," or other compound title on your sign, would be unnecessary in this region, since all physicians are supposed to be surgeons, accoucheurs, etc. The practice of medicine on the human body allows no such, This or That, division of learning; the medical case of to-day is the surgical or obstetrical case of to-morrow; almost as well might the confectioner say on his sign, "Cold Ice-Cream."

Unless there is danger of your being confounded with some

other physician of the same name, it is well to omit your given name, or initials, from your signs, but it should be on your cards. Of course, if your name is "Smith," or "Jones," or "Brown," it would be necessary to put your given name on your signs; but if your name is uncommon, it is not. People would not speak of Doctor John W. Garfield, but of Doctor Garfield.

Do not allow other people's signs of tooth-drawing, cupping and leeching, millinery, dressmaking, painting and glazing, boarding, etc., in company with yours.

The lettering on your window-glass may be protected from being scratched, or otherwise defaced, by having a pane of common glass behind the lettered one.

It is deemed unprofessional to put where you graduated and how long you have practiced upon your cards and signs, or in the newspapers.

Establish regular office hours early in your career, and post them conspicuously in your office; also have them on your cards.

It may be a question whether it is advantageous to have a sign designating your office hours on your office window, or on the outside front, to show them to the outside public. Your situation in business should influence your decision on this point. A young physician, or one who has much spare time at home, in addition to his stated hours, would be more apt to catch the overflow, emergencies, cases of accident, or calls from strangers in the city, and other anxious seekers for "any one, so he is a physician," and who have perhaps searched and found all the busier physicians away from their offices. These calls you would be likely to get, if an exhibition of your office hours does not drive them off by showing them before ringing the bell that they have come at the wrong time, when in fact you are at home and ready for calls. On the contrary, one busily engaged in outside practice, who has no other time for office consultations than the specified hours, can, by displaying them outside,

regulate matters better, and prevent various annoyances, by letting every one see his hours before ringing.

An excellent rule is to direct attention to both the beginning and ending of your office hours, as: "Morning office hours begin at 7 and end at 9; afternoon office hours begin," etc. Or: "Office hours: morning, between 8 and 9 o'clock; afternoon, between 1 and 3 o'clock," etc. Many people think that as your office hours are from 7 to 9, if they get there one minute before 9 o'clock they are in time; whereas if they come at that time they will be sure to keep you past your hour for going out. By regulating your time thus, and constantly urging those you attend to observe those hours strictly, you can accomplish doubly as much with less hurry and more satisfaction to all. Indeed, by persistently schooling patients to observe those hours, and send for you, as far as possible, before your accustomed time for starting on your regular rounds, you will do much to systematize your business, and to lessen the number of calls at odd and inconvenient times, which do so much to increase the hardships of the physician's life. For patients to come strolling into a busy physician's office for advice at odd or unseasonable hours, or at seasons allotted to privacy and rest, amounts almost to persecution. So, also, does having to visit the same neighborhood half a dozen times a day, in consequence of his patients not sending for him before he commences his rounds. The time allotted to office patients may be greatly curtailed by naming certain times at which you can be found at your office; for instance, instead of having it "Morning, from 8 to 9 o'clock; afternoon, from 1 to 3 o'clock; evening, from 6 to 8 o'clock," have the sign read, "Office hours: morning, *about* 8 o'clock; afternoon, *about* 2 o'clock; and evening, *about* 7 o'clock," which times are easily remembered, and will cause all who come to get there *about* those hours.

If you should ever get very busy, and be pressed for time, your sign might still further emphasize it, after stating your hours, by adding, "No office consultation at other hours."

Have on a little sign over your slate something like this: "In leaving a message for the Doctor, be careful to write the name, street, and number."

You should keep a supply of cards with your name, residence, and office hours on them. An inch and three-fourths by three inches make a good size. A physician is at perfect liberty to state on his cards and signs that he speaks French, Italian, Spanish, Bohemian, German, or any other foreign language; and such a statement should, if made, be in the language of the people for whom it is intended.

It is also necessary to keep a supply of small and neat blank bills, and to have envelopes and paper with your name and address printed on them. Let your bills read, "For professional services." Blank forms for use in giving certificates to sick members of societies, etc., are also very useful. Printed professional certificates look much better, seem more formal, and give more satisfaction than written ones.

A speaking-tube from your outside office door to your bedroom prevents exposure to raw night air at an open window, and is of the greatest utility for night calls.

The telephone is also both a luxury and a necessity. Many physicians who need a telephone are deterred from getting it by the fear that it will cause them to be summoned to patients, good and bad, at a distance too great for them to attend, or that its convenience will cause annoying calls and messages to be received at unseasonable hours. This belief is erroneous. The telephone really does the opposite, and cuts off the long arguments and attempts to overpersuade that we encounter in personal interviews. It is much easier to refuse a call, or to make a plea, or give a direction, or order a remedy through the telephone, than by an interview with a messenger. If you have a telephone, put your telephone number on your cards, bills, envelopes, paper, etc.

When you begin practice, get a pocket visiting-list, a cash book and a ledger, and commence to keep regular accounts at

once ; this will teach you system, and in the course of time save you hundreds of dollars.

One's visiting-list can be most conveniently carried in a wide but shallow pocket on the left hip.

Record the full name, occupation, and residence of every new patient you get ; for, although the identity of this one and that one may, at present, be very clear in your mind, yet as patients multiply and years elapse, your recollection of various ones will become misty and confused, and the consequent loss to you will be very great.

Never neglect to make memoranda of office consultations, payments, new calls, etc., in your visiting list, with a lead-pencil, until you get an opportunity to write them in ink.

Have a copy of the fee-table framed and hung in a suitable place in your office, that you may refer patients to it whenever occasion requires. It is also wise to have a small, neat sign, with "Office Consultations from \$1 to \$10, cash," posted in some semi-prominent place in your office. It will show your rule and tell your charge ; it will also remind any who might forget to pay of the fact, and will confront less honest people and put them in a dilemma. You can, when necessary, point any one to it and ask him for your fee ; it will also give you a chance to let him know you keep no books for office patients. Such a sign will save you many a misunderstanding and many a dollar. Of course, you may omit its cash enforcement toward persons with whom you have a regular account.

Having your charge from "\$1 to \$10," will enable you to get an extra fee for cases of an extraordinary character, and still allow you to charge minimum fees for ordinary cases. Such a schedule will make those who get off by paying the lowest fees feel gratified ; it will also show everybody that you are skillful enough to attend \$10 cases.

Cultivate office practice assiduously ; for it is a fertile source of reputation and of cash fees. Try to benefit and give satisfaction to every patient that comes to consult you, that every one

may go away with a clear idea of what is the matter with him, and a belief that you will do your best to remedy it; for each will, while there, form some definite opinion in regard to you, and will ever after give you either a good or a bad name.

Keep a small case of medicines for use at your office, representing the most frequently employed articles of the pharmacopœia, especially during the first years of practice; handling them will not only familiarize you with their appearance, odor, miscibility, taste, and other characteristics, but also enable you to get fees from patients who can appreciate advice and medicine combined, but who cannot properly value advice alone. Besides, by keeping cathartic pills, aromatic spirits of ammonia, lime-water, morphia granules, etc., you can, by sending a suitable remedy by a messenger, save yourself many a tramp at night, during storms, on Sunday, great holidays, at odd hours, etc., and yet give the patient both relief and satisfaction, till you can go.

You have a perfect right to supply a patient with medicine, if you choose. Very extensive use of this privilege, however, tends to consume time that might be much better employed, and to dwarf you in other ways, and does not pay. Besides, it would engender the criticism and enmity of neighboring druggists. Supply medicines to your patients only.

Be prompt and punctual in all your duties, so as to get them out of the way of whatever may come after. When you are summoned to cases of colic, convulsions, accident, etc., go, if possible, immediately. Then, if you are too late, you will have no cause for regret, and neither be chagrined nor responsible. When you cannot go at once, without neglecting other duties equally as urgent, it is much more satisfactory to your patient if you send a remedy with instructions for use until you can go, than to send a prescription; for to send a prescription in such cases seems rather more as if you do not care to attend, or as if the patient was on your secondary list, and if the case does not eventuate favorably you may be severely criticised.

When you reach a patient whose friends have, in the excitement, sent for a number of physicians, with no special choice among them, it is well to have them promptly send a messenger or note to the others to cancel the call and save them trouble, by informing them their services are no longer needed.

If, at your office and elsewhere, you make an honest and proper use of instruments of precision—the stethoscope, ophthalmoscope, laryngoscope, the clinical thermometer, and microscope, and those used in examining tumors, sputa, calculi, for urinary disorders, etc.—they will not only assist you very materially in diagnosis, but will also aid you greatly in curing nervous and terrified people by heightening their confidence in you and enlisting their co-operation.

Always carry in your pocket-case a good clinical thermometer, a female catheter, a bistoury, a hypodermic syringe, a pair of small forceps, a stick of lunar caustic, a penknife, etc., for ready use. Keep a little raw cotton in the case with your clinical thermometer, to protect it against breakage, and always wash the instrument immediately after use.

Avoid syphilitic inoculation, septicæmia, etc., in making vaginal and other examinations. Cosmoline and vaseline answer very well; they have no affinity for moisture, and both keep for years without becoming rancid or decomposing. Get a supply of either, and keep it in your office for anointing your fingers, instruments, etc. Wooden toothpicks and wooden cigar-lighters are also very handy for making mops, applying caustics, etc. Being inexpensive, they can be thrown away after one service, instead of being kept for further use, as must be done with expensive articles.

Knives, probes, needles, and other instruments can be readily cleaned and disinfected, both before and after being used, by thrusting them several times through a cake of wet soap.

Be careful never to immerse a finger that is even abraded, in vaginal or other suspicious fluids; if your preferable hand is unsafe, use the other.

You should have a special receptacle in your office for cast-off dressings from cases of gonorrhœa, syphilis, septic ulcers, and other filthy affections, which, when they accumulate, should be burned.

A decent respect for the opinion of the world should lead you to practice all that constitutes politeness in dress and deportment. Keep yourself neat and tidy, and avoid slovenliness and everything approaching carelessness or neglect. You should live comfortably for the sake of being comfortable, and rest as much as possible on Sunday and at night; and, if you would avoid the risk of breaking down your physical health, as hundreds of our profession do, consider it a cardinal duty to get your meals and your sleep as regularly as possible.

Do not ignore the fashions of the day. A due regard to the customs prevailing around you will show your good sense and discretion. Even though the prevailing style of dress or living borders on the absurd or extravagant, it may still be wise to conform to it to a certain extent. Young says:—

“Though wrong the mode, comply; more sense is shewn
In wearing others’ follies than our own.”

You never heard of a bank swindler, or a confidence-man, or a gambler, or a counterfeiter, or a pseudo-gentleman of any kind, who dressed shabbily or appeared coarse. Such people are all close students of human nature, and no matter how abandoned they are, no matter how tarnished their characters, nor how blackened their hearts, they manage to hide their deformities as with a veil from all but the few that know their true characters, by assuming the external appearance and manners of gentlemen. Now, if genteel dress and polished manners and good conversational powers can do so much for such fallen specimens of mankind, how much greater influence must they exert for those who are truly gentlemen and members of an honorable profession.

Do not, however, be a leader in loud or frivolous fashions, appearing as though your starchy foppishness and love of fine clothes had overshadowed everything else; nor display glaring

neckties, flashy breastpins, loud, dangling watch-seal, brilliant rings, fancy canes, or any other peculiarity in your dress or actions that indicates overweening self-confidence, or a desire to be a society man, a dandy, or a swell. Such high-fashion individuals may be admired, but they are not usually chosen by worthy persons seeking a guardian for their health.

Even though you are ever so poor, let your garb show genteel poverty, for a physician's dress, manners, and bearing should all agree with his dignified calling. The neglect of neatness of dress and the want of polite, refined manners might cause you to be criticised and shunned. You will sometimes see spruce little Dr. Tact, whose head is comparatively empty, succeed in getting extensive and lucrative practice, and paying heavy bills for horseshoes, almost entirely by attention to the outer trappings and affability of manner, while Dr. Talent, much better qualified, will languish, and never learn the price of carriages and oats, by reason of defects in these apparently trivial matters. Clean hands, well-shaved face, polished boots, neat cuffs, gloves, fashionable clothing, cane, sun-umbrella, all relate to personal hygiene, and indicate gentility and self-respect, and naturally give their possessor a pleasurable consciousness of being well dressed and presentable.

The majority of people will employ a tidy, well-dressed physician of equal, or even inferior, talent more readily than a shabbily dressed one; they will also accord to him more confidence, and expect from and willingly pay to him larger bills.

Avoid extraneous pursuits and a multiplicity of callings. Divorce medicine from all other avocations—from the drug business, dealing in petroleum, or salt, or cattle, or horses; or to be equally interested in the practice of medicine and in pushing the jack-plane, or in following the plow; from giving public readings, from preaching, scribbling poetry on subjects not connected with medicine, fiddling or singing at concerts; or baseball playing, rowing matches, etc., because the public cannot appreciate you or any one else in two dissimilar characters, or

in two incompatible pursuits: half physician and half druggist, or three-eighths physician and five-eighths politician, or one-third physician and two-thirds sportsman, or other similar mixture of incongruities, for it is in medicine as in religion—no one can serve two masters. Of course, if you choose to change off from medicine to any other calling it is legitimate to do so, but be a whole one thing or another.

Although it may seem paradoxical, even reputation as a surgeon (though surgery is but a branch of our art), or as a specialist of any kind, militates decidedly against reputation in other departments of medicine. The public in general believe a surgeon, with his sharp saws and thirsty knives, is good only for *whipping off* limbs or other cutting operations, and that a specialist is good only for his specialty, a preacher for preaching, etc.

Hesitate even to take such offices as vaccine physician, coroner, city dispensary physician, sanitary inspector, etc., in a section where you expect to practice in future, more especially if you must have illiterate political demagogues or buffoons for employers or companions. All such functions seem to dwarf one's ultimate progress, and usually create a low-grade reputation that it is hard to outlive. To many people, all such offices look somewhat like a confession of impecuniosity, or inferiority, and create an impression that is not overcome for years. If you have any merit at all, private practice industriously followed will lead by better roads to greater success.

The last remark is, also, to a certain extent true of the position of permanent physician or assistant physician to hospitals, infirmaries, lunatic asylums, dispensaries, almshouses, reformatory or penal institutions, or in the army, or on board emigrant or naval vessels, where employment in a snug or easy job, at a petty salary and the comforts of a home, for a few of his most precious years, have caused many a physician fully qualified for success as a practitioner to lose the best part of his life, and let slip opportunities that could never be recalled.

Remember that such positions can never be depended on longer than those in power find it to their interest to change.

If you ever become a teacher of medicine in a college with a choice of branch, instead of taking Physiology, Materia Medica, Jurisprudence, Hygiene, or other non-personal subjects, take care to aim for one that relates directly to the sick, and that is likely to increase your skill and advance your private practice.

Shun politics and electioneering tactics; for politics, even when honorably pursued, are ruinous to a young physician's prospects; later, when his medical reputation is already extensive, they will militate against him, although they may not necessarily ruin him. If the best of good politics injure thus, how much worse is it to be drawn into the dirty pools of partisan politics, at ward rallies and bar-room conferences, or into demagogism, and wire-pulling, and slate-making, at primary meetings, caucuses, conventions, etc., with "the b'hoys." No! no! thrice no! You can in the long run make ten friends and ten dollars by being no man's man, and sticking to your profession, while you are making one of either in the polluted and polluting waters of party politics, and scrambling for office with those who belong to the party chiefly to struggle for its loaves and fishes; besides escaping many anxious hours and bitter disappointments.

Never join a church or a religious society for the purpose of gaining popularity or church influence. You will surely find that society, church, political, and other special groups of sectarian patients, gained because they are affiliated with you in party matters rather than through appreciation of your merits as a physician, are neither very profitable nor very constant. If you will banish everything that comes between you and your legitimate work, and cultivate patients secured promiscuously from all parties and from every direction, because they believe that you as a physician possess solid merit; and have faith in your brain and your heart, and in your hand; it will in the

long run make you more friends, and better friends, and pay you better than attending solely to any one political sect or religious creed, or following any other outside issue.

A riding physician has several advantages over the one who walks; he gets rest while riding from one patient to another, and can spend the time in thinking; can collect and concentrate his mind more fully on his cases while riding than if walking, and when he reaches his patient he is in proper mental and physical condition to begin his duties, while the walking physician arrives out of breath, excited, and in need of rest. The former can prescribe and be gone while the latter is waiting to regain his breath. Another convenience is, he can salute acquaintances as his carriage meets them and ride on, whereas Dr. Footpace is compelled to stop, parley, and lose valuable time with convalescent patients, old friends, etc.

You should, therefore, get a respectable-looking horse and carriage as soon as your finances and other circumstances will at all justify. A team is not only a source of health and enjoyment in the beginning of practice, but getting it indicates that your practice is growing. Many persons consider success the chief test of merit, and prefer a much-employed, riding physician to the worn pedestrian. This is one of the reasons why any one can RIDE into a full business much quicker than he can walk into one. Besides, the inexperienced public, with nothing else to judge by, infer that a physician who rides to his patients in a carriage must have had extensive experience and a successful practice, else he would not require and could not afford one.

If you unfortunately have a bony horse and a seedy-looking or a pre-adamite kind of buggy, do not let them stand in front of your office for hours at a time, as if to advertise your poverty, lack of taste, or paucity of practice.

If you have two horses, it is better to drive singly, that one may be resting while the other is working. Driven thus, two good, well-kept horses can always carry you to as many patients as you can attend.

If a pair is driven, they should be first-class. It is better to use one genteel-looking horse to a handsome phaeton than a shabby pair to a seedy-looking vehicle.

A modest monogram or initial letter is often put on the bridle-blinds or carriage-panels. This is proper and ethical.

Either have a person with you to mind your carriage, or tie your horse before entering your patient's house, that you may not be wondering what it is doing, or running to the window or out at the door at every noise, to see whether it has started off with the carriage, as if it were more important than the patient.

It is perfectly fair and proper to seek reputation by all legitimate means, but avoid all intriguing and scheming to obtain practice. Attempts to puff yourself, your cases, your operations, or your skill into celebrity by driving ostentatious double teams, or having liveried drivers, odd-shaped or odd-colored vehicles, close carriages, conspicuous running-gear, loud monograms, flashy plumes, or oversized initials on harness or carriage-panels, or blazed-faced, curious-looking horses or ponies; or by driving very fast when not in a hurry, as though the devil were in chase, book in hand, attempting to read it as the carriage whirls and jolts along; also, affecting odd-style or extra wide-brim hats, long hair, and heavy canes, and showing everybody affected kindness or meddling attention, etc., all generally fail in their object, are looked upon by many as either an unethical display of the humbug element, or the efforts of a small mind or weak head to hide a lack of ordinary skill, or to get himself talked of, and actually sometimes bring the one who affects them into ridicule and disrespect. Do not thus belittle yourself, but strictly avoid ostentation and every peculiarity of manner, dress, office arrangement, etc., calculated to make you offensively conspicuous, and excite either ridicule or contempt. On the other hand, however, if you are bashful, shame-faced, diffident, lacking in aggressiveness, or deficient in tact, you will never prosper until these disadvantages are overcome.

In medicine, reputation that comes easily goes easily. Accident or trick may bring one into notice, but they cannot sustain him, and he is finally estimated at his true value. The best reputation is that acquired by a display of talent and merit. If one is tossed into reputation he does not merit, he will surely sink again to his true level. Even if you get reputation for distinguished abilities by superior talent, and desire to sustain it, you must work hard, and from time to time present additional ideas and give new proofs of your talents and intellectual strength.

It is customary and proper to give simple notice of removals, recovery from prolonged sickness, return from long journeys, etc., in the newspapers, but it is not creditable to announce your entrance into practice, or to advertise yourself generally in newspapers, or to placard barber-shops, hotels, etc. Puffing yourself, your cases, your apparatus, or your skill, or winking at being puffed and applauded in the newspapers is quackish and on a par with the speckled-horse plan. A proper pursuit of medicine will imbue you with loftier sentiments and engender nobler efforts to gain public attention, and will spur you to build your fame on stronger foundations.

Cultivate a professional manner and spirit. Much of your usefulness and comfort will depend on it. Do nothing to gain popular favor that does not accord with both the letter and spirit of the code. Independent of the degradation you would feel, it would not pay to trust for business to tricks of any kind, for the veil that covers such attempts is generally too thin to long hide the real motive, or to turn aside ridicule.

You will be more esteemed by patients who call at your office for any purpose, if they find you engaged in your professional duties and studies, than if reading novels, making toy steamboats, chasing butterflies, or occupied in other non-professional, or trivial pursuits; even reading the newspapers, smoking, etc., at times proper for study and business, have an ill effect on public opinion. Public opinion is the creator, the

source of all reputation, whether good or bad, and should be respected; for a good reputation is a large, a very large, yea, the chief part of a physician's capital.

It is very natural to expect your near medical neighbors to pay you a friendly visit after you locate, for the purpose of establishing reciprocal and friendly relations, whether acquainted or not; but if they fail to do so, it should not be construed as discourtesy or ill-will, for it may be due to their position of doubt concerning your being a regular, or they may deem it your duty to make the first call, or may wish time to scrutinize your principles, or your character, or your conduct, qualifications, temper, etc. Besides, the best of men are sometimes very slow to make friendly overtures.

Your first efforts in practice will bring you into contact and contrast, perhaps also into collision, with the other practitioners of your vicinity.

There is a very great difference between the case of an additional physician starting in a community or a neighborhood, and an additional person being added in almost any other business. The demand for other things can be increased, but the demand for physicians is limited, so that a new physician must create his practice out of that taken from other physicians. Every family the new candidate adds to his list must be diverted from that of a rival, who may have attended it long enough to almost deem it his private property, and of course the loser does not like this, for there is a little human nature and love of monopoly still left in a man, even though he has studied medicine. The older practitioners are, therefore, naturally very apt to feel a tinge of jealousy, and to be watchful of, if not captious toward, Dr. Last; and when they see him crowding himself in, interlocking and overlapping, much as we see a new passenger do in an already crowded street-car, they are apt to look upon him as an antagonist and opponent, and unpleasant animosities and feuds are apt to arise. There is a proverbial rancor and bitterness of spirit about medical antagonisms and medical hatreds, some of which

terminate only with life ; avoid them as far as lies in your power, and do what you can to reconcile the estranged and to calm the angry. Nothing is more disagreeable than to have enmity and a rupture of all intercourse with those we must often face. Honest, conscientious, courteous rivalry between physicians is advantageous to the public, because it creates a spirit of emulation, and compels each to try to be skillful and successful in practice. If your opponents look after their own good, and do all they can for themselves in a fair, equitable, well-directed manner, you have no right to complain.

It is in fact almost natural for established physicians to regret the advent of another medical aspirant ; and some are suspicious, cold, and sensitive and hypercritical toward every newcomer to a degree bordering on monomania, because the stranger, in coming, must exert a perturbing effect on the professional business of those already established. His coming makes more workers, and, if he is skillful, actually makes less sickness, because the spur of rivalry, constant and sharp, stimulates each person to try to get all curable cases well, not only surely, but quickly. Sickness, both in amount and duration, is decreased, because skilled laborers have increased. There is, of course, no greater number of cracked skulls, mangled limbs, or medical cases, or of diseases of any kind, than before Dr. Last came. He must, therefore, draw his share of the loaves and fishes from the others.

Study the manœuvres of that ungrateful bird, the cuckoo ; how the fostered cuckoo expels all the other birds from their maternal nest after its cunning mother has been unwisely allowed to deposit an egg, and their parent has watched and nourished it until it is strong enough to show its ingratitude by hurling the rightful owners out, and you will realize why Dr. Elder, Dr. Bigbiz, Dr. Nopolizer, and other old and prosperous physicians dislike to see interlopers gain a foothold in their section, and effect an entrance into their families. Competitive practice does not necessitate jealousy or enmity ; but self-preser-

vation is the first law of nature, and, when it is endangered, every human bosom feels the same impulse.

Be not boastful or intrusive, but if you are conscious of any superior aptitude or intellectual power, or are ahead of your brethren in any essential quality, or talent or experience, let mere matters of display remain secondary, while your solid merit is made the more prominent. This is more durable, less expensive, and more in harmony with the views of sensible people.

Every one on the face of the globe studies his own interests, therefore do not hesitate to fully embrace every accidental or natural advantage of birth or wealth, or the favoritism of influential patrons or powerful friends in practice, if honest and ethical.

You will find that intellect, genius, temperance, correct personal habits, and other excellent qualities will all fail to make you successful, unless you add ambition, self-reliance, and aggressiveness to them ; but in your efforts to advance you should take care not to incur the reputation of being a sharper, or of being tricky. If the balance were struck, it would probably be found a great deal harder for a physician to worm and intrigue his way through life, by ingratiating and manœuvering, than to struggle along with honesty and industry. Determine, therefore, under God, that in your efforts you will act like a man, from your diploma to your death-bed, that you will do nothing that is criminal, nothing that will not stand the strongest sunlight and the severest scrutiny ; nothing for which you would hesitate to sue for your fee ; and, if necessary, to stand up before a judge and jury to get it ; nothing that you cannot approve of with your hand on your heart and your face turned upward.

CHAPTER II.

“Who does the best his circumstance allows,
Does well, acts nobly, angels could do no more.”—*Young*.

THERE has been of late years a disproportionate annual addition to our already overcrowded profession, and the numberless doctor-making colleges of the United States, in their fatal competition for numbers—with only an exceptional, and that a very rudimentary preliminary examination into literary qualifications; and with too great inducements to students: such as small fees, short terms, condensed, nutshell lectures, with clinics and quizzes sandwiched between; stuffing the memory, and spasmodic “loading up,” or “cramming” at the heel of the session from “compendis,” “epitomes,” “vade mecums,” pocket lexicons, and other “multum in parvo” guide-books, followed at the eleventh hour by evenings at grinding clubs, and the brief two years’ course required for *astonishing the professors* in the green room, by saying back their sayings with readiness and *increased* accuracy; and—obtaining a degree—are manufacturing annually more than two thousand graduates,—and this does not include the flocks who reach our shores from abroad, already dubbed M.D., and prepared to enter at once upon practice. The result is that, if it requires a population of at least 1800 to support each physician, and if every physician must have a paying clientage of 1000 or 1200 persons to enable him to live and thrive, there is now in every American community more than twice as many physicians as there is room for.

Every hamlet, every village, every cross-roads, every nook and every corner everywhere, can now boast a physician or two. Canada has one for every 1193 inhabitants, Austria one for every 2500, Germany one for every 3000, Great Britain one for every 1652, France one for every 1814, Italy one for

every 3500 ; while we of the United States, blessed in physicians as in everything else, have, counting both regulars and irregulars, one for every 600, and druggists in proportion. If there were only a few more than needed to fill vacancies caused by death and increase of population, it might be wholesome, and would allow the public a choice, but with such an overproduction as this many worthy aspirants must necessarily languish, and those who flourish must do so by great skill, great tact, or great industry. Another result of issuing diplomas so freely is that diplomas are now away down in public estimation, and are not received as evidence of their owners' competency either by army or naval examining boards, or even by State licensing boards.

The door to the Æsculapian temple—and the window, too—is open, wide open, to every variety of individual, and all kinds are rushing in ; and you will be unusually lucky if you encounter none who are maliciously antagonistic. You will not only meet Dr. Merryman, Dr. Fair, Dr. Ettykett, and Dr. Warm-grasp, but Dr. Growler, Dr. Oblique, Dr. Sneerer, Dr. Crusty, Dr. Squeely, Dr. Triflewell, Dr. Boodlebee, Dr. Showoff, Dr. Broiler, Dr. Frigid, Dr. Gall, and Dr. Spitfire are also about and may be encountered in unfriendly collision. Be affable and frank, and let your conduct be fair and square to everybody on all occasions ; and strive, in your daily life, to build a reputation for uprightness that will excite the respect of all, whether friend or foe, and convince them that you are incapable of any dishonorable act.

Avoid all quarrels, bickerings, and disputes with your medical brethren, and if ever a question arises between you and a brother-physician that you cannot settle yourselves submit it to the decision of mutual friends. Never begin making reprisals and avoid all innuendoes and sarcastic remarks to the laity about rivals or opponents who have offended you, and exhibit a total absence of professional tricks, but resolve that you will remain a gentleman, even under provocation, whether others do or not.

Observe the golden rule with dignity, "Do unto others as you would have them do unto you," and trust the balance to time. Medicine is an honorable calling; resolve that it shall be no less so by your embracing it. Remember that honor and duty require you to do right, not for policy's sake, but because it is right. Do not, however, be so boyish as to expect exact justice from rivals and enemies in return, for were you as chaste as ice, as pure as the snow that falls from heaven, you could not escape misrepresentation by evil eyes and lying tongues.

Although you cannot stop people's tongues nor their evil talk about you, yet you must see that nothing is allowed to blast your reputation for honorable conduct. Charges against your skill, unless very gross and damaging, had better be overlooked or passed over with indifference. Even though it reaches your ears that some Witling has said he has a total lack of faith in you, and would not call you to attend a sick kitten, etc., etc., such sarcasm need not disturb your equanimity; remember that such remarks are not personal, but simply expressions of lack of faith in you professionally. These things are said about every physician in the world, and although they grate harshly when they reach the ear of the one they concern they are quite different from personal libels, or those that bring your morals or integrity into question, such as charges of being a swindler or a drunkard, or an adulterer, or a seducer, or a murderer, or an abortionist.

Be circumspect in boasting of the number of cases you have, of your remedies, operations, and wonderful cures, or of the surprisingly large amount of your collections. All such things are apt to create envy, disbelief, criticism (Dr. Hornblower or Dr. Puffer), and other hurtful results. Also avoid telling from house to house how terribly busy you are, and of your numerous bad cases, as if due to self-inflation or an attempt to swell your own importance. Indeed, it is better to be silent in regard to your own merits, either to exaggerate or to diminish, and to relate nothing at all to laymen about any case but the one before

you ; bragging will not enhance you any, and if you really have extra cases and extra skill, or are a great anatomist or eminent surgeon, people will be sure to find it out in other ways. Also keep your business affairs and your money matters to yourself, and avoid the habit of talking to people about your collections, bills, etc., unless it is to a person about his own bill, or you will soon get the reputation of thinking and talking more about money matters than anything else.

As a physician, you will require a good address and a variety of talents, for you must come in contact with all kinds of people. Readiness in adapting yourself to all classes sufficiently for the requirements of your profession is a very useful quality, and one in which most physicians are very deficient.

In addition to medical learning, you should strive to possess an acquaintance with general scientific subjects which exercise the reason rather than the memory, and also look into general and polite literature, that you may acquire improved power of expressing yourself and be on a conversational level with the best you meet. Among educated, intelligent, and intellectual people, good conversational powers and broad culture frequently produce a greater impression of a physician's professional ability than is really possessed. Besides, there is a perpetual delight in the possession of knowledge, therefore keep your dictionaries and encyclopædias at your elbow, and patronize them freely ; they are very convenient and very useful for reference, and in looking up facts and opinions when you have but a few moments to devote to an inquiry ; or when your reading or musing raises your curiosity on any subject you can turn to them and be informed.

One who can neither conjugate *amo* nor decline *penna* may, of course, reduce a dislocation, adjust a fracture, tie an artery, or prescribe a drug as skillfully as the Latinist who can, yet a good (classical) education and the mental discipline that follows, although not indispensably necessary to the acquirement of skill, experience, and success as a physician, is a power-

ful element in the professional struggle. Therefore, if you have begun late in life and are defective in this respect, you should not be cast down; but to rid yourself of the charge of illiteracy, make up the deficiency by earnest self-education as fully as possible; otherwise it will either keep you hid among the nonentities of the profession, or debar you from ever obtaining more than a limited elevation in it.

Without proper education and other qualifications you can no more reach true eminence than a pigeon can fly upward with but one wing. The true secret of success is to be qualified for advancement; besides, without a fair education you will be continually exposed to ridicule for your ignorance of orthography and grammatical construction, or the use of ungrammatical or vulgar expressions and mispronunciations, by persons who are, perhaps, very much your inferiors in those peculiar gifts of heaven—genius and common sense. But I strongly doubt the wisdom of frittering away, after practice is begun, a disproportionate amount of precious time on light literature, educational frivolities, and school-boy subjects, or giving them at all more time than recreative attention allows. Nor is it wise to give special attention to higher mathematics, the fine arts, the great classics, zoology, comparative anatomy, agriculture, mineralogy, botany, geology, conchology, mythology, or other collateral studies, while yet imperfect in the practical branches and essential principles of medicine proper; because simultaneous attention to multifarious subjects would prevent concentration of thoughts, and naturally divide and distract your mind, and prevent you from pursuing the strictly needful studies with your full strength. Do not attempt to grasp more than you can hold, but whatever studies you do undertake should be pressed with manly determination and methodic effort until accomplished.

The plan of forcing themselves to tenaciously pursue certain aims of a practical character constitutes the peculiarity of most practitioners who succeed in an eminent degree. This is not only true in medicine, but in any calling. I once knew a

person who by accident lost his leg at the middle of the thigh; previous to this he was but an ordinary swimmer, but afterward the fact of his having only one leg attracted great attention to his swimming. Seeing himself thus observed stimulated him always to do his best, which made him more and more expert, until eventually he became the best swimmer I ever saw, because the most ambitious.

A knowledge of Latin to even a limited extent is of inestimable value. If you are not a scholar and have not had the advantages of embracing it in your early education, you should not fail to employ some Latin scholar to teach you at least as much as you need in your practice; you can get one at a nominal cost by advertising anonymously in any daily paper. He can, with the aid of a Latin grammar and a dictionary, teach you in a short time sufficient of the outlines of the Latin language to enable you to master the etymology and pronunciation of technical terms, to write prescriptions, etc., correctly, and thereby lift you above a feeling of utter deficiency in this obviously important particular, which will be a perpetual satisfaction. No difference where you get your Latin, so you get it somewhere. Ability to write your prescriptions in correct Latin, also, naturally assists in creating respect, or, rather, in preventing unfriendly criticism and disrespect for you and your (canine) Latin in the minds of your fellow-physicians, the druggists, and others. Besides, every layman supposes every physician understands some Latin, and if they find him ignorant of this they naturally think him equally ignorant of everything else.

Many people actually believe we write prescriptions in Latin to conceal the common name of the ingredients. The true intent is, of course, to give every article (and every quantity) a concise and specific title, and point it out in such a manner that when we call for it in a prescription we may get *it*, and nothing else, thus making mistakes of meaning between the prescriber and the compounder impossible; besides, the Latin names of drugs are the same in America, Europe, and else-

where, and can be read by the scholars of every nation, while the common name, salts of lemon, laudanum, black wash, etc., is liable to differ with each nation and locality. Thus, aqua is water in Baltimore, and is the same in Paris, in Calcutta, and in St. Petersburg. Latin is a dead language, belonging to no modern nation, and therefore fixed, and not subject to mutations. It is also perfectly accurate, and has become highly respectable by long usage.

A rudimentary knowledge of Greek is also very useful, as from it have been formed three-fourths of the compound terms employed in the medical and other sciences. Indeed, Latin and Greek have furnished the materials for building up the language of the various sciences for more than two thousand years. The meaning of the terms semi-lunar and dys-uria are as plain and descriptive to all who understand Latin and Greek as the words milk-pail and steam-boat are to those who understand English.

In using the Latin names of medicines, diseases, muscles, etc., be consistent. Adopt either the broad English or the (Roman) Continental pronunciation, but, whichever you adopt, be careful to use it invariably and correctly. You may acquire a correct pronunciation of the various medical terms by frequently consulting a dictionary, of which there is none better than *Dunghison's* latest edition.

An acquaintance with the German language is not only pleasurable and a means of intellectual improvement that costs but little money, but it will assist you greatly with the industrious, faithful, and thrifty Germans, among whom you will find many of your most honest and grateful patients. Determine to get at least a smattering of it early in your career. If you speak it, mention the fact on your cards.

Remember, that no one can learn to speak this or any other language unless conversation enter largely into his teaching; he must learn it through his ears, as well as through his eyes.

You will find that many foreigners prefer an American physician who can speak their language to one who has come here from their own country, and have more confidence in him, because, being a native, they know he has spent his whole lifetime here, and they reason that he is naturally more familiar with the diseases that exist in our climate and with the modifying influences of our seasons, diet and modes of living; the peculiarities of the vicinity, etc.

A German, Frenchman, Spaniard, Italian, or Bohemian will often be delighted to find a physician with whom he can converse in his own tongue. Foreigners often pay much more liberally than natives, and usually treat their physicians with much greater respect.

Accustom yourself to use current and correct orthography; and to write, not with a scrawling hand, in the true zigzag or worm-fence style, but in a good, neat, distinct, and legible hand. Write every prescription as though critics were to judge you and your penmanship by it; each ingredient on a separate line, the principal article, or the strongest drug on the first, adjunct on the next, and vehicle on the last, unless you have some special reason for inverting them. Such a system insures well-balanced prescriptions, disciplines the prescriber, and engenders the respect and favorable criticism of all who notice it.

Conform your prescriptions to the changes that are from time to time made in the names of the officinal articles of the pharmacopœia by authorized bodies and nomenclators, that you may keep step with the changed vocabulary.

Strictly avoid incompatibles, both chemical and physiological, such as the combination of chlorate of potassium with tannic acid or with sulphur; nitrate of silver with creasote, etc., which are explosives, and may blow up either the dispenser or the patient. Charcoal is a simple thing, sulphur is another simple thing, and saltpetre is still another, but put them together and you have gunpowder, which is not simple, and, unless that potent agent is intended, look out. Remember, however, that

some medicines, though physiologically incompatible, are not therapeutically so, as under certain circumstances you may combine them so that they may modify each other, as morphia and belladonna, acetate of lead and sulphate of zinc, etc.

Instead of writing prescriptions three inches in length, it is better to use a single remedy, or, if two are indicated, to alternate them, unless you know they are compatible. The list of incompatibles is a long one, but you should learn it by heart, rather than take any risk.

Your prescription is the expression of your opinion and of your skill in a case; therefore, try to make every one you write show on its face that you have prescribed with a definite purpose, to meet some clear indication.

Be careful that abbreviations of names, manner of writing quantities, etc., leave no room for mistake. A good rule is, to read carefully every prescription after you finish writing it.

You, of course, need not be told that while the names of the various ingredients in a prescription should be written in Latin, the directions, *i.e.*, all that follows the S. (Signa), should be in English, as they are intended for the guidance of the patient.

Remember that the cloven foot \mathcal{R} , that is placed at the head of every prescription (Præ, beforehand; scriba, to write), although originally the astrological sign for Jupiter (\mathcal{J}), and for ages placed by the ancients at the head of prescriptions, to invoke the aid of the great God of Thunder, is now everywhere used merely as a symbol to represent the Latin word Recipe (take thou).

While it is proper, strictly speaking, to commence every word, after the first, in the names of the articles in your prescription with a small letter, *i.e.*, Liquor potassii arsenitis, yet many physicians purposely begin each with a capital, chiefly because it looks better, and also renders the word less mistakable.

Sign either your initials or full name to every prescription you write.

To such as are likely to be compounded by pharmacists

who know you well, the initials will be sufficient; but to all that are likely to be put up by those who know you not, put your full name.

It is a bad habit to adopt a routine in prescribing and slavishly to follow your own, or anybody else's, stereotyped formulæ for certain diseases. Suit your remedies to the case, instead of picking out a ready-made, set formula or specific from your collection, for the patient, as you would a hat in a hat store. One formula for all diarrhœas, for instance, is about as apt to suit every case of loose bowels, as one coat is to fit every man in a regiment.

Remember that medicine is a mass of facts, and that he who best interprets these facts is the best physician, and that skill in practice consists not only in diagnosis, prognosis, and prescribing medicine, and in distinguishing what one can and what he cannot do; but is the combined result of all the powers that the physician legitimately brings into the management of cases. In other words, the skillful use of medicine is but *one* of many elements that make the unit of medical skill. You must study mankind as well as medicine, and remember when working on diseased bodies that they are inhabited by minds that have variable emotions, strong passions, and vivid imaginations, which sway them powerfully both in health and in disease. To be successful you should fathom each patient's mind, discover its peculiarities, and conduct your efforts in harmony with its conditions. Let hope, expectation, faith, contentment, fear, resolution, will, and other psychological aids be your constant levers, for they may each at times exercise legitimate power, and impart the greatest amount of good to the sick. It is not length of time in practice, but study and reflection, that teach one to measure the heart's deep passions and emotions, and if you are not a keen observer of men and things, if you cannot read the book of human nature correctly, and unite knowledge of physic with an understanding of the thoughts, feelings, and desires of mankind, with the knowledge of the effects of love,

fear, grief, anger, malice, envy, lust, and other strong but hidden passions that govern our race, you will be sadly deficient, even after twenty years' experience.

Your professional fame is your chief capital; ambition to increase it by all legitimate means is not only fair, but commendable. After you attain this, you will not be apt to lose either it or the practice it insures, so long as you are sober, decent, and discreet in conduct, and have the physical health to endure your labors.

There are two kinds of reputation a physician may acquire—a popular one with the people and a purely professional one with his brethren. These are often based on entirely different grounds, and are usually no measure of each other; many physicians strive for the former, chiefly because, being altogether practical, it requires less skill, talent and study to acquire it, and because it is more profitable. Many such have little or no public life, but, avoiding scientific labors and controversies, remain shut up within themselves, and move about quietly and almost unobserved except by those they attend, and a knowledge of their habits and doings is confined to the domestic bedside and narrow circle of their private practice, and the degree of their skill and experience always remains somewhat unknown and mysterious.

Without one or the other variety of reputation no physician can reap the honors or rewards which are the objects of his ambition, whether that be the acquisition of money, the desire of usefulness, or the love of fame. Try to possess both.

One fact that you will notice is that the public naturally prefer a full-of-health, ever-ready physician, to a delicate or sickly one, and ailing physicians often conceal the fact that they are sickly or that their health is failing, as much and as long as possible, well knowing that if reports of their ailments become current talk the public will believe that solicitude for their own condition will absorb it from their patients, and they will be abandoned as unfit to practice, and their business will be thereby injured or ruined.

After you have practiced awhile and discovered what your chief deficiencies are, and determine what course you will pursue, if you will spend a few months in earnest study in some of the great American or European hospitals, and then return and settle down, it will be of great benefit to you in more ways than one.

A pure, virtuous mind is a great gift and a great aid to success. When elopements, seductions, confinements, or abortions, or the scandal about Dr. so-and-so, or Rev. —, or Miss —, or the ignobleness of the pedigree of this one, or the secret history of that one, or the wrecked and wretched greatness of the other one, or the intrigues of Mrs. C., or the evil reports about this virgin, that wife, or the other widow are being talked of, perhaps in terms that decency would require to be printed only with initial and terminal letters, with a dash between, you should have a silent, or at least a prudent, tongue; all you say on such subjects will surely be magnified and retailed from mouth to mouth, and its result will be a permanent injury to you. The position of the gossiping physician has ever been a very bad one, and he is not unfrequently called to unpleasant account.

Remember, while in contact with tale-bearers and scandal-mongers, to take care, and, if possible, keep the conversation on general or abstract and legitimate subjects, instead of descanting upon individuals and private affairs, or what somebody, or a coterie or clique of somebodies, has said.

Notice the never-failing advantage that refined people with pure thoughts and delicate language have in every station of life over the coarse and the vulgar, and in view thereof let your manner, conversation, jokes, etc., be always chaste and pure. Never forget yourself in this particular, for nothing is so hurtful to a physician as the exhibition of an impure mind. School yourself to avoid every impropriety of manner, and never allow yourself to become insensible to the demands of modesty and virtues. Chasten every thought, purify every word, and measure

every phase of your deportment, especially that which concerns the fair fame of woman, and let your treatment of females be refined and delicate, if you would succeed fully, especially if gynæcology and obstetrics are part of your ambition. A lewd-minded physician who indulges in dirty, coarse ambiguities, vulgar jokes, and indelicate anecdotes about the sexes with other men or with coarse women, even though he is disguised as a gentleman, is sure to be shunned, and the reason therefor is certain to be made the subject of gossip, and passed from one to another in social whispers till it reaches the purest and best of the community. Critical eyes of both sexes everywhere regard such libertines (and rightfully so) as being far more amenable to criticism and far more dangerous to invite into the bosoms of their families than rough-mannered, loud-voiced persons who cheat, or swear, or get drunk.

“For modest words we need no defense,
The want of decency shows the want of sense.”

Study the art of questioning, and when duty requires you to interrogate patients, or to ask questions on delicate topics, or to broach very private subjects, do so with a manner of gravity and simplicity, not too direct on the one hand, nor with too much circumlocution on the other.

Your personality and deportment in the presence of patients will have much to do with your success. A cold or cheerless manner toward people; an austere, studied, or sanctimonious isolation of one's self from them socially; and failure to recognize would-be friends on the streets and elsewhere, as if from a proud independence, or as if they were inferior mortals and beneath you, often gives unmeant offense, destroys all warmth toward a physician, and usually causes their possessor to fail to inspire either friendly likings or faith; and a physician who cannot in some way make friends or awaken faith in himself cannot fail to fail. The reputation of being a “very nice man” makes friends of everybody, and is even more potent with many than skill. To be affable in manner and skillful and prompt in

action makes a very strong combination—one that is apt to waft its possessor up to the top wave of popularity; indeed, if one is especially polished and elegant in manner, and moderately well versed in medicine, his politeness will do him a great deal more good with many than the most profound acquaintance with histology, microscopic pathology and other scientific acquirements.

If your manners and movements are of the gentle, tender, and persuasive kind that win and conciliate rather than repel children it will be fortunate, and will put many a dollar into your pocket that might have gone to some irregular. The habit of fondling and kissing people's children, however, is liable to be misconstrued into an effort to secure the good will of the parents for selfish motives, and should be avoided.

Cultivate a cheerful temperament; gentle cheerfulness is a never-failing source of influence. It is a nerve tonic and stimulant; it cheers the timorous, encourages the despondent, and comforts the despairing. Medicine, contrary to the general belief, is not a melancholy, sombre, mournful profession, but a bright, cheerful, vivifying one. The grateful faces you will see and the "Thanks to God!" you will hear while completely curing some poor wretches and relieving others of pain and ailments, and dispelling fear and administering comfort to the minds of multitudes of others, will convince you of your usefulness and the great good your profession enables you to do, and will make you feel happy and satisfied with yourself and take pleasure in your life's work, keep you on the bright side of life, and make your cheerfulness apparent.

The physician's visit is the chief event of a sick person's day, and is eagerly watched for. Study to acquire an agreeable, courteous, gentlemanly, and professional manner of approaching the sick and taking leave of them. There is an art, a perfection, in your entering the patient's room with a collected, well-poised, earnest, elevated manner that shows interest and an anxiety to learn his condition—asking necessary questions,

making the requisite examination, ordering the proper remedies, and then departing with a cheerful, self-satisfied demeanor that puts the patient at his ease and inspires confidence on the part of himself and his friends, and a belief that you can and will do for him all that the science of medicine teaches any one to do. The appearance, the polite bow, the walk, the movements, the well-modulated voice, the language, the gestures and mode of intercourse of some physicians are as warming and cheering as a May day; of others, as rude, harsh, and repulsive as a March wind, to the sensitive nerves of the sick.

Familiarity with the many little details of the sick-room—including the art of applying bandages, making beef-teas, gruels, mustard plasters, poultices, etc., and with dressing wounds, passing catheters, preparing the obstetric bed, and doing various minor surgical operations you are there incidentally called on to perform or direct—often do more to create a favorable impression than your pills and powders. Indeed, it is to a very great extent by these that watchful nurses and other habitués of the sick-room judge you.

A physician should be a hopeful person, and should not even abandon cases usually considered hopeless. Hope creates ideas, generates new views, brings up useful reflection, and leads to fresh endeavors. Indeed, it has been said that “the only way to get well after a physician gives you up is to give him up.”

The art of keeping hope and confidence alive in the bosom of the patient and of his friends is a great one, and the look with which you meet them has much to do with this; a bright, fresh, thoughtful, countenance, and an easy, cheerful, soothing manner is a power that will nearly always infuse tranquility and repose into your patient’s mind and carry him with you toward recovery. A cheering word sometimes rekindles the lamp of hope, and does the timorous and despondent as much good as a prescription, and it is your duty to gain and retain the confidence of your patient and his friends by all honorable means—to be

gay, pleasant, amusing, serious, or sympathizing as occasion requires.

It is very pleasing to the sick to be allowed to tell in their own way whatever they deem important for you to know. Allow every one a fair hearing, and, even though their long statements are tedious, do not abruptly cut them short, but endure them and listen with respectful attention. A patient may deem a symptom very important that you know to be otherwise, yet he will not be satisfied with your views unless you show sufficient interest in all the symptoms to at least hear them described. Where, for want of time to listen further, or where the recital becomes too irrelevant, check him, not by a rude order to "stop," but by suddenly asking him some question about his sickness, feeling his pulse, or asking him to show his tongue, as if completing your examination. This has often served my purpose with hypochondriacal old men, whimsical or garrulous women and others.

To be quick to see and understand your duty, and equally prompt and self-reliant in doing it, as if possessed of a gift or genius for medicine and of corresponding skill, is one of the strongest points you can possess, and gives easy advantage over Dr. Dullard, who is as painfully slow, undetermined, and cautious, as if every pebble were a rock and every molehill a mountain. People invariably applaud boldness; indeed, a bold, prompt act, that strikes the right nail on the head, done with unwavering steadiness of mind and nerve, if successful, often leads almost to idolatry.

If you know a patient's ailments so well as to sit down and tell him and his friends exactly how he feels better than he can tell you, he will be apt to believe all you afterward say and do.

The study of character is part of our duty. To be many-sided; to possess flexibility of manner, self-command, quick discernment, address, ready knowledge of human nature, and the happy genius of accommodating ourselves to varying circumstances and to all people, at the couch of splendor and the

squalid cot, are great necessities in our chequered profession. We meet patients of various and even of directly opposite temperaments and qualities; the refined lady and the hod-carrier, the beer-seller and the clergyman, the aged and the young, the hopeful and the despondent, the gay and the sorrowful, the diffident and the bold, the deep and the superficial. Let every one find in you his ideal. Seek to penetrate the character of each and to become perfect in the power of adjusting your manner and language to all circumstances, and to all people.

If you have the self-command to control your emotions, temper, and passions, and to maintain a cool, philosophic equipoise under the thousand irritative provocations given to you by foolish patients and their friends, who rile at your coming too early or too late, too often or not often enough, or accuse you of giving the wrong medicine or in the wrong doses, it will give you great advantage over nervous and excitable physicians who cannot, and will generally redound greatly to your credit.

A brusque, tornado-like manner, or eccentric rudeness is fatal to a physician's success unless sustained by unquestionable skill or reputation. A simple, humane, gentle, and dignified manner and low tone of voice are suitable to the largest part of the community. Remember that a rough, unfeeling, abrupt, indelicate, or arbitrary manner, as if the heart were a butcher's or made of marble, is quite different from the serene composure acquired by constant attendance upon the sick and suffering. The former is brutal and unprofessional; the latter is essential to enable you to weigh correctly and manage diseases skillfully.

If you have any slight but pleasant peculiarity of character or singularity of manner it will be noticed, and, if not disagreeable, will do you no harm; but never assume one, as the counterfeit is easily detected by all sensible men and women. Be not only a gentleman, but also a gentle man, and act out your own plain, natural character everywhere and at all times, among the rich and the poor (no man has two natural manners). Besides being ridiculous, a physician who assumes a fictitious, mysterious,

or rude manner is afflicted with unsoundness of either head or heart.

If you have the gift of fluency in conversation, or sweetness of manner, or great native courtesy, or a never-failing stock of politeness, facility of expression, or a knack for illustrating your points by apt comparisons, or a bold way of unraveling the various puzzles; or of cutting the many Gordian knots so often encountered, it will help you decidedly. If, on the contrary, there is any necessary aid that you lack, study and practice constantly to acquire it.

Never leave a bedside before qualifying yourself to communicate your ideas and opinion of a case to the inquiring friends of the patient clearly and in good language, in case they should ask for your opinion.

Never utter a diagnosis or a prognosis in a hurry. Give your opinion only after sufficient thought, and, if possible, do not afterward change it. Also avoid making varying statements to different inquirers from time to time, but, as nearly as possible, use the same words and the same terms to every one.

Act toward timid children and nervous patients so as to remove all dread of your visits. Avoid a set, sad countenance, solemn and formal or funereal solemnity of visage and manner, as it would give rise to thoughts of crape, hearse, undertaker, and grave, and to dread of you, especially if you accompany it with a corresponding mode of dress. If you have a lengthened visage, or your air and movements are naturally awkward, sombre, or singular, offset them by cheerfulness, suitable dress, etc.

When you visit a patient, neither tarry long enough to become a bore and compel the wish that you would go, nor make your visit so brief or abrupt as to leave the patient feeling that you have not given his case the necessary attention.

Showing an earnest, anxious, gentle interest in the welfare of patients, as if you were present in mind as well as in body, is another very strong, faith-inspiring quality. To assure a sufferer, in sincerity and kindness, that you will take the same care

of him as though he were your "own brother," or, in case it be a female, as if she were your "own sister," or will attend a child as if it were "one of your own family," or to assure a woman in labor that you will be as gentle in making the necessary examinations as if she were an infant, and similar truthfully meant expressions of sincere sympathy and interest, inspire wonderful confidence, and are often quoted long after the physician has used them.

The world is full of objects of pity. Probably no busy physician can give full time and exert his entire industry and skill in every case that appeals to him, or throw into it his whole heart, undivided thoughts, feelings, and intellectual strength, or even feel deep personal absorption in the sufferings of every patient to whom he is called; if he did, the endless chain of misery he sees would, through overcare and grief, soon unfit him for active practice. But you can, and should, at least make a careful examination, and manifest some anxiety and intelligent interest in all cases and avoid exhibiting indifference in any. Approach the sick with grave cheerfulness and soft steps, and use kind words with them. The possession of humanity, or the lack of it, in a physician, can in no way be so accurately judged as when he is questioning and examining the sick; the soothing voice, the soft touch, gentle manner, etc., all do a great deal to soften the pillow of sorrow and affliction. Be very careful, in examining the sick, to avoid inflicting pain in delicate and painful parts, and assuage their fears and oversensitiveness by assurances that you will not cause any more suffering than is unavoidable, and then make your words true. Whoever has any such manner naturally will not, can not, fail to get devoted patients, who will willingly trust and retain him in preference to all others, even though they know his general reputation for skill to be far below mediocrity.

You must depend for success chiefly, of course, on your skill in curing the sick. You will find, nevertheless, that but few patients—probably not one in twenty—can judge the amount

of technical and scientific knowledge you possess. The majority are governed by the care and devotion you exhibit, and form their opinion of you and measure your services by the little details of routine attention, which is positive evidence that the scientific is not all that is necessary.

Be especially courteous and civil to lady attendants of the sick. Woman, gentle, noble woman ! as pure as Diana, with the look of heaven in her face, is, and ever will be, the angel of the sick-room ; and you as a physician will daily see touching illustrations of her tender ministrations and heroic, unselfish devotion as mother, wife, sister, daughter, nurse, or friend to the sick and suffering, watching around the bedside by day and by night, and ministering with an angel's spirit, even to the sacrifice of her own life.

“ Woman's soft hand my early cradle spread,
Her gentle care bedecked my bridal bed ;
By Woman let my dying hours be nurst,
Her love the last fond solace as the first.”

After a patient convalesces, or when it is not necessary to attend him daily, if, when you are in his neighborhood, you send to inquire how he is getting along, it will not only give you the desired information, but will also impress everybody with a grateful sense of your interest in the case. Having a sick child taken up for examination, carrying your patient to the light that you may see him fully and examine him carefully, having his urine, or his sputa, or the blood he spits, etc., saved for examination, will not only give you very necessary information as to the patient's condition, but also satisfy him and everybody else of your interest and solicitude, and of your anxiety to do your whole duty. So also does paying one the first visit in the morning, or the last at night, or staying in urgent cases to see that the medicine produces the desired effect.

You will find that in times of sudden sickness and alarm in families there is a peculiar susceptibility to strong impressions. Kindness and delicate attention shown then is doubly appre-

ciated. Often even a single kind word, opportunely uttered, is long remembered. Indifference, coldness, a slight offense, an inopportune remark, or an unlucky word may, on the contrary, sever attachments and end deep and tender friendships that have existed between the physician and the family for years in as many moments. Many a young physician gains a hold on the hearts of a family, and becomes beloved, and secures the family permanently by heartfelt interest and assiduous attention in cases of colic, convulsions, and accident, or by sleepless anxiety and faithful, devoted and unwearied attention, and an exhibition of good intentions in cases of typhoid fever, scarlet fever, etc., where, perhaps, life hangs day after day by a single thread.

A potent lever to assist in establishing your professional reputation lies in curing the long-standing cases so often seen among the poverty-stricken. Many of these miserably poor, disease-ridden sons and daughters of poverty are curable, but require greater attention to the details, and a great deal more care, strength, and personal superintendence than older physicians, whose time is monopolized by acute cases, can possibly devote to them. If you use your best judgment and persevere with them until a cure is effected, your special interest and anxious attention will be observed and appreciated; you will be credited with all the prosperous accidents of the case, get the credit of the cure, and will gain a host of warm admirers, who will magnify and herald you forth on every occasion as being doubly skillful in making the blind see, the deaf hear, the lame to walk, the broken whole, the senseless well again, the weak and debilitated strong, rotten lungs sound again; and, even though you receive little or no reward from them in the shape of money, it will act as a mental gymnasium, help to develop your professional character, show your skill and ingenuity, augment your fame, and cultivate both your undisciplined hand and your inexperienced eye, and school yourself in the art of observing, analyzing, and treating the very diseases you will be called upon to treat daily all the days of your life; besides teaching

you to overcome the thousand and one embarrassments encountered by the beginner.

Take care to promise old chronic cases, that more experienced physicians have pronounced incurable, nothing but that you will do your best for them. Never stake your reputation on their cure, and allow yourself plenty of time in speaking of the period necessary for the trial.

You will find it comparatively easy to get practice among the moneyless poor and relatively hard to get it among the wealthier classes. Your reputation will probably begin at the bottom: in cellars and garrets, alleys and back streets, among the poorest of the poor; the degraded and the vicious, even in hovels of filth and vermin, and in dens of iniquity and vice, where it will extend much more rapidly than in comfortable quarters; but no difference whether in mansion, cottage, or hovel, every man, woman, and child you attend, white and black, rich and poor, will aid in enriching your experience and in shaping public opinion by giving you either a good or a bad name.

The wheel of fortune sometimes makes the very poor very rich, and a few of the grateful kind then remember the physician who remembered them.

Attending the servants of the rich, however, who are sick at their service places, will not improve your reputation much with the powers above stairs; at any rate, not nearly so much as attending the same patients at their own homes, or on their own account. Proud and haughty silk-stockings-kind of people, who, in their minds, couple you professionally with their servants, garrets and kitchens, are apt to form a low opinion of your status and to sneer at the character of your practice. Again, if you attend a poor person gratuitously, you will seldom, if ever, be called to his rich relatives, and if Dame Fortune ever makes that poor patient rich he may then become supercilious and drop you.

Nor will you find it very satisfactory to attend people who "just call you in to see a sick member of their family," *because*

you are attending across the street or in the neighborhood. Those who select you, or send for you because they prefer you to all others, will be your best and truest patients.

The adoption of a specialty, to the exclusion of other varieties of practice, is successful with but a few who attempt it. It should never be undertaken without first attaining a few years experience as a general practitioner.

You are not obliged to assume charge of any one, or to engage to attend a woman in confinement, or to involve yourself in any way against your wish; but, after doing so, you are morally and legally bound to attend, and to attend properly, even though it may be a charity or "never pay" patient. You have a right, however, to withdraw from any case by giving proper notice.

Remember that ethical duties and legal restraints are as binding in pauper and charity cases as in any other, for ethics and law both rest upon abstract principles, and govern all cases alike.

You will probably find hospital and dispensary patients, soldiers, sailors, and the poor, much easier to attend than the higher classes; their ailments are more simple, definite, and uncomplicated, the therapeutics are more clearly indicated, and the response of their system is generally more prompt, and one can usually predict the duration, issue, etc., of their cases with great accuracy. With the wealthy and pampered, on the other hand, there is often such a concatenation of unrelated or chronic symptoms and strange sympathies, or they are described in such indefinite or exaggerated phrases that it is difficult to judge which one symptom is most important to-day or which will be to-morrow.

With hospital patients, sailors, soldiers, paupers, etc., there are but two classes—the really sick, suffering from affections of a well-marked type, and malingerers. Hence, exclusive hospital education and practice are apt to lead to a rough-and-ready habit of treating every patient as if very sick, or else as having little or

nothing the matter with him. These crude or possibly over-active methods may answer in public institutions, but they will not suit the squeamish people with nerves tuned to a high key, so often seen in private practice, with indefinite or frivolous ailments, for which the physician trained only in a hospital could hardly fail to feel and manifest contempt. Hospital practice is so different from private that but few members of our profession shine conspicuously as practitioners in both spheres. An illustration of this fact is constantly afforded in the colleges and in medical societies; for the greatest Ciceronian orators and clinicians in medical colleges, and the most fluent, voluble debaters in medical societies are by no means always the best or most successful practitioners. The two fields are essentially different, and lead the mind in different directions. In a word, the possession of knowledge and the power of applying it are very different things.

Observe and strictly practice every acknowledged rule of professional etiquette. For this purpose it is your duty to familiarize yourself at the very threshold of your professional career with the "Code of Ethics of the American Medical Association," and never to violate either its letter or its spirit, but always scrupulously to observe both toward all *regular* graduates practicing as *regular* physicians. But remember that you are neither required nor allowed to extend its favoring provisions to any one practicing *contrary* to the liberal tenets that govern all regular physicians, no matter who or what he may be.

I am not sure that the medical profession of any other country besides ours has a code of written ethics. Possibly old countries from long custom can dispense with them. But in our Young Land of Freedom the very nature of society requires that physicians shall have some general system of written ethics to define their duties, and, in cases of doubt, regulate their conduct toward each other and the public in their intercourse and in competition. Every individual in the profession is, of course, supposed to be a gentleman, actuated by a lofty professional spirit,

striving to do right and to avoid wrong, and, even were there no written rules at all, the vast majority would conform to the rules of natural justice and honor; at least, as they understood them. As a consequence, each one's action when scanned by watchful and knowing eyes, might probably be considered fair in nine doubtful cases out of ten, while in the tenth one might honestly err greatly, or conclude differently on some mooted point from his neighbor, or might be found differing in opinion only from some jealous or captious rival, or low, crafty, or unprincipled competitor, with whom an honorable agreement would be impossible. The absence of rules for our government would also leave Dr. Graball or any other individual to make his own code, which might violate all logic and all propriety, and no matter how equivocal his position, or how crooked his ways, no one could prove that he acted from impure motives and not from error of judgment, even in the most flagrant violation of the cardinal, the glorious, old-fashioned Golden Rule, the climax of all ethics, laid down by Confucius and quoted by "Our Saviour," "Do unto another what you would he should do unto you, and do not unto another what you would not should be done unto you,"—truly, a world of ethics in a nutshell, an ocean of morals in a drop.

Absence of a code would also make it possible for Dr. G. to pounce on the patients of Drs. A., B., C., D., E., and F. like a wolf on sheep, and to carry on a regular cold-blooded system of infringements, self-advertising, certificate-giving, and wrongdoing in general, regardless of their rights, and still claim to be as honorable as Socrates, while those aggrieved would have no visible standard of appeal by which to prove the contrary.

In view of these and many other facts it has been found necessary to have a code of written ethics for regulating the conduct of physicians toward each other and toward the public generally.

Dr. Thomas Percival, an English physician, in a small book published in London in 1807, proposed an admirable code of

ethics, which, excepting a few alterations made necessary by the lapse of time and the advance of medical science, is the identical code adopted by the American Medical Association in 1847, and which from then until now has instructed and governed nine-tenths of our profession throughout this broad land, protecting the good and restraining the bad, just as the Ten Commandments of Holy Writ instruct and restrict mankind in general.

You and every true physician among us unquestionably owe to this code his sacred allegiance.

You and all other physicians are supposed to have studied this code, and to be familiar with its requirements. The claim which it has upon you rests not upon any obligation of personal friendship toward your professional brethren; but upon the fact that it is founded on the broad basis of equal rights and equal privileges to every member of the profession. To-day it shines like the pole-star to guide and direct all who wish to pursue an honorable course, and, being founded on the highest moral principles, its precepts can never become useless till regenerate and infallible human nature makes both codes and commandments unnecessary. The code of ethics of the American Medical Association is the great oracle to which you can resort and study the moral aspect of various subjects that are likely to confront you from time to time, and no better code of moral principles can be found anywhere.

To these lofty ethics, in a very great measure, are due the binding together and elevation, far above ordinary avocations, of the medical profession of our land, and the esteem and honorable standing which it everywhere enjoys.

By its dignity and justness this code remains as fresh and beautiful to-day as when the profession adopted it more than forty years ago, and if you faithfully observe its canons you can truthfully exclaim, "I feel within me a peace above all earthly dignities, a clear and quiet conscience."

Professional morals are an important part of medical education universally required, and it is as much the duty of every

medical college in America to acquaint its students with the precepts of this code and to furnish to each of its alumni a copy of it with his diploma as it is for a mother to familiarize her children with the Ten Commandments.

In our land this code is the balance-wheel that regulates all professional action, and neither Professor Bigbee nor Dr. Littlefish can openly ignore it without overthrowing that which is vital to his standing among medical men. If in the struggle and competition for business you desire to act unfairly toward your brethren, this code will compel you to do the evil biddings of your heart in a roundabout way, or by stealth; and even then your unfairness will seldom go undetected or unpunished. The great God of Heaven has declared that "whatsoever a man soweth, that shall he also reap." Any one upon whom you encroach in an unprofessional manner will feel himself justified in retaliating with your own weapons, and you will reap a crop similar to the seed sown. Whenever you sow a thistle or a thorn you will reap thistles or thorns, whenever a wind is sown a whirlwind will be reaped; whilst the sweeter seeds sown by others will be yielding to others sweeter fruits. Away, then, with all that is unethical.

When called to attend a case previously under the care of another physician, especially if the patient and friends are dissatisfied with the treatment, or if the case is likely to prove fatal, be carefully just. Do not backbite or disparage the previous attendant by expressing a wish that you had been called sooner, or criticise his conduct or his remedies; it is cowardly and mean to do either. Remember in all such cases to reply to the questions of the patient or his inquiring friends that your duty is *with the present and future, not with the past*. Inform yourself as to what has been done for the case, but refuse either to examine or criticise the previous attendant's remedies. Also, make your conversation refer strictly to the present and future, and not to the past, and do not mention the physician you have superseded at all unless you can speak clearly to his advantage. As a rule, the less you say about previous treatment the better.

Every physician has his successes and his failures. Where you are highly successful in diagnosis or treatment after others have failed, be modest and avoid pushing your triumph so far as to wound the feelings or mortify the pride of your less fortunate predecessors. Take just credit, but be guarded in your words and actions and take no undue advantage of their errors, that you may not in turn invite disparagement or arouse their hatred.

To take a mean advantage of any one you have superseded, besides being altogether wrong, might engender a professional hornet, which in retaliation would watch with a malignant eye and sting fiercely wherever opportunity offered. Avoid *finesse*. Courtesy, truth, and justice should mark every step of your career. Enhance your profession in public esteem at every opportunity, and defend your brethren, and your profession too, when either are unjustly assailed. Indeed, to fail to defend the reputation of an absent professional brother, when justice demands it, is feeble, ignoble, and unprofessional, and implies a quasi-sanction of the libel.

We all know there are a thousand unwritten ways to be ethical, and a thousand undefinable ways to be unethical. When you doubt whether this or that patient is fairly yours or another's, give your rival the benefit of that doubt. Never be tenacious of doubtful rights, but let your every-day conduct in this, and all other respects, entitle you to the esteem of your medical neighbors.

Do not captiously follow up every trifling infringement, difficulty, or apparent contradiction, as if you courted war with everybody; a certain amount of jarring of interests and clashing of opinion in a profession like ours is unavoidable. Allow liberally for this, school your feelings, bury captiousness in the ocean of oblivion, and maintain your friendly attitude toward all fairly disposed neighbors. Unless you do this, many questions will arise that cannot be adjusted by an appeal to the code, and you will become involved in useless, rancorous, and endless controversies and reprisals.

Sometimes,—

“The very silliest thing in life
Creates the most material strife.”

It is both embarrassing and inconvenient to pass and repass medical neighbors between whom and yourself there exists a chronic feud, or to meet any one else with whom, through enmity, friendship and even speaking acquaintance have ceased.

If ever you have cause to believe a medical neighbor has mistreated you, or misconstrued your conduct or motive, go directly to him, and in an urbane manner make or ask an explanation.

Keep above all doubtful expedients that relate to getting patients and profits, as if you cast off or assumed the code of ethics just as it suits your purpose; and be careful not to encroach upon any other physician's practice; also, never attempt unjustly to retain any patient to whom you are called in an emergency; if you are in doubt whether you were deliberately chosen, or only taken in the emergency, do not hide yourself behind a mean and sorry technicality of ethics, but ask the direct question. If another was preferred to you, surrender the patient to him on his arrival, even though you may be, for politeness' sake, asked to continue in attendance. Circumstances may even require you to have the former attendant sent for, either to take charge of the case, or for consultation.

Acts of neighborly kindness are daily performed by physicians for one another, and go far, very far, toward neutralizing the ruffles and stings and collision of interests which the very nature of our profession makes inevitable. If your conduct toward other physicians in these matters is invariably high-toned and gentlemanly, as if arising from a generous, frank, and open desire to do only that which is right, it will be discovered in due time, and will make your road pleasant, and if you ever unwittingly infringe all will feel that it is not intentional, but through mistake.

When you are called, in an emergency, to prescribe for a

patient who is under the care of another physician, it is better to leave for him a copy of your prescription, that he, knowing its exact character, may be able to judge whether or not he should continue its use.

Never visit a patient who is under the care of another physician, as a "smelling committee," or medical detective for the patient's beneficial society, to ascertain whether he is malingering, without that physician's consent. It would be a still greater offense to remove the bandages from fractures, ulcers, etc., put on by another physician, whether to change treatment or merely to examine the case.

Be also extremely discreet and chary of visiting patients under the care of other physicians, even for business or social purposes, as it is a frequent cause of suspicion and discontent.

Never take charge of a patient recently under the care of any other regular physician without first ascertaining that he has been formally notified of the change. The idea that governs such cases is this: When a person sickens he is at liberty to select any physician he prefers, but after making a selection, and when the case has been taken charge of by him, if for any reason whatever the patient wants to change, he must follow the established form in doing so. If there are any hard thoughts against the other physician, or unpleasant scenes with him, the patient and his friends should have them, not you.

The dissatisfied persons who wish to dismiss their attendant and get you will sometimes try to cast contempt on medical ethics, and contend that to have rules for regulating the taking charge of patients, recently under the care of another physician, are harsh and unjust, and peculiar to the medical profession. Neither of these statements is true, as our custom is identical with that which prevails everywhere among all classes of people the world over, which requires the formal discharge of the old employé before a new one can take his place. Besides, no person, whether laborer, mechanic, or physician, can fill a vacancy till one exists.

Be chary of taking cases in families into which you have ever been called in consultation, more especially if you were called at the family physician's suggestion, for he, chagrined at his displacement, will be apt to scan every feature of the change, and, if he has any ground at all, will conclude that, instead of obeying the Golden Rule, you have taken advantage of the introduction *he* gave you, ingratiated yourself in, and ungenerously elbowed him out. Firmly, but courteously, decline to be placed in this position.

You will often be called to a patient, and, upon going, will find that he is under the care of some other physician, and will, of course, refuse to attend; but you will almost surely be urged just to look at the patient and tell him what you think; or whether the attending physician's treatment is not wrong; or to prescribe for him; with the promise that the other physician shall not be told of your having done it. Remember that honor and duty require you to do right in these and all other positions in which you may be placed, and that not through fear, or for policy sake, but because it is right to do right, and for the other equally broad reason that you yourself would know of the wrong, whether the other physician knew of it or not, and it would lower you in your own eyes; decline, therefore, their solicitations, with an assurance that you desire to possess your own respect as earnestly as you do that of others. Unless a great emergency exists, you should positively refuse either to sit in judgment on his work, or to interfere; if you do consent, it should be done for the attending physician, and you should leave a note telling him what you have done. Take care to make no charges for such services.

When persons are inveighing to you against an attending physician, or one who has been discarded, and finding fault with his treatment, or at the patient's being so long unrelieved, you should never suggest that he be discharged, so that you may supplant him, as it seems like intriguing for a place not vacant. Some physicians would brand it as piracy.

The rules regarding previous attendance are much less stringent in floating office practice than in regular family practice, and some of the most eminent physicians prescribe for all ordinary office cases with but little regard as to who has been attending, or where, or when. Most people, with long-standing ailments, are unwilling to resign themselves to the stroke of Providence until numerous physicians have been tried in vain. A patient with heart trouble, cough, or a skin disease, will occasionally consult almost a dozen physicians at their offices in as many days. The principle is this: Office advice to strangers is everywhere cash, and the payment of the fee frees the patient to subsequently go to whomsoever else he pleases.

You will see much to condemn in regard to ethics, both in the profession and in the laity. If you are ever compelled to attack any one's conduct, do it boldly, or at least never do it anonymously or in whispers; anonymous and covert attacks are cowardly.

Be punctilious in your endeavors to do every one justice. If you err at all in this respect, let it be in liberality. Suffer injustice, rather than participate in it. Sometimes, even though the letter of ethics allows you to take a patient, it may be unkind or unwise to do so; use such opportunities to harmonize, rather than to disrupt. You can do this, and yet not make a habit of cheating yourself out of patients.

Always keep a stock of good vaccine on hand, both for the fees it secures, when there is a demand for vaccination, and for fear of a sudden outbreak of small-pox.

Vaccination, although a trifling operation, is a prolific cause of criticism and reproach to physicians. Use calf virus whenever it is possible to obtain it; it is popular, and not capable of communicating syphilis, scrofula, etc., and needs no defense. In no case use any but pure virus; take your time and do it skillfully and thoroughly, and be ever ready to defend its purity with proof, if any one you vaccinate suffers any mishap through it.

Do not begin the unjust custom of vaccinating the child GRATIS, in cases where you have officiated at its birth, as is the habit with some. Also charge the same for revaccinating any one to test whether his former vaccination is still protective or not, as you would if he never had been vaccinated before, whether it takes or not, as revaccination succeeds in but a small proportion of those it is tried upon, and the charge is for the trial.

A public vaccinator should under no circumstances insist upon vaccinating a child or other unvaccinated person who is known to have a discreet, watchful medical attendant, unless small-pox is actually prevailing around them. They should, on the contrary, be referred to him.

You should, of course, make no extra charge for repeating primary vaccinations till they take, no matter how long the interval between the trials; also, make but one charge for any person who has revaccination attempted, no matter how often, if during the same epidemic, or small-pox scare. Many people believe a vaccination protects as long as the scar shows plainly. The truth is a vaccine scar lasts for life, while the protective influence of vaccination gradually disappears in some people. A typical vaccine scar merely shows the vaccination once took properly, not that it still protects.

Some people think a revaccination must be made to take anyhow, even though they are still protected by the old one. You cannot catch fish when there are none, no matter how you bait your hook; nor set a pile of stones on fire, no matter how good the matches you use.

Another error regarding small-pox: Many people imagine that it can only thrive when the weather is cold; this is a mistake, as it may prevail with intensity at any season. Indeed, severe epidemics of it often prevail in tropical countries where there is perpetual summer.

Avoid volunteer practice, and be very cautious how you go out of your way to persuade people to let you remove warts,

extract tumors, destroy nævi, efface tattoo-marks, and do other minor surgical operations gratis, with assurances of success. There is always a remote possibility of serious or fatal sequelæ; the most trivial operation, even a puncture on the tip of the finger by a pin, needle, or splinter, is occasionally followed by death, and you should not, especially in private practice, induce people to let you involve yourself for their benefit, without being paid for your risk and responsibility. It is an ugly thing to have a wart you have insisted upon tampering with become an ulcerating epithelioma. Indeed, it is better to avoid all unrequited work, and all gratuitous responsibility, except what charity demands.

For similar reasons do not persuade people to effect insurance on their lives, or in any particular company, as all such ventures carry a possibility of disappointment or failure that might involve you.

Wisdom in recognizing cases that are likely to involve you in suits for malpractice, and in foreseeing and forestalling the suits themselves, is a valuable power. Take care that this wisdom does not come too late or cost you too much. Remember that when you are employed professionally you are regarded as contracting that you possess and will exercise ordinary skill in your profession, and that you will be guilty of no negligence. Beyond this you are not responsible for the result, no matter how bad, as medicine is not an exact science; but if you fail either in ordinary skill or care, you are legally liable to the injured person to the full extent of the damage sustained. Remember that in your professional rounds you will not find the various diseases as clearly marked as they are in the books—not labeled as plainly as the bottles in a pharmacy. A mistake in diagnosis is not sufficient cause for action, and every physician may be, and often is, mistaken; and many cases are so obscure, or masked, or irregular, or complicated, that nothing but an autopsy, and sometimes not even that, can reveal their exact nature.

Never fail to send your bill promptly to dissatisfied patients

who are threatening to sue you for malpractice, or attempting to injure your practice unjustly, whether you expect them ever to pay it or not. If you cowardly shrink from sending your bill in such cases they will quote that as a proof that you are guilty of what they charge, and that you know it; sending a bill gives you a better position before the public, and raises an issue that checkmates theirs. *Do not fail to charge the maximum fee in all such cases.*

When you are to be a witness in a grave court case, politely but firmly refuse to give the opposing counsel, or any other person, either a verbal or written statement of what you saw, heard, or observed in the case, or what your opinion is, or what your testimony will be. Also dispute their right to question you at all on the subject.

If you are yielding in this respect you may actually aid them to set traps for you, by distorting your statement from its proper meaning or to rebut it on the witness-stand, or to charge that you are lacking in medical knowledge, thus bringing both justice and yourself to grief. Firmly but courteously inform them that you will not give the desired information in advance, but that they must wait and find out what you know when on the witness-stand.

When in court, whether as plaintiff, defendant, or witness, keep cool and self-possessed; guess at nothing, and express no opinion for which you cannot give the why and wherefore.

There is no creed or class, except ours, whose members habitually confute and confront one another in courts and before the public. Our so-called psychological experts, specialists, and other would-be highly scientific representatives have been hired by contestants to exhibit their power to weave testimony that will get somebody's neck out of the halter so often of late, in criminal cases, will cases, life insurance cases, etc., that the public jest about us, and believe from our kaleidoscopic contradictions that our boasted science of medicine is merely a tissue of guess-work.

These remarks only apply to double-visioned pseudo-experts, who can paint things black, white, or lead-colored, as they desire, and are willing to sell their testimony to the highest bidder.

Every principle of honor and duty forbids you even to think of lending yourself as a medical cat's-paw, either to go on the witness-stand or to prompt counsel in their efforts to break down medical witnesses on cross-examination in rascally or speculative malpractice suits against reputable physicians who have conscientiously discharged their duty in cases of sickness, accident, or surgical operation.

Those suits are generally trumped up and entered at the instance either of designing physicians, intent on the ruin of rival practitioners, or (on the Champerty plan) by unprincipled, pettifogging lawyers, not with the hope that they may come to trial on their merits, but with the expectation that the accused physician, through natural dread of the expense and annoyance, will pay a snug sum as *lush* money.

The court records make it appear that the poorer a patient, and the more that charity has been exercised, the more likely he is to enter suit and show the basest ingratitude. If ever a worthless, lying loafer gets a chance at you, look out for him.

So-called "medical experts" often excite disgust and indignation at the contemptible attitudes they assume when they act against their better knowledge in court cases, and join hands with bad people and attempt to mulct a physician, or strive to clear a dark-browed criminal from legal responsibility, perhaps let go a murderer, on the plea of "insanity," or other wicked absurdity gotten up to make money or to defeat justice.

Probably there is no department of professional duty in which physicians are asked to *stretch* their consciences so much as that of giving certificates to persons seeking to get invalid soldiers' pensions.

You may even be cajoled by friends or blandished or flattered by interested strangers, or tempted by gold, to give an

opinion that one who was mentally unfit to make a will was unclouded in mind and fully competent to do so, or that a person with one foot in the grave, the result of intemperance or disease, is sound or temperate; or that Mr. Somebody, with a bias toward a certain disease or with an incipient organic affection, is in perfect health. Or unprincipled, pleasure-seeking officials may attempt to cover their absence from duty by obtaining a certificate from you that their absence was due to sickness; others may attempt through you to escape military or jury duty, or attendance at court as a witness, or for trial, or try to get from you a prescription for a "Sunday drink of liquor," under the stale pretense of sickness.

Repel all such approaches promptly, and emphatically refuse to be seduced from your integrity, or to stretch the truth, or to deviate from your honest conviction for any one.

Be firm and unwavering in your determination to steer clear of this and all other practices and alliances in which your part would not bear legal scrutiny or detailing in the community; and you will not only safely pass the shoals of shame and bitterness, upon which so many have been wrecked, but you will have a positive reward—the approval of your conscience. Perish all that conflicts with the attainment of this.

CHAPTER III.

“Whatsoever a man soweth, that shall he also reap.”—*Gal.* vi. 7.

WHEN you are importuned to produce abortion, on the plea of aiding to save the poor girl's character, or to prevent her sister's heart from being broken, or her father from discovering her misfortune and committing murder, or to prevent the child's father from being (*sic*) disgraced, or to avert the shame that would fall on the family, or the church scandal about one of the weak brethren; or, in cases where there is no inceptive guilt, to limit the number of children for married people who already have as many as they want, or to accommodate ladies who assert that they are too sickly to have children, or that their suckling child is too young to be weaned, or other anticipated evils, or that they have been pregnant only a short time, etc., etc., even though it is only the size of a mustard seed, you should not stop to discuss the subject lengthily with a “h'm” and a “haw,” but should meet their entreaties and solicitations with a refusal prompt, strong, and positive, and never let yourself appear to entertain the proposition. If they are too importunate, express your sentiments in plain and definite language, and with American frankness.

It is always safe to do right, and never safe to do wrong. How could any one but a fool be induced to stain his hands and his heart by doing a crimson crime; to violate both his moral conscience and the civil law; to risk exposure, social disgrace, and professional ruin, and even the penitentiary itself by taking the guilty burden from another's shoulders to his own, thereby putting himself into their sinful power, whether as a favor or for a paltry bribe, or even for all the gold of California!

Evil rumors fly rapidly. The production of a very few criminal abortions (sometimes even a single one) will surely go

from tongue to tongue, and give the damphool physician who stoops to commit them a widespread and long-continued notoriety as infamous and as tenacious as the Bloody Shirt of Nessus. Take care—

“That the immaculate whiteness of your fame
Shall ne'er be sullied with one taint or spot.”

When circumstances require you to prescribe for females with delayed menses, where pregnancy is possibly or probably the cause, it is better, instead of giving a Latinized prescription, to order some simple thing, such as hop-tea, tincture of valerian, or wine of iron, under its common English name, and tell them verbally how to take it. By avoiding concealment regarding the nature of the remedies you give, you will walk on solid ground and in the middle of the road, and escape the suspicion or charge of giving abortifacients.

To give a woman who applies for an abortifacient an inert agent would, to say the least, be unwise; it is better to plainly refuse to give her anything, whether pretended or real.

The charge or suspicion of criminal abortion is more apt to be brought when the woman is single than when she is married.

You must give a cautious, a very cautious opinion, if any, in cases of unmarried females whose menses have ceased and pregnancy is feared, especially in cases where the suspected girl, after everybody else has left the room, strenuously denies having had carnal intercourse. Many will not confess the truth while a third person is present. Erroneously to pronounce an honest, virtuous woman pregnant may blast the whole future life, honor, and innocence of one who was spotlessly virtuous, and call down maledictions on you; if, on the contrary, you too quickly declare any one “not pregnant,” or that it is “the dropsy,” or “a tumor,” it might injure you greatly; but this mistake would be nothing in comparison with the other. Temporize or suspend your opinion for weeks, or even months if need be, till positively certain that it is “a kicking tumor” by hearing the foetal heart-

beat or feeling the fluttering of the child within the uterus, or some other unequivocal sign.

Unmarried negresses, ladies of easy virtue, and other low females (and sometimes even the wealthy and beautiful), who fear they are pregnant, will occasionally come to consult you, consume your time, and get your opinion, and when you discover that they are really pregnant, and refuse to produce abortion, will try to escape payment of your office fee. In all such cases inform them at the beginning how much your fee is for your time, opinion, and advice, and that it must be paid whether your recommendation agrees with their wishes or not. After settling the fee question, study their case, and give them your opinion and advice.

If you should ever encounter a case in which you believe the destruction of the unborn is, for physical reasons, necessary to save the mother's life, do not consent to do it secretly, but only after a regular consultation with some other physician of well-known probity.

Giving directions for the prevention of conception or instructing in onanism, buggery, or other nasty conjugal sins, or in the guilty use of condums, sponges, syringes, and other expedients to aid crime or to defeat nature, though offenses beyond the reach of the laws, are essentially immoral, therefore derogatory and degrading to the physician and a disgraceful violation of his professional office.

Never carry away or keep chloroform, ergot, splints, instruments, or other unused articles that patients have paid for, without an agreement with them to that effect; and be very, very careful how you partake of the wine or liquor intended for a sick person, or eat his fruit and cake, etc. To do such things would not only lay you open to criticism, but even to the most mortifying charges of dishonesty if a rupture of friendship should ever occur—in fact, with such things to fortify them, many people would be actually disposed to welcome or create a rupture with you.

You should be careful that attempts to conceal the presence of contagious diseases, of unlawful dangers to health, or of births that result from clandestine marriage, or from bastardy, do not involve you in the exposures and recriminations that are apt to follow.

If you have skill in avoiding cases that would involve a summons to court as a witness, and kindred annoyances, legal and social, it will be the source of much comfort.

Cultivate agreeable relations with your professional neighbors, and keep old friendships in repair. The practice of medicine isolates the members of our profession from one another much more than one would suppose. Physicians, fellow-workers in the profession and well known to each other by sight or reputation, daily pass and repass each other without a look or nod; and, although acquaintanceship and social amenities would be mutually agreeable and beneficial and possibly ripen into lifelong friendship, they often remain as strangers for years, unless accident brings them together.

Every physician ultimately finds his proper place among his fellows. Determine that you will be something more than a mere visiter of the sick.

Do not hold yourself aloof from the profession; but identify yourself head and heart with the medical family in all public medical matters. From the very beginning you have social and fraternal duties, as well as individual and solitary ones; attend the medical conventions, at assemblages of alumni, at medical meetings called to provide entertainment for visiting medical celebrities, at memorial meetings held to pay special tributes of respect to deceased medical brethren, at general meetings of the profession, at those held to voice the opinions or policy of the profession as a body, regarding public dangers or to take associated action on matters of public hygiene, or regarding medical laws, or to devise and urge the adoption of sanitary measures against epidemics, etc., etc. Your presence will be an earnest of the spirit that actuates you.

Also, join the medical societies of your neighborhood ; and if none exist induce your medical brethren to join you in founding one. Society membership is a guarantee of your good standing and that you pursue legitimate practice ; organization gives protection both to the profession and to individuals. A good medical society is also something of a post-graduate school. The collision of mind with mind, and of thought with thought, in amicable discussion awakens reflection and deepest thought, which in turn increases one's intellectual grasp and stimulates the mental digestive power, and they in turn liberalize and enlarge each one's scope, and act as leaven to the entire profession. Nowhere else can you study so well the individuality and the styles of different physicians, and discover the reasons why each one is what he is, so fully, as at medical meetings. At these democratic assemblages the specialist, the teacher, the general practitioner, and the book-worm all meet, and each in his own way contributes to the instruction and intellectual recreation of the others. There you can meet your neighbors on common ground, grasp each other by the hand, look into each other's faces, and compare investigations, experience and opinion by face-to-face discussion. There bitter feelings, rivalries, dissensions, jealousies, and controversies can be softened, and professional friendships be formed and cemented ; there you can find opportunities for professional conversation with worthy men, and can also silently measure the height and depth of your medical contemporaries, and see the difference between the judicious and the injudicious, between intellectual giants and mental dwarfs ; there you can estimate the influence of the pleasing actions and deportment, and the intellectual and moral worth of some, and discover and learn to avoid the glaring imperfections that cause a want of success seen in others, —and in many other respects learn effectually to separate the chaff from the wheat.

Of course medical societies are neither an absolute specific for all personal deficiencies, nor a panacea for all professional

sores. There you may find men good enough ordinarily to appear with the best, but weak enough, under temptation, to behave with the worst. Spending a few hours among honorable physicians once a week will not lift knaves into angelhood, or change a clown into a gentleman, convert a willing doer of evil into a professional Chesterfield, or lend him a conscience like Milton's. But, to repeat: intercourse at a medical society does serve as an intellectual exchange, where one may hear the discussion of various moot points and live questions, and at the same time establish with his brethren reciprocal friendly and honorable relations.

Besides the individual benefits and mutual encouragement and improvement accruing to the members of medical societies, they give a sound and healthy tone to the entire profession and stimulate the healthy growth of the profession at large, and also generate and keep alive a genuine professional and social spirit that constantly tends to minimize all that is unprofessional.

Never oppose the admission of any clean-handed, honorable, and competent one into society membership for private or personal reasons, or for any cause other than ineligibility or unfitness to receive the honors and benefits membership confers, because medical societies exist for advancement of medical and surgical knowledge and for the benefit of all regular physicians, and it would be unjust to mix private feelings with professional duties, and interpose an objection or to cast a black ball against any one on purely personal grounds.

Do not hesitate to take part in medical debates whenever you have anything valuable to offer, whether gleaned from literature or from the great school of experience. If your views differ from another's, express them with delicacy and respect. If you have a contribution to offer, an invention, or new pathological views, or a discovery or new secret to announce, a new instrument to show, an operation to describe, a patient or specimen to present, a report to make, or a new treatment, or a new therapeutic agent or a talismanic charm to tell of, or anything

whatever to say, do it in a careful, clear, methodical manner, then sit down; but always remember that when you have nothing worth offering Ciceronian silence should be your law—do not break it. In speaking, take care neither to abandon your medical vocabulary for the vernacular, nor let your professional manner degenerate. This will soon teach you to arrange your thoughts quickly and to express them clearly. Remember there, as elsewhere, that there is nothing infallible; that a physician must school his prejudices and be open to conviction. Toleration of a difference of opinion is a lofty virtue. Say or do nothing to wound the pride or feelings of any other member, and if any incautious remark or misstatement or personal reflection drops from your lips, be not slow to make proper atonement. Those who are always positively right, while all others are positively wrong; who can brook no opinion that does not accord with their own, are usually hot-headed, rash, and indiscreet, and very unsafe guides. Also, remember that differences of opinion are quite compatible with friendship; and that controversies, discussions, and parliamentary battles, no matter how sharp, are usually conducted by men of discretion within the bounds of decorum, and without violations of the ordinary rules of good breeding; and also, that there is no mode of practice and no remedy for any disease which has not been the subject of obstinate dispute, and that every new discovery or startling announcement stirs the whole medical world to action, testing and reporting, asserting and denying.

You will find that many of the laity entertain a belief that medical societies exist for the pecuniary advancement of physicians, just as trades-unions and other organizations do for workingmen, and that their by-laws in some way, or to some extent, limit the freedom of personal opinion and abridge the rights of their members. Be careful to correct such errors on all suitable occasions, and to inform those thus misled that medical societies exist not for selfish, but mainly for scientific purposes and the public good.

Keep up your medical studies, or the knowledge which you have already acquired will rapidly become misty and slip away from you. Without study, the details of common cases and the symptoms of many diseases wear out of one's memory; indeed, the mind does not often bring back the details of parallel cases, or of cases for comparison, after two or three years have elapsed, unless they are extremely uncommon or interesting. Test the fact by answering these questions: What did you have for breakfast on the third day of last month? What kind of a day was the ninth of last February?

In consulting journals and text-books, remember that practice found successful in your own climate or region is usually more reliable for your use than that applicable in other climates. There is an art in selecting literature to read. Avoid relying on antiquated works on practice, and back volumes of journals as guides in so progressive a science as medicine. New investigations and rapid progress render new text-books frequently necessary to those who would maintain that buoyancy and self-reliance which the consciousness of being fully posted inspires.

Try to get together a library of standard professional works as soon as possible after graduating; books are the tools, the literary apparatus with which we cut and dig our way to knowledge, and we now have more books and better books than ever before. Money spent in this way will return a hundred-fold. Buy the best authors and always the latest editions, but take care that irrepressible book-agents, with "the greatest work ever published," do not induce you by their importunities to subscribe for books for which you have but little or no use. No one can patronize everything, or even read one-tenth of all that is offered, unless he has nothing else to do.

You should not fail to have a good Dispensatory and a Medical Jurisprudence among your books.

Of course, you should subscribe to one or more medical journals and scientific publications, and read and digest them carefully, so as to keep abreast of the discoveries and theories

of the passing day. They are necessary to the progressive physician. But neither swear at nor by all you see in them; be especially careful of such as exist for the purpose of advertising either their owner's hobby or his goods, or a college, clique, or section. As a rule, you will find that statements involving therapeutics found in the latest text-books and in standard monographs are more mature, more jointed, and more representative of collective learning, and generally much more reliable, than articles in journals, which are often founded on a single case, or the exaggerated fancy of some unbalanced enthusiast, or the unconfirmed experience or speculations of a single individual (or perhaps of some unreliable chick or goslin) riding a hobby and pitting himself against everybody.

Acquaint yourself fully with the contents of your library, so as to be able to refer to whatever you need without hunting; also, have a certain place for every book.

Do not be biased too quickly or strongly in favor of new, or unique, or unsettled theories, or startling originalities based on physiological, microscopical, or chemical experiments, especially when offered by the overzealous to prove their own hobbies or pet ideas, or by those who have identified themselves with the latest medical novelty.

Never allow yourself to be led from the practical branches of medicine for histology, pathology, microscopic anatomy, refined diagnostics, bacteriamania, comparative anatomy, biology, psychology, and other captivating subjects that merely interest and create a fondness or monomania for the marvelous; or it will impair your practical tendency and give your ardor a wrong bias, and your usefulness as a practicing physician will almost surely diminish. The first question to ask yourself in everything of this kind is, What is the use?

I do not apply these remarks to school-men, or to teachers, scientists, and experimenters, who have hospital and laboratory facilities, or, having inherited wealth and leisure, are pursuing the higher reaches of purely scientific investigations, chiefly for

love of them, or to gain distinction therein; or others, who, being favorably situated and fortunately endowed, having extensive leisure and wealth, are delving solely as an object of pleasure, and who do not look to their practice for support. I am not speaking to such persons, or saying these are useless kinds of knowledge. I mean to say that the practice of medicine does not depend so much on what the physician knows abstractly as what he knows and has the use of, and that a person may get so deeply absorbed in hemi-, demi-, semi-quavers of the deep labyrinths and fine subtleties of science as to think of nothing but science, and that your most useful studies as an every-day practitioner will be to keep posted up in the well-ascertained facts of the profession, in the kind of facts required for the daily duties of the profession, which embraces a general knowledge of anatomy and a more minute acquaintance with the structures connected with accidents, operations, and surgical affections, and of those of the organs that are the principal seats of medical diseases, the practical subjects, and, above all else, the art of treating diseases with success.

The great popular test of medical ability is curing the sick; and you will find that your success will depend more on the successful treatment of your cases than upon familiarity with the ultra-scientific, and that there are physicians possessed of comparatively small knowledge so dextrous in its use that they have done great good in the world, and ridden over the heads of others far better versed in the books.

Never publish weak or trifling medical articles, as whatever one writes is supposed to be a mirror of his own mind. Do not, however, hesitate to write whenever you have anything valuable or instructive to offer, either for the benefit of others or to increase your own standing and reputation.

When possible, base your articles on solid facts, or on an analysis of facts, rather than on speculation and theory. Let your diction be pure and simple, and as short and aphoristic as perspicuity will allow, so as not to weaken your ideas, observa-

tions or deductions, or obscure them in a lot of redundant verbiage, or make them long-winded; rather make every word count, in expressing clear, bright ideas.

Be careful to give your article a concise, appropriate, and attractive title,—one that indicates its contents; one that will show with sufficient clearness the general character of the remarks which are to follow. This is especially requisite when the title of the work is to be put in an index or catalogue. Such titles as “A Curious Case,” “Plain Facts,” “A New Method,” “A Case of Interest,” etc., furnish no clue whatever.

In writing, cultivate perspicuity, precision, simplicity, and method, avoid unmerciful diffuseness, and do not interlard it with far-fetched, jaw-breaking scraps and patches from foreign or dead languages, unless followed immediately by translation; for unless it be some stale or hackneyed quotation the average reader will probably be forced either to pass it over unsolved, or take down his dictionaries, his dusty quotation-books, or his school-boy grammars. The English language, the language of Shakespeare, Milton, and Bacon, is capable of expressing any and every thought, and it is a pity that from superfluous wisdom, or pedantic pretension (anglo-agraphic aphasia) some seem unable to express themselves in the vernacular without throwing in handfuls of Latin and Greek, almost as a cook peppers his broth.

The recent attempt to supersede the old weights and measures by the metric system did not succeed; it is therefore scarcely worth while to weigh its merits. When you report cases or publish anything in which weights are given, either use the old familiar weights and measures (which every one understands), or give both the old and the metric; to use the metric only savors of pedantry. Many make no attempt to carry the metric equivalents in their minds, and if you give metric measures only they may not take trouble to calculate it, and pass your effusions by without getting the information you wish to convey.

Note all remarkable cases, but never until they reach their termination; even then neither report nor publish any that are not unique, or at least that do not present some curious, rare, or very instructive feature, or militate against accepted theories; otherwise you will merely swell without adding anything valuable to existing records. You will find every department of medicine fast becoming loaded down with theoretical discussions, speculative dissertations, compilations, and empty word-building, stale and obsolete things said in a new form, many pens seeming to say:—

“In pity spare me, while I do my best
To make as much *waste-paper* as the rest.”

You should omit book-matter generally known, and contribute original work, new things, or new ideas, if any. Use a plain, intelligible style; do not count your words, but see that every word counts; avoid such ambiguous descriptions as “the color of an orange,” “as large as a strawberry,” “about as thick as blood,” etc.; and be as brief and concise as justice to your subject will allow, and, for the poor printer’s sake, prepare your matter so as to please his eye and require but little, if any, revision on account of grammatical errors, bad phraseology, or faulty style of construction.

When you essay authorship and write books, essays, or monographs, use for convenience sake the smallest sized sheets of white note-paper; this will enable you to handle them more easily in writing, altering and re-writing pages, and also to carry and preserve them much better than if large. If intended for the press, write only on one side of the sheet, and leave a margin at the edge.

When you write an article do not follow the useless custom of appending to your name an excessively long tail (like the tail of a comet), consisting of all the titles and honors, whether strong or weak, that you can rake together, with half a dozen etceteras. The idea governing the use of suffixes is chiefly that the individual who writes may be identified; a single suffix

or simple title, or your town, street and number, are modest and yet sufficiently explicit. Some publishing houses think the use of titles by the author aid the sale of a work.

Never furnish a report, statement, or opinion on any important case or subject for publication, either in book, journal, or newspaper, without a proviso that you are to see, and if necessary revise, the proof and correct printer's errors in spelling, punctuation, etc., before it goes to press; otherwise you may find some purblind proof-reader or go-ahead printer making you say the reverse of what you intended, thus necessitating a long list of "errata," or even making you regret that you ever allowed the article to appear in print.

Pay your honest debts punctually, even though you be cheated out of half you earn. The best plan is to pay as you go, and if you cannot pay much do not go far. Owing for horses, carriages, feed, or clothes, or, still worse, for luxuries, rent, servants' wages, etc., cannot fail to set the tongue of scandal to wagging freely and injuriously, to the possible ruin of your credit. You will have to pay every debt one time or another, and had better be paying each as it becomes due, than those that should have been paid a month or a year ago.

Be especially careful to keep your medical society and journal dues and other professional debts paid promptly.

Borrowing books, instruments, umbrellas, money, etc., especially if you keep them beyond the proper time, or return them in bad condition, will tend to depreciate you more than you would think. Never involve yourself by borrowing apparatus, instruments, etc., from one physician, or patient, to lend to another; if necessary, introduce the parties, and let the borrower do the borrowing on his own responsibility.

It is needless to say that health and decency require you to guard against uncouth, untidy and repulsive habits; do not pick your teeth or pare your finger-nails, or squirt tobacco-juice around you at your visits, or have your breath, hair and clothes reeking with pipe or cigar fumes, or with those of cloves, carda-

mom, alcohol, stale tobacco, dead beer, etc., or you will unavoidably prove obnoxious and disgusting, and invite criticism and create revulsion toward you.

Coarseness and vulgarity are sufficiently disgusting under all circumstances, but in a physician, and especially in the presence of females, they are unpardonable.

Appearing in your shirt-sleeves, with unwashed hands, dingy cuffs, egg-spotted or tobacco-stained shirt-bosom, greasy coat, out at elbows ; ragged pants, fly-speckled or crumpled hat, and four or five days' beard on the face ; rough, creaking, or dirty boots, or chewing, smoking, sky-larking, unseasonable jocularly, using coarse, vulgar and impassioned language, habitual swearing, etc., will show weakness, diminish your prestige, detract from your dignity and lessen you in public esteem, by forcing on everybody the conclusion that you are, after all, but an ordinary person.

Carpentering, painting, or showing other common-place or anti-professional talents will also appear as if your mind was not engrossed by your profession. You may possibly secure faith in spite of these, but usually such things tend decidedly to decrease it.

The tips of your fingers will have much to do with your skill and success ; their nerves are sometimes superior to the sense of sight ; to palpate the chest or abdomen, examine tumors, make vaginal examinations, do surgical work, etc., the hand must be steady and the touch must be nice and delicate. If your fingers, instead of being protected and their tips educated, are rendered callous and clumsy by rough usage their delicate nerves will be unfit for these duties.

Beware of a certain evil to which the practice of medicine specially exposes you. The irregularities, anxieties, and exhaustions ; the cold, the wet, the hunger, the night-work and loss of sleep, and the hospitality of patients and other friends, all unite to tempt physicians to use alcoholic stimulants. Remember that drunkenness, and the idle habits associated with it, may

be tolerated in physicians who are fully established in practice, because confidence and friendships had been formed and their talents and worth had become known previous to the formation of the habit; but it will be fatal to any one in the formative stage of reputation, and, also, to the one who is just beginning to gain the confidence of the community; for neither will be trusted or employed. Even when the older physician, who drinks, is employed, it is done with loathing, and only to use the good half of him, which cannot be separated from the bad, and even then his visits are looked for, by the trembling ones whom necessity puts into his hands, with agony and dread.

What is a more disgusting spectacle than a drunken, swearing, reckless sot of a physician, staggering around the bed of a sick person?

An excellent course is to avoid intoxicating drinks, which cause so much crime, sickness, and poverty, yourself, and let others do as they think best. If you are foolish enough to drink liquor, wine, or beer when people offer it to you, nine chances to one they will be the first ones to add the charge that "he drinks" whenever any other person says anything else against you. If it is known that you never touch the demon it will be of immense advantage to your reputation; but intemperately urging puritanical, ball-and-chain temperance on all occasions, or being a loud member of temperance, of secret, or of beneficial societies, will not aid much in the acquirement of desirable business; indeed, the best and most pleasant practice you can have is the quiet family business that you will attract by faithful endeavors to do your best for all who apply for your services as a physician.

A physician's life is full of wonderful changes, and being a public character he knows not the day he may need the friendship or good offices of this, that, or the other person toward whom he may have felt and shown political, or religious, or personal hostility.

Do not allow yourself to grow warm on temperance, total

abstinence, local option, prohibition, and other sumptuary crusades, as they will be apt to recoil on your head if you make yourself prominent in them. If your office is located very much nearer the church than the tavern, and if you lean to the sabbatarian element, so much the better; but proselyting and pushing matters of a partisan, political, or secular nature is not your function, and you cannot become officious in them and their irritating methods, without setting (about) one-half of the community against you, and engendering personal hostility and rancorous enemies. You had better leave all subjects for discord and angry discussion to the laity, unless your pecuniary or social position is such that you can very well afford it, or you are driven into them by conscientious scruples that outweigh all other considerations; and even then it is better to let your profession and your patients be your first and principal care.

When requested to write a prescription to enable an ailing one, who really needs it, to procure liquor on Sunday or in a local option district, comply with becoming good nature, but accept no fee for it.

Presents from fond or grateful, very liberal or romantically generous patients, although flattering, will almost invariably lead to the disarrangement or actual rupture of the legitimate pecuniary relations previously existing between yourself and the giver, which it may consequently be impossible fully to restore. Probably every practitioner can recall numerous instances in which presents of knee-blankets, whips, a basket of game or fruit, a box of cigars, wine, pet animals, canes, free passes, gloves, new hats, curiosities, etc., have spoiled his bill and proved exceedingly expensive. When you foresee such a result be guarded.

A good rule is to decline all presents and favors that would place you under embarrassing obligations to patients. Another good rule is to avoid mixed dealings and crossed accounts with hucksters, grocers, feed-men, milk-men, and other patients, as such dealing will rarely continue to be satisfactory; they often en-

gender disagreements or lawsuits, and will almost always result in your getting only about half as much for your services as if you had avoided entanglements. It is decidedly better to conduct affairs upon strictly business principles, *i.e.*, let those for whom you work pay you in money, you in turn doing the same. In a word, avoid everything that tends to weaken your business rules.

Preserve a proper degree of gravity and dignity toward patients. Frivolous, rough-and-tumble conduct, vulgar jokes, clownish levity and undue familiarity are unprofessional, and breed contempt and scandal. Discourage the attempts of roughs and toughs to address you with a "Hallo, Doc!" or by your first name, or to pass the limit of propriety in any way with you. Show every one proper respect, and exact the same respect in return. Do not understand me to condemn good-natured pleasantry, good jokes, and even levity; for when gentlemanly and within bounds they are often very appropriate, and sometimes actually serve as a tonic to a patient's drooping spirits. If you have a becoming earnestness of deportment, and at the same time wear a cheerful mien, it will be health to you and sunshine to your patients.

Avoid dining out with patients, attending their tea or card parties, etc. Eat as seldom as possible at their houses—only when unavoidably detained there by cases of labor, convulsions, and the like. There is a tendency to conviviality and *abandon* around the festive board that has a leveling effect, and divests the physician of his proper prestige. Better to eat a cold repast at home than to occupy the best seat at the table and partake of the most savory viands of many a patient. Let a physician once unbend among certain kinds of people and he risks a complete loss of their high esteem.

When compelled to accept a meal, if you are served alone so much the better; if seated to eat with the household, be courteous but somewhat reserved, and exhibit no uncalled-for levity, but only enough of the social element to be agreeable.

Shun *badinage* and gossip and overpraising of the viands, and avoid speaking afterward of the "snowy biscuits," or the "delicious butter," "the juicy beef-steak," etc., as though you were a stranger to plentiful dinners and choice food.

Try to give satisfaction at your visits; show that you are anxious to relieve both the body and the mind of your patient, and you will not, can not, fail to succeed in your ambition to get practice. To do this fully you must, of course, feel and express a genuine interest in the case and in the effects of the remedies you are using.

When you scold or find fault with your patients or their attendants, either preface or follow what you say by explaining that you are *not scolding in anger*, but because you feel an earnest desire to have them do right for everybody's sake. By prefacing thus you will completely disarm resentment, and they will take all you say in good part.

If you are unmarried, it will often be quoted against you; but the truth is, there is no great professional advantage gained by being married. The objection to most unmarried physicians is really not their celibacy, but their youthfulness. It is true that "it is not good for man to be alone," and that every physician should marry and make for himself a home; but to marry with an eye to business only would be an imprudent marriage, and apt to entail expenses and responsibilities without corresponding benefits. Besides, you should keep both business and marriage on a higher plane. You will often see, in your professional career, the misery that flows from degrading the tender bonds of marriage by entering into it from ill-regulated passions or other considerations than pure love and congeniality of souls, and you had better seek no friend this side of heaven than risk the formation of the wrong kind of domestic relations yourself.

Everybody wants a lucky, conservative physician; therefore a series of dystocias, or of deaths in child-bed, or of surgical operations that fail, or of malignant cases, or of cases of any kind that eventuate unexpectedly ill, often injures the physician

for years, by attaching to him—especially if he be a beginner—either charges of being blind to danger and to duty, or a *long-to-be-remembered* reputation for bad luck. If such a series unfortunately threatens you in the beginning of your practice, strengthen yourself by consultations, etc.

The power of impressing those you meet with a favorable opinion of your adaptation to your calling is an important advantage. Discipline yourself by self-examination whenever you have conducted yourself unsatisfactorily. This will teach you to conceal or eradicate your defects and faults, and to give prominence to your good qualities.

Ability to please and make friends of those who employ you in an emergency or tentatively is also a power that you should carefully cultivate.

You will find that remembrance of the names of children and of patients whom you see but rarely, and the ability to recall the salient points of former interviews with them, are very useful adjuncts to other qualities.

Children's likes and dislikes will control your destiny in many a family. Many people patronize various forms of quackery for no greater reason than that "the children take it easily," knowing from experience that an attempt to give pills or bitter doses to refractory or spoiled children, whose nurses and mothers have taught them to look on "the Doctor" as a barbarian or butcher, means a fight and a failure.

You must not rely strongly on social influence for getting practice. Your very best friends may prefer that you test your skill and gain your experience on others rather than on them or theirs.

You may be socially a great favorite while all are well, but when sickness comes and death threatens the afflicted one, the impulses of friendship and kindred are dormant and do not influence the choice of a physician. No member of any family circle will be spared, if any human power can save, and thoughtful persons, terrified at the possibility of losing the provident

husband, beloved wife, blooming daughter, darling babe, dutiful son, or honored parent, as the case may be, instinctively send for the physician in whose skill they have most confidence. They go past the beginner, about whom they know too little—past the one whose system requires so much stimulating, about whom they know too much—past the gay, the fickle, the aimless, the sentimental, and the unchaste—past all whose unprofessional demeanor proves them to be either unripe or unsuited to duties so delicate, so precious, so weighty as that of a family physician—past all, till they reach the one in whom their faith, their medical confidence, centres; faith is the great controlling guide in choosing the one who is to stand by what may be one's death-bed or the death-bed of his loved ones.

The two greatest elements of medical faith are: first, a belief on the part of the patient that you are anxious to do the best that can be done for him; second, that you know how to do that.

Be polite and courteous to every one, especially when you are vexed or in a hurry; abruptness makes many useless wounds, some of which are difficult to heal. True politeness is a seed that costs nothing, can be planted anywhere, that always bears good fruit—fruit that never withers. Resolve that you will cultivate it as long as you live.

When boys or young men come to you for assistance for their base-ball clubs, or their library, and the like, give something and give it freely. If ladies ask you for a donation to aid the heathen (!!!) or to help buy a carpet for their church, or any other laudable object, give willingly and cheerfully. If the tiny boy or girl comes to sell a concert or festival ticket, buy it laughingly, for contributions this way not only do good, but have other consequences. Were you to scowl and say "no," the young man and woman and the tiny boy would unite in calling you "old stingy," and ever after avoid you.

There is a certain fact which you might not observe without having your attention called to it; it is, that after you get into

full practice, your days, weeks, months, and years will flit by faster than those of other people, because, as a physician, they will be incessantly engrossed with a medley of important cases, with your occupation hourly changing, and the lapse of time will consequently be almost magical.

You, yourself, are mortal, and you should get as much out of life as you can, by seeking proper relaxations and amusements while the age for enjoying them remains. Many physicians, in the eager pursuit of business, foolishly postpone all relaxation from one time to another, intending to give up some of the worst of their work and privations, and fall back on their reputation for faithfulness and punctuality, and to indulge in ease and social amenities, and to pursue the pleasures of life when they get older, in the autumn of life, when the hair begins to grow gray; they thus unwisely forego seeking enjoyments till they lose all taste for them, till they know nothing and are fit for nothing but to do routine drudgery daily and nightly in the rough, hard, slavish treadmill for life. The slave of the sick public, hurrying from one sick-room to another, from a horrible sight to a stinking case, or to a dangerous amputation, and from that to a repulsive obstetric case, or to a puking baby, or some other kind of weak, petulant, or exacting patient. Running up stairs to the chambers of the sick, often summoned unnecessarily and at unseasonable hours, then at home poring over books and thinking day and night, till from long-continued and extraordinary exertions they become a prime candidate for one or the other of the physician's great afflictions, organic heart disease, or atheroma of the cerebral arteries, then—apoplexy.

The Sabbath, or day of rest, was instituted by God himself in Paradise, and is a blessing to all. It is asserted that violating The Gospel of Rest, and working seven days in a week, instead of six, shortens a life of threescore and ten by twenty years.

A little leisure, either to rest or play, or rational amusement of any kind, soothes the troubled waters of professional life, and is a great blessing,—rec-reation is re-creation. Do as little work

on Sundays and holidays as possible, and do not hold consultations on Sunday, except in cases of urgent necessity. I know a busy physician who, to protect himself, has a sign in his office saying "No Office hours on Sunday." An occasional day's sport with rod or gun, or a summer trip, or an evening at a convivial gathering or at the theatre, etc., will work off nervousness and act as a seasoning to your labors, lessen the worries, frets, tumults, jarring, and cares of practice, break the monotony of life, subdue mental tension and remove brain-weariness the result of overwork, also the ups and downs and continual mental excitement and nervous strain; will conduce to health and longevity, and actually make you more philosophical and a better physician.

The cost of a pleasure trip, or a few days' recreation is not, however, to be counted by the expense of your journey only, but you must add the far heavier loss of practice; and unmerited blame for being absent may also follow.

Newspaper notices of your departure from the city for short seaside, mountain, or other brief pleasure trips, will, if allowed, have a disturbing and hurtful influence on your practice while you are away, and even after your return. Reporters are aware how such items injure physicians, and seldom publish them unless requested. The register clerk of hotels where you register will, if asked to do so, omit announcing your arrival in the newspapers, which would publish your absence from business to the whole world.

If a professional friend is prevented from attending to his practice by sickness, or even by sickness in his family, it is just and proper to attend to practice for him without reward; but, if one goes in quest of pleasure and amusement, it is proper and just for him to adequately remunerate you or whoever else he gets to do his work.

When you leave the city your work will be much less laborious for the physician who attends for you, if you have your office patients sent from your office to him at his own,

instead of compelling him to spend or waste stated hours at your office. Also, to have your family to send the calls to him when received, instead of compelling him to call again and again to see whether he is needed.

After prolonged absence from home, or recovery from long sickness, it is perfectly ethical to announce the fact of your return to practice through the newspapers: "Dr. ——— will resume practice at his office, No. ——— Street, July 1, 1889." Further than this, keep your name out of the newspapers, and leave self-advertising to quacks.

When you assume charge of a case for another physician, to look after during his absence from the city, or one of your own that has been under the care of a substitute while you were away, or that any one has attended in an emergency pending your arrival, or because the attending physician has been taken sick, take care to do as much good as possible for the patient, with as little harm as possible to the former attendant; continue his line of treatment, at least for a while, if you can conscientiously do so. An abrupt, radical change, either in diagnosis, prognosis, or treatment, is both ungenerous and injurious to your co-worker. In such a case if you believe something more should be given, instead of stopping his red or black medicine and ordering a white one, or his pills and ordering powders, merely add yours to what is already being done. This avoids unpleasant reflections.

CHAPTER IV.

“The first step to wisdom is to be exempt from folly.”—*Horace.*

ALWAYS feel and show respect for your seniors in practice. There is probably no type of medical man so unworthy of respect as the highly illuminated young fellow who considers himself the most learned man in the profession, and shows contempt for his seniors. Being fresh from college, and medicine being a progressive science, you may excel the older physicians in severely scientific and technical points, but experience has been their constant teacher, and they have a progressive clinical acquaintance with disease which gives an intuitive perception as to the choice of remedies which in general makes them better logicians and much better practitioners, because knowledge and skill derived from observation and experience far outweigh mere book knowledge, are more like part of one's very nature than that gotten from any other source, and are fixed indelibly on both one's senses and reason, to be brought forth again when needed. Remember that although young physicians indulge more than older ones in scientific “extras,” fine-drawn distinctions and modern instrumental aids to diagnosis, yet, relying on these too much and studying rational symptoms too little, they seem to forget that the art of curing disease owes more to solidity of judgment and sound common sense clinical observation and experience than to anything else.

The practitioner who has grown gray in the profession is naturally more apt to slight the nicer pathological diagnosis, which discovers the technical character of the disease—whether, for instance, a pneumonia is catarrhal, croupous or interstitial—and to attend more to the therapeutical diagnosis which indicates what the treatment should be; weighing the influence of age, season, rate of progress, secondary affections, compensatory

changes, and other phenomena with a nicety that the junior with all his brains can never learn wholly from his books, then choosing with intuitive wisdom the best remedies for the discomforts, annoyances, and sufferings of the patient; reducing, evacuating, quieting, stimulating, or feeding him, as superior foresight and experience have taught. Such sage, modest, pure and faithful men, white-bearded and bald-headed though they may be, have done very much to give our profession honorable standing, and to smooth the way for us, and are certainly worthy of all respect.

On the other hand, the older physicians, having had their turn, and remembering the rough and difficult trials of their own beginning, should favor their younger brothers and fear not, for, no matter how many aspirants appear, there is always enough work left for the older physician who has done his duty in the world. Yes, the world is wide enough, and there is sickness and misery enough to keep every hand, and every head, and every heart employed!

When you have been a physician long enough to acquire an address in the management of the sick and to make your patients feel that you have an accurate, solid, and practical judgment of your own, and evolve wisdom out of your own brain, and that you are acquainted with their moral and physical idiosyncrasies, it will give you great advantage, and will make attending them much easier. You will occasionally be employed in cases because you have long ago attended other members of the family in similar affections, and are supposed to know the peculiarities of their blood, and to understand the weak points in the family constitution, temperament, and tendencies, and to possess sovereign remedies for their relief.

You will find that the popular belief that you know this or that person's constitution, both physical and moral, from top to bottom, from the surface rind to the innermost core, and know exactly what they require within and without, and their likes and dislikes; is a powerful acquisition, one that gives you

great authority, and a fair, unquestioned chance to show your skill, and also gives them unquestioning confidence.

Experience and skill are what the public seek in a physician; they are most important, and everybody knows it. You should carefully try to appear possessed of both. Of course, we all have aftersight, but far-seeing, penetrating foresight is what is needed. This is not described in your text-books, or supplied in the lecture, but is sure to come from practical experience in diagnosing and combating disease, and will develop and improve your judgment in every way, and enable you each year to see more fully into the very middle of cases, and to foresee all events with increased clearness; and if you compel yourself to work faithfully and to develop the faculty of observing, every year will make you a better physician, and by the time you have worked and observed for ten or twelve years you will be clinically familiar with all the more common afflictions that are sure to confront you, and you will then know far better how to wave the Æsculapian wand, how to avoid various errors and mistakes, and how to shape your diagnosis, prognosis, and treatment in each, far better than when a junior.

In addition to the great advantage the older physicians, grown gray in practice, have over the younger ones, from increased ability to foresee the probable degree and duration of grave cases, and to give concerning them more definite and truer opinions from the beginning, they can from experience recognize and point out cases that are dubious or likely to prove very slow and tedious, thereby saving themselves from much anxiety and blame. Of course, these advantages enable them to reap the full value of their skill, advance their reputation, give them a better address and greater confidence in themselves, and enable them to carry cases with greater steadiness and to retain confidence much better and much longer than younger physicians. This is the chief reason why older physicians are not harassed in difficult cases by meddling officiousness from outsiders, and dismissed, or forced to call consultations, as often as younger

ones, and why the practice of medicine becomes relatively easier and lighter every year. You will find that after you have practiced twelve or fifteen years, after many of the fine precepts, beautiful descriptions, and nice distinctions gotten from the professors have taken wings, after you have forgotten much of your theoretical Text-Book knowledge,—which was probably greater comparatively at graduation than it will ever be again,—your experience will give you an immense storehouse of practical facts that will be invaluable to you, and will often serve you where book learning cannot; indeed, it is impossible to obtain from books alone sufficient knowledge of disease to become a good practitioner. The possession of self-attained post-graduate knowledge gathered from the great book of Nature will make you appear to those around as if you know what to do and how to do it, and is the kind that makes the public prefer older, well-seasoned physicians to younger ones.

The public love to see a physician appear to understand his business fully and to know things intuitively; therefore you must study and practice to be quick in diagnosis, and ever ready in the treatment of the ordinary diseases and emergencies that will constitute nine-tenths of your practice.

Study the laws of prognosis and duration continually, for it is in these that most error is seen. Errors of diagnosis and prognosis are ordinarily far more damaging to the physician than errors of treatment. Very few people can discover whether or not your diagnosis and treatment are correct, or otherwise judge the truth of your assertions or the justice of your reasoning; but if you say a patient will recover and he dies, or that he will die and he gets well, or that he will be sick a month and he gets up in three days, or that he will be well in three days and he is sick a month, everybody will see that you are wrong, and will very naturally infer that, as you were wrong in your prognosis, you might also have been wrong in your diagnosis and treatment, and they will naturally seek some one else with more experience or deeper thought.

Skill in these things will enable you to foretell a favorable, a doubtful, or a fatal termination, and to foreknow the duration in a greatly increased proportion of your cases and save you a vast amount of anxiety.

In forming your prognosis use all five of your senses, if necessary, and be careful to ascertain not only the condition of the organ chiefly diseased, but that of all the other vital organs, as their condition and action may, in some measure, compensate for the lost functions of the diseased organ. Look also at the surroundings of your patient, and the nursing and attention he can command; and, lastly, learn to estimate, from the look, the voice, the groan, the cry, the breathing, the complexion, the gesture, and general aspect mental and physical, his vital resistance to the disease (which differs in each individual), and then form your prognosis.

Remember this: In your desire to soothe the fears of anxious relatives, do not wrong yourself in serious cases by pronouncing them lighter or less dangerous than they really are. Such mistakes often bring sorrow and cause blame.

Never ask, as you enter to pay the first visit to a patient, the awkward question, "What is the matter with you?" or salute him at any other visit with "How are you to-day?" or he may retort, *that* is exactly what he wants the physician to tell him.

Never display the fact that you are a junior or tyro working by reflected light, and thereby belittle yourself in the estimation of patients, by constantly quoting what the books say, or what such-and-such a medical celebrity thinks, or, worse still, by taking down your text-books to learn what they say; as if you were deficient in readiness or nerve, or had to rely on the opinions of others for all you know.

Also, never carry a ready-written prescription to a patient, as if copied from somebody else's book; rather commit it to memory or jot it down in your visiting-list, to be written off at the proper time.

The folly of blindly accepting or slavishly following the dicta of others, and blindly pinning your faith to this or that master, is nicely depicted by Molière in *L'Amour Médecin*, Acte ii, Scène 2, where the following dialogue occurs between Dr. Tomès and Lisette:—

Tomès.—How is the coachman?

Lisette.—He is dead.

Tomès.—Dead?

Lisette.—Yes.

Tomès.—That is impossible.

Lisette.—It may be impossible, but it is so.

Tomès.—He cannot be dead, I say.

Lisette.—I tell you he is dead and buried.

Tomès.—You are mistaken.

Lisette.—I saw it.

Tomès.—It is impossible. Hippocrates says that such diseases do not terminate till the fourteenth or twenty-first day, and it is only six days since he was taken sick.

Lisette.—Hippocrates may say what he pleases, but the coachman is dead.

Take a lesson from this, and remember that your patients of all shades, white and black, rich and poor, want to know what *you* think, and care but little for what you have been told in lectures or read in Hippocrates, Watson, Gross, or Ringer.

If you are determined to let people know you are inexperienced and have no opinion of your own, you should at least spare them the infliction of following you to the sources from and through the processes by which your borrowed opinions were obtained.

If one is invited to dinner, he may imagine his host does not prepare it all himself, but he does not care to be taken by his host down into the kitchen and through the pantries, and shown his pots and pans and rolling-pins, and to be introduced to the cooks and waiters, all to let him know exactly how the feast is prepared. One will feel much better entertained if he is,

at the proper time, simply introduced to the table, smoking and groaning with its bounteous supply.

Remember this: Every one likes to believe that the physician is treating him by a regular plan rather than firing at random, more especially in diseases that are believed to depend on the blood or on a diathesis.

Make post-mortem examinations and other scientific use of your opportunities to confirm or correct your diagnosis, and to become more familiar with the machinery of life, whenever cases of interest present themselves; but never allow the inference that you are doing so to gratify idle curiosity, or to satisfy yourself alone, or that it is a very great favor to be allowed to do it; rather put it on the higher ground that human post-mortems are for the benefit of science and in the interest of suffering humanity, and that it may be for the good of the very persons with whom you are talking.

In making autopsies in private families be doubly careful to avoid unnecessary mutilation, and let your manner evince the greatest respect for the sleeping dead, especially if a promiscuous audience, or non-professional persons, are present, and after concluding hide the traces of your work as fully as possible.

The important uses of the dead to the living is the only, but all-sufficient, justification for human dissection.

It is, of course, wrong, very wrong, to consent to make a post-mortem examination of any one who has died under the care of a brother physician, at the solicitation of persons who, with mischief in their faces, seek to disprove the diagnosis and disgrace the medical attendant.

In making autopsies, even in cases of accident or sudden death, deceased's regular medical attendant should, when possible, be invited to be present.

The hypostatic congestion that naturally follows death is often mistaken by the public for ante-mortem changes, and gives rise to the most wonderful stories of "murder," "only in a

trance," etc. Take care to inform people of its nature and cause, and its utter lack of significance.

The useless and unjustifiable repetition of physiological and pathological experiments, made to illustrate already known facts, that require vivisection of animals have received popular opprobrium, and will not add much to your reputation, if done with that in view, as such things are supposed to have been studied in the laboratory and dissecting-room as far as needful before leaving college. On the contrary, making clinical analyses of the urine and other fluids will not only lead you to invaluable information regarding your patient's condition, but will be a great element in giving you popularity and respect.

Working with the microscope on proper occasions will not only increase your knowledge, but will also invest you with the benefits of a scientific reputation in public esteem.

Obstetrical practice is in some respects desirable, especially in the beginning, as it paves the way to permanent family practice. *Doing the waiting* at the bedside, however, entails a tremendous loss of time. Chance calls of any kind you can take or not at your option, whereas specific engagements, especially obstetrical ones, must be kept, day or night.

If you ever get so overrun and oppressed with business that time is doubly precious with you, attending many obstetrical cases will overtax you, and it may become actually necessary, in self-defense, to shut off these and other time-consuming engagements in order to get time to breathe and to attend to the rest of your patients with something like regularity, and to obtain your meals and the necessary eight hours' sleep, etc., also to do your writing and studying; or, at least, to limit such engagements as much as possible. Midwifery is a wearing, exhausting branch of medicine, that interferes with regular, healthy living, one that is full of care and responsibility; and, although it leads to other family practice, you will find after some years that the ordinary fees for attending cases of confinement are, on account of loss of time in waiting and consequent interference with

other engagements and duties, and on account of the nights of fatigue, after days of toil, and the loss of sleep, risk of breaking down, etc., which they occasion, proportionately more meagre than in any other department of practice.

If you keep a record you will probably find that nine-tenths of all your loss of rest is due to obstetrical cases.

When a person engages you to attend her in confinement, write her call on one of your cards and give it to her, and instruct her to send it to you as soon as she feels that you are needed. This emphasizes the engagement, and makes her more apt, when her time comes, to call you in than to employ another physician, or to get a midwife.

In spite of your having been engaged for a case, and kept in suspense for weeks or months, you will sometimes learn that the confinement is over, that a midwife or granny was sent for, and the excuse will be that everything occurred in such a hurry that they could not wait for you, or that they had no messenger, or some other equally lame plea.

You will often be called upon in bad cases to do ugly work for midwives who have reached the limit of their skill, and for the sufferer's sake you should never refuse to go.

Such occasions will afford you an excellent chance to show the superiority of regular physicians over midwives and irregulars, and also to enhance yourself greatly in public esteem.

Pregnant women will sometimes want to make an Indian bargain with you beforehand, to come to them in case their midwife fails. Of course you should go to all cases where humanity calls, but you should hardly bargain with anybody beforehand to play second part to a midwife—she to take the fee and *éclat*, if there is no trouble; you to take the care and responsibility for a nominal fee, if there is. You may be surprised to learn that it is now generally understood in many communities that every midwife has her regular medical referee to relieve her of complicated cases—a one-sided bargain, which gives him an undue proportion of worrying cases of tedious labor.

When you first reach a woman in labor it is a wise rule to ask her whether she has felt the motions of the child since labor began, that, in case she has not, and it is born dead, you may have some evidence that it was dead before you arrived, if such is truly the case. Also, if your examination of a primipara shows any unusual smallness of the vaginal orifice mention the fact, and tell of the possibility of laceration of the perineum, that you may not be unjustly blamed if that should occur.

In every confinement case, after delivering the child, be careful to call the mother's attention to the lump in her abdomen, and inform her that it is only the contracted uterus. If you do not, she may accidentally discover it, get greatly alarmed, and either await your visit in terror, or send for you post-haste.

Attending very distant patients of any kind has a tendency to disorganize and diminish one's nearer practice, for while absent attending a remote call you may lose three nearer ones. A long visit does not, as a rule, pay pecuniarily, and is an injustice to both physician and patient. Every one should have a family physician within reasonable calling distance. A few far-off patients will waste more time, break down more horseflesh, use up more carriages, harass and fag you more, keep you from bed, and expose you to bad weather more, and do more to make your life a hard one, than all the remainder of your practice.

Keep your practice down to a number which you can attend properly; you can do this by sending your bills promptly, by weeding out worthless patients, by circumscribing your bounds, cutting off obstetrical engagements, increasing your charges, etc. In refusing to take a case at a distance, or one that is likely to involve you as a witness in court against your will, or to engage for midwifery, if impossible because you are "*too busy*," name that as your chief reason, as it is the least open to criticism and overpersuasion of any that can be assigned.

Never offer as an excuse for neglect to visit a patient, "I really forgot you;" it is unpardonable.

Gonorrhoeal and syphilitic cases are not especially desirable

on any account, except for the fees they bring; they are dirty, secret cases, and rather repel than attract their victims and their friends to the physician who attends them, when they require a physician for other diseases. Attending them will, however, often enable you to pick up a handsome cash office-fee.

Even when you are positive that a person has syphilis, it is not always best to say so. Prudence will sometimes require you to reserve your opinion, but at the same time give the proper medicine. Indeed, in practicing medicine, you will see and understand many sins and blemishes of which you must appear oblivious.

Take care that your reputation for special interest in venereal diseases does not overshadow or eclipse other kinds, and give you the title of "P—x Doctor;" and entail the social ostracism and loss of family practice that would follow; or that extra success in restoring the menses in females who suspect pregnancy does not bring you an extra number of such cases, and give you the title of "Abortionist;" or that attending an excessive proportion of courtezans, or bruisers, does not give you the name of having a "fancy practice;" or that perpetual and indiscriminate inquiring about the urine, and having it bottled for you (urology), does not earn for you the easily acquired title of "P—ss Doctor;" or that a liver hobby, or a kidney hobby, or the womb, or the stomach, does not become with you a scape-goat to be blamed for every obscure disease, and eventually lessen your usefulness and injure your character as a practitioner.

You will find it much more pleasant to practice in some families than in others; for some will constantly give you intelligent co-operation, and will make charitable allowance for all your shortcomings and failures, while others will, when any of their members are sick, appear almost as if they wanted to involve and harass you in every conceivable way, and to make you feel as though, in attending them, you were on trial for your life.

It is this painful thinking, this feeling of personal involve-

ment and perpetual meditation, connected with anxiety, as much as overwork, that wears down the health and shortens the lives of physicians. Remember this, and, like a philosopher, make it a rule never to worry about anything you cannot help.

Be guarded against asking private questions, especially about diseases of an immodest nature, before persons not in the patient's confidence, unless they are clearly entitled to hear them; request all such, especially if they are of the opposite sex, to leave the room before asking. Be doubly cautious in this respect when your patient is of the modest sex, and the questions refer to marriage, menstruation, pregnancy, lactation, uterine affections, constipation, urinary derangements, or other delicate subjects, that her secrets may not be exposed, her chastity offended, or her modesty shocked.

Also avoid inquiring of a patient in stores or barber shops, or on the street, in the presence of strangers, about his ailments, or about patients at his home. Many persons are very sensitive concerning their maladies and weaknesses, and captious concerning the time, place, and manner of asking about them.

Do not allow indiscreet patients to go about overpraising you, and speaking of you as a pet, etc. Inordinate praise, no matter from whom, is apt to arouse a corresponding dislike on the part of those who deem the praise either extravagant or misplaced; such injudicious praise will almost surely react against you, and do mischief while meaning well. It might even arouse the angriest jealousy or hatred on the part of husbands, aunts, lovers, or others. Perfectly pure physicians have actually had to cease attending in families where such jealousy existed, to prevent causing domestic strife and estrangement.

It is also in bad taste, and even injurious, for a physician to have wife or other near relative praising him inordinately, and boasting of his great skill and wonderful cases to all whom she meets, as people naturally think it is an attempt to send fish to his hook, colored by other interested motives to bring grist to his mill. If done at all, it comes with more grace from strangers.

Probably one of the greatest powers you could possess is that of discovering who are the *ruling spirits* in a family, and honestly securing their faith and keeping them satisfied with you and your services. Also to learn the character and consequence of the different ones who may on some occasion give you trouble.

As a rule, it is better in the sick-chamber to lend attention at your visits chiefly to the conversation of the husband, if he is present, rather than to the wife, and to address your opinions, explanations, and remarks to him, or whoever is at the head of those whom you meet in the sick-room, and to pay to all others only the respect that civility requires. If you do not do this, sensitive people will feel ignored, and many will even get dissatisfied and create trouble.

Refuse to be confidential with curious or stupid nurses, or prying mischief-makers; but if you must answer their questions, do so, not in whispers, but openly and in your ordinary voice.

In visiting, banish all else from your mind but the case before you; and, no matter who is present, make the patient, whether young or old, the central object, and keep your thoughts and your conversation on him and his case. Both patients and their friends will naturally be more anxious to know what you think of their cases, and to receive information for their benefit, than to hear of anything else. If the conversation digresses to other subjects, shift it back to your patient and his case as soon as possible. During consultations, also, observe the same caution, and keep the conversation between you and your colleague on the case under consideration, and do not allow it to digress to religion, horses, politics, etc.; economy of time requires it, besides it is for that you are employed. Another fact to be kept in mind is this: if a consultation lasts too long, it is apt either to terrify the patient and his friends, or induce a belief that you disagree, or are puzzled, either of which may undo you.

Shrewdness in changing either a diagnosis or prognosis is very necessary in all cases where a change must be made.

Do not bind yourself too quickly or too closely in prog-

nosticating the duration of a patient's case. Whatever prognosis you foreshadow in the beginning is, as a rule, accepted. It is only when that prognosis is changed to greater gravity, or its duration made much longer, that discontent arises. One of the strongest reproaches to medicine is that it is not an *exact* science, therefore its practice often lacks the element of certainty.

Do not get insulted at the foibles and infirmities and the hasty and angry words of your patients. The sick are the most selfish of mankind. Bear with the rude treatment you will occasionally receive from the hysterical and the peevish, whose patience is down to zero and petulance up to a hundred; and the frenzied, the eccentric, the unreasonable, the impulsive, the irritable, the weak, the excited, and the low spirited; and do not take anything a sick or silly person says in a paroxysm of anger, or during a period of despondency, or in great pain (or for want of sense), as a personal insult, unless you believe it is deliberately and wilfully intended as such.

Beware of confidants. Never become so fond of patients, or any one else, as to make them the repository either of your professional or personal secrets. With our imperfect therapeutical means we cannot always attain perfect results or give complete satisfaction, and some of those whom you have served most faithfully, and who you think will never change, will surprise and shock you by turning viciously against you and decrying you loudly. Bear the possibility of this ever in mind, and, while making your relations with your friends and patients cordial, frank and free, always avoid telling secrets and making confessions that would put you into their power if a rupture of friendship should ever occur.

To be overassiduous in paying visits when no sufficient cause is apparent, or to be too deferential and superserviceable to those who think themselves extra good patients, is dangerous, for as soon as one imagines he is the best patient you have, or that you are cultivating him unnecessarily, he is sure to undervalue you and is apt to quit you.

When urgent necessity or great danger require it, you may let yourself down to do the most menial work for a suffering patient, but, unless these exist, pulling off your coat or collar, administering injections, giving baths, swaddling new-born babes, nursing the sick, dressing or undressing invalids or moving about the room, rummaging drawers or ransacking cupboards in search of towels, old muslin for bandages, spoons, goblets, etc., in the presence of other help, as a body-servant would, does not comport with the dignity of your position, and it may be quoted as evidence that you are too familiar and lack proper self-respect.

It is much better to ask for things you need and have them brought to you.

A patient who is improving will be satisfied with a much shorter visit, slighter examination, and less perfect attention in general than one who is not doing well, especially if he is doing so well that you can express your emphatic satisfaction with his progress as you leave.

When a case is obscure, or in the initial stages, be cautious in expressing any positive or unguarded opinion, but in cases where you can safely do so give an unequivocal, frank, free diagnosis and prognosis that express your full opinion. The habit of stating your views thoughtfully and candidly will compel you to search for the underlying cause and to analyze and weigh details closely; will discipline your judgment, and force you to study your cases and mature your opinions, instead of lumping everything under the term "biliousness" (?) or "heavy cold," "effects of malaria," or some other ambiguous name, and prescribing after a moment's conversation, or a hasty catechising of the patient for his most prominent symptoms, without stopping to notice or study the minor ones—as is done by mere routinists.

A careless or superficial examination of patients, or inattention to the history of tedious cases, neglecting to name a disease, or calling it by a wrong one at the outset, has caused regret and loss of practice to many a physician.

Remember that, contrary to popular belief, the art of medicine does not enable you, or any one else, to diagnosticate any of the eruptive fevers positively till their local manifestations appear.

Frequently when a case is grave and you are being importuned to know whether you cannot do more, it is better casually to mention the things you deem contra-indicated—leeching, cupping, mustard, rubbing, baths, poultices, mopping the throat, electricity, etc.—and tell why you have not ordered them, so as to let it be known you are wide awake and have thought of them, but have good reasons for not using them.

Never pronounce any one's sickness feigned or trifling unless absolutely positive that it is so, and never make fun of people sending for you, or being alarmed at what appear to be trifling ailments or simple growths that will get well of themselves or that require no treatment, etc.; indeed, you should never joke, talk frivolously, or laugh about your patients or their sicknesses, either in their presence or elsewhere, and never taunt them about the trifling nature of their diseases. Some people will laugh off your treating their slight ailments slightly, while secretly they feel hurt and resolve never to have you again, but see another physician, or perhaps resort to quack medicines for fear he might also laugh. Another reason is that trifling ailments sometimes become serious diseases, and simple growths sometimes put on malignancy, and their becoming so *through fatal loss of time* is apt to be blamed on the joker for life.

Never guarantee a cure, or certain success, or a sure recovery, even for a mosquito-bite; guarantee nothing except that you know your duty and will do it. Medicine is not a perfect science and life is not a definite quantity. When pressed by persons who want the consolation of certainty to say that this, that, or the other case of sickness is not dangerous, reply promptly, "Of course, there may be danger, *because* there is danger in everything, and any sickness, even a fly-bite or a pin-scratch, may prove fatal," and that even a well person has no guarantee of

life from one day to another. Also remind the questioner that you yourself are but a mortal man, and that you do not hold in your hands the keys of life and death, and have not life-giving power; that your will and God's will may differ, and that, since medicine is not a life-insuring science, you cannot guarantee that any case of sickness may not develop some new symptom suddenly and become dangerous or have an unfavorable issue, and even end in death; then tell him what you think will be the probable issue in the case in point. Remember, too, that while every case presents a scale of probabilities it is surrounded by a group of possibilities, and do not fail to mention this fact, and to leave yourself a reasonable margin for uncertainties.

In giving death certificates in mania-a-potû, syphilis, abortion, etc., never yield to importunities, or a false tenderness for family affliction, and substitute other pleasant-sounding terms that risk putting you in a false position.

The laws everywhere clothe physicians with honors and quasi-judicial powers that are refused to other classes. You are exempted from military and jury duty, and made an officer of the law regarding insanity, vaccination, etc., and your certificate regarding deaths, births, inability to attend court, and numerous other offices of permanent trust, are everywhere respected, and it is most certainly your civil and moral duty in return to comply cheerfully and promptly with all necessary restrictions and legal requirements—to aid, rather than hinder, enforcement of the medical police laws.

In giving certificates, it is best to certify, "In my opinion," etc. Indeed, it is wiser, as well as more modest, in expressing an opinion, whether written or oral, always to say, "I believe thus and so," or "In my opinion," etc. The fact that it is your belief or opinion no one can dispute, even though it should prove erroneous.

Be exceedingly cautious in giving certificates of insanity, with a view to committing supposed lunatics to an insane asylum. Do not yield to the importunity of mistaken or

designing persons and commit the cruelty of depriving a poor fellow of his rights, liberty, and property because he has temporary insanity, is harmlessly eccentric, or entertains some harmless crotchet, as, for instance, that he is a tea-pot, or that his legs are of glass, or that some lady of high rank is in love with him, while in all other respects he is sane and conducts himself and manages his property rightly. Distinguish between the truly insane as contemplated by law, and those who may only seem to be insane. Dissatisfied friends of such people sometimes give great trouble to accommodating physicians in these cases. Give certificates in none but clear cases, and keep a memorandum of all the facts in each.

Also keep memoranda and observe great caution when you are a witness in will cases, suits for divorce, etc., to protect yourself against traitorous friends and designing enemies.

Rancorous feuds and venomous contests among those interested in wills and estates will occasionally show you how selfish, bitter and unscrupulous mankind can be over the dead one's old clothes and the dirty dollar. Avoid entanglement.

Remember that you are legally as well as morally bound to vaccinate a person after promising to do so. Besides the regrets and harsh criticism your neglect will generate, a suit for damages may follow if the patient gets small-pox while awaiting the fulfillment of your promise.

Never conceal the presence of a contagious disease from those who are interested, or those around who are liable to contract it, or misrepresent small-pox as "measles" or cholera as "intestinal catarrh," or yellow fever as "the bilious," etc., as has been done, or you may encounter the condemnation of the whole community. You will be apt to meet with rank opposition to your views, when your decisions concerning the presence of, or danger from, cases of infectious diseases (small-pox, scarlatina, typhus fever, etc.), and of their origin here, there, or the other place, from local or domestic causes militate against the wishes or supposed interests of hotel-keepers, store-keepers,

boarding-house mistresses, etc. In such cases do not be brow-beaten into allowing any one to violate the laws relating to the public health. Your duty to the well is quite as great as to the diseased. Indeed, the protection of the public health is of far greater importance than the well-being of any individual.

When these or any other dilemmas present themselves, adopt Davy Crockett's wise motto, "Be sure you are right, then go ahead."

Carefully prevent children in whose family contagious disease exists from infecting others by attending school, or otherwise mingling with those liable to contract it from them. Insist upon visitors being excluded from such cases. Also take care that its presence in hotels, stores, etc., is not kept secret at the public risk.

Never let people know that you are just from a case of small-pox, scarlet fever, measles, etc., or that you are even attending any contagious disease, or you will be credited with causing whatever cases occur among those whom you thus inform. If your practice is so full of such cases that you must tell it to somebody, tell the health authorities; indeed, the public good requires that you inform them, anyhow.

After visiting contagious diseases, take care to disinfect your clothes by walking in the open air; also wash your hands with very hot water, or hold them over the fire; also use disinfecting lotions, etc., according to apparent need; if necessary, take a warm bath, or even a Turkish bath.

Oppose the conveyance of diphtheria, scarlet fever, measles, small-pox, cholera, yellow fever, typhus fever, and other contagious diseases in hacks, cars, and other public vehicles; and forbid the attendance of friends at the funerals of those who have died of such diseases, on the ground that infecting particles from the dead must not be allowed to kill the living.

Never keep a tongue-depressor for indiscriminate use, for, besides the disgust which patients feel at having an instrument that has been used on everybody put into their mouths, it might

actually convey syphilis, diphtheria, etc., from one patient to another, and render you liable to just censure. When you wish to examine a throat at the patient's home, it is better to ask the nurse for a clean spoon, than to take a tongue-depressor from your pocket and excite the patient's disgust, and a lively curiosity among all around to know when and upon what kind of a case it was last used. At your office an ivory paper-folder answers very well, is not disgusting, and is easily kept clean.

It is both rational and proper to lend a helping hand to aid a worthy friend or great scientific superior, when he has any kind of a case requiring it, or to unite your friendly assistance with any member of the profession where humanity requires, or in any case that will either give you knowledge that you desire, or increase your reputation in a specialty in which you are interested; but be careful how you lend yourself as a jump-jack to bungling practitioners who would use you as a handicraftsman for their own good only; or to run about assuming half (or all) of the responsibility in cases of fracture, wounds, luxations, etc., for third- or fourth- rate Sir Astley Coopers; or to administer the chloroform, hold sponges, etc., in their steel-edged exploits: hacking and hewing, cutting and slashing; unless you are properly compensated for the work you do, and for the responsibility you take.

Servility and obsequiousness will never be of any solid benefit to your reputation either in the community or in the profession, but bad results in cases to which you are carried to assist the hero may do you a great deal of harm. It is much better for you, as an aspirant, to come out and stand on your own foundation before the world.

For somewhat similar reasons, if sickness, accident, or other providential contingency, compels a neighboring physician to ask you to attend patients for him for a short while, whatever you earn should be tendered to him; but if one inclines to neglect his business to dissipate, or to pursue pleasure, he cannot expect you to gratuitously attend for him either long or often.

Preaching morals to truly vicious patients seldom does much good, as moral distempers are usually too deeply rooted to be overcome by an appeal to the feelings, but you often can, by earnest, truthful, friendly advice and proper cautions, reconcile the estranged and calm the angry. You can also exert the greatest influence upon patients who have been injured by indulging to excess in chewing, smoking, drinking, singing, dancing, late hours, carousing, venery, the use of cosmetics, and other things that render them liable to disease. Your injunctions regarding the weaknesses, follies and errors named, if properly given, will frequently be strictly obeyed.

When drinkers tell you that they intend to "swear off" for a definite period, advise them, instead of swearing off, to pledge themselves neither to treat any one nor allow any one to treat them to liquor during the prescribed period. This is more manly and more apt to be observed. Treating and the treaters make the drunkard.

The various quack bitters advertised and guaranteed to be "a wonderful discovery" are almost invariably some vile compound of bad rum or bad whisky, and are the origin of much drunkenness; you should point out the danger and condemn their use. If a person *will* take alcoholic stimulants, advise him to take them "bare-footed;" then he will know what kind and how much he is taking.

If you adopt the habit of presenting your photograph to every one enamored of your professional skill, or of your manners, good looks, style of dress, etc., it will be the cause of many awkward dilemmas. Many patients who would swear by you one week will curse you the next, perhaps charge that you have maltreated them, killed their children, crippled their wives, or done something else equally horrible. You will learn by melancholy experience that the minds of men (and of women too) are subject to rapid changes. Many who would regard your picture with highest esteem this month or this year would tear it down or give it to the hangman the next. Trifles light as

air will sometimes serve to detach families from you ; a whim, a caprice, a look or a nod will sometimes break links that have been forming for years ; indeed, even old patients will drop you when they get ready, with less ceremony and less regret than you would an office-boy or an hostler.

CHAPTER V.

“A mind fraught with integrity is the most august possession.”—*Blaykey*.

HAVE respect for religion. Your profession will frequently bring you into contact with the clergymen of various denominations. Do right, and you will not only find in them firm friends, but also your chief supporters in many of your most trying-cases. The ministrations of a cheerful, discreet and pious clergyman, “The Messenger of God,” who confines himself to his true work, are sometimes more useful to a worn and irritated patient than medicine; and even where death is near and inevitable, repose and resignation often takes the place of fear and despondency when the invalid is skillfully informed of the probability of death. In fact, when cheered and fortified by religion, and impressed with the thought that whatever occurs they are in God’s hands, many of the careworn and sick show as little regret upon learning that they will probably die as a traveler does when about to start on a pleasant journey.

When called to attend cases of angina pectoris, aneurism, organic heart disease, desperate wounds or injuries, paralysis, or other diseases that create liability to sudden death, prudence may require you to conceal the danger of death from the patient, lest he at once give up all hope and be overcome by tumultuous grief, apprehension and terror; fear may exercise a deadly influence, and has often rendered mild diseases fatal in persons of a nervous constitution. But be sure in such cases to give private warning to those most interested. Allow no one to sink away and die without making the probability known to relatives, friends or neighbors. Be also exceedingly careful in talking before children with scarlatina, variola, rubeola, etc., of the danger of complications, or of their illness being serious or dangerous, and never terrify them when they are to be operated

upon by loud preparations and an awful array of instruments ; also take care to banish from them the fear of hydrophobia, lock-jaw, etc., because many very young children fully realize the meaning of death, and painting their cases in frightful colors would terrify them. Also use suitable caution in speaking within hearing of patients who seem to be sleeping, drunk, semi-comatose, etc. Bear in mind that a person, young or old, is not always asleep when his eyes are shut.

In this world of short meetings and long farewells it is just as natural to die as it is to be born, and every one's time must come. You can neither see what is written in the book of life, nor detain the sick, suffering soul when the Angel of Death summons ; sometimes you will seem to be fighting death itself, and yet see the patient recover as if by resurrection, whilst, on the other hand, you will often discover that a patient has almost entered the gates of death, while all around think, till you tell them differently, that he is getting better.

In serious illness you can very properly prepare the way for the introduction of the clergyman, but you should never attempt to roughly thrust your theological convictions, or religious beliefs, or disbeliefs, or your political tenets, upon patients who hold opposite views. Your specific duty is with the patient's body, and it is really no part of your duty to proselyte or to administer to the religious cravings of the sick. Every sect has teachers of its own, to whom you must leave the spiritual. We are the physicians of the physical body, the temporal life ; they are the physicians of the eternal life, of the soul. Do no theological talking or teaching, and for the sake of spiritual decency advance nothing that you do not believe and feel, that your lips may remain unaffected, and your hands unspotted. Confine your ministrations to the worldly welfare of patients, and never suggest anything in religious matters that involves a creed different from that of the sufferer.

The great prospect of eternity certainly overshadows all temporal things. Be ever ready, not only to allow, but to advise

patients to have spiritual comfort. Religion does good, not only hereafter, but here ; indeed, the presence of religious faith pointing to a life of blessedness and immortality is a power that can assuage the keenest sorrow and suffering, and even makes the avenues to death smooth, and if any physician does not recognize it, or, if he feels contempt for religious practices or feelings, he (*need I add ?*) lacks the a b c of mental philosophy and the rudiments of observation. You will see many a poor, sick, woe-worn, despondent and broken-hearted wretch calmed in mind and soothed in body by its cheering influence, and aided by it to get well, if his ailments are at all curable ; if not curable, his spiritual wants being supplied by the citation of the promises of the Bible and the repetition of the Saviour's name, and the voice of prayer to a benign Father, he gets faith, calm resignation and joyful hope from it, and becomes willing, or even anxious, for the hour of departure. Indeed, one who has religious hopes is more likely to survive a severe disease and go on to longevity than one who has not.

The automatic, convulsive agitations, and seemingly anxious movements unconsciously made by many of the dying are popularly supposed to be attempts to communicate some remaining thoughts, or secrets, or special wish before death. Explain to the friends in such cases that Providence has kindly drawn the veil of insensibility and unconsciousness around the dying one and that he is obtunded and past suffering. The dying struggle is painless to the unconscious patient, but is awfully painful and harrowing to all who witness it.

It is well that you, as a physician, whether a Roman Catholic or not, should be familiar with the following duties required by Catholic patients :—

When attending in Catholic families be doubly cautious to warn the immediate friends of danger, that the sufferer may receive the last sacraments.

One of the seven sacraments of the Holy Church of Rome is Extreme Unction. It is believed to purify the soul of the

dying from any sin not previously expiated through other sacraments, and to give strength and grace for the death struggle.

That church teaches that moral responsibility begins at the age of reason; therefore Extreme Unction is necessary for all who have attained that age.

Extreme Unction is given but once in the same illness, but if the patient has recovered and shortly afterward has the same, or any other kind of dangerous sickness, this sacrament is again necessary.

Another of the seven sacraments of the Church of Rome, with which you should be familiar, is the Holy Eucharist.

The Holy Eucharist, sometimes called the Wafer, is believed to contain Christ's whole being,—his body, soul, and divinity. It may be administered frequently in all cases of sickness where the patient is confined to the bed or to the house for any length of time, provided he has sufficient reason to make a full confession.

If the course of the disease in your patient is likely to render him unconscious, be careful to inform the family of the fact, so that the clergy may be called, and the confession be heard, and the Holy Eucharist given before the reasoning powers are obscured.

Those who are to receive the Holy Eucharist are required to fast, if possible, from midnight until they have received it; but if you consider that your patient's being without either food or medicine would be detrimental to his welfare, the clergy should be informed.

Where there is incessant nausea and vomiting, the Holy Eucharist is either not given at all, or given in the smallest quantity. To expose it to being vomited is a grave irreverence.

Be also equally careful in Catholic families to administer, or have administered, conditional baptism to all children during or after birth, when there is the slightest reason to doubt their viability. The following are the conditions and details of conditional baptism :—

You, or any one else, whether a Roman Catholic or not, are allowed to administer it. A male adult is preferable to a female, and of course a Catholic, if one is at hand, to a non-Catholic. The baptism is given as follows: After procuring a glass or cup of clean water (spring-water is designated, but hydrant, or pump, or any other kind of true and natural water will do), with suitable manner say, "I baptize thee in the Name of the Father," precisely at the word "Father" *pouring* a small portion of the water upon the child's head; continue, "And of the Son," at the word "Son" *pouring* another small portion; again continue, "And of the Holy Ghost," and at the words "Holy Ghost" another small portion.

Remember that in baptism every word must be uttered; were you to omit even an "of" the baptism would be insufficient. Also remember that the water must be true and natural, and must be poured exactly whilst the formal words are pronounced. So very important are these details that if you arrive after a midwife or other person has baptized the child, carefully ascertain whether she has observed the full form and used accurate language. If she has not, and the danger of death continues, you should baptize it again. In such a case it is necessary to preface the formal words with, "If thou art not already baptized, I baptize," etc.

If in a midwifery case the child of Catholic parents is believed to be in danger of dying, it must be baptized. If it is partly born, baptize on its head, if the head is presenting; if not, upon the hand, or foot, or any other part that is born. If no part is born, and if you can reach the child through the vagina, the water must be applied to whatever part can be touched. In all cases of unborn children, preface the regular form with the words, "If thou canst be baptized, I baptize," etc. In such a case apply the water to its body with a syringe, or by any other plan that will keep the water uncontaminated till it touches the child.

You will take great risk if you use the forceps in Catholic

families before the child has been baptized ; for if this has been neglected and the child is born dead, you will not readily be forgiven.

Remember that it is better for an immortal spirit to be prepared thrice and not go, than to go unprepared ; therefore, if you err at all, let it be on the safe side.

You should be careful to give timely notice of danger to all who have unfinished business of vital moment ; persons suddenly seized may wish to reflect on their awful situation, on the affairs of eternity, to assemble the family, summon friends from a distance, make wills, etc.

In an adult with almost any sickness you can safely predict that a hearse will be at his door in a few days, at furthest, after the pulse has (heart failure) gradually increased to 160. Also, if, after wounds or in acute sickness, he emaciates to two-fifths of his usual weight.

If you will observe closely, you will find that when a patient is firmly impressed with the belief that he will die he is extremely apt to do so.

It is very much better for you to avoid leaving your sphere of physician to become a witness to wills ; if called upon to do so, decline anyhow if you are not fully satisfied of the mental capacity of the testator, and never take part in interfering with the settlement or division of the estate of those whom you have attended, as you may thereby incur the charge of abusing opportunities which you owe solely to your position as a medical attendant.

Of course, if a person whom you have served long and faithfully chooses to remember you for it in a corner of his will, if it is done without your connivance, it is lucky and all right.

In no case be a witness to or executor of a will, when you are made a legatee or heir.

Be careful to exhibit proper gravity and sincerity when attending very serious cases, and do not obtrude the cry of hope, hope ! when you see no hope.

If a very ill, sane adult really wishes to know his real situation, whether he is in great danger or likely to die, and asks you the plain question, answer him frankly and truthfully, and state fairly and fully the ground on which your opinion rests, and thus relieve yourself of responsibility; but, if possible, answer him in bland terms, so as not to appall him and injure him by taking away all hope and substituting despair. With your opinion, give all the encouragement you honestly can, and if you know anything favorable, either in his physical or spiritual condition, mention it as a solace.

You are at liberty to be silent or to say but little regarding the nature or degree of a person's sickness, but, of course, let whatever you do say, whether much or little, be true. You must not, you can not, put falsehood in the place of truth, even when solacing the sick and dying; for, as a man and a physician, you cannot sacrifice principle or honor for expediency under any circumstances, especially to a person in a terrible and trying situation. But you can, you must, soften the truth and tell it in a proper manner.

You will find few who have the mental fortitude to enjoy the remainder of life, after they are formally told that their cases are permanent or incurable; and you should be cautious, not suddenly to extinguish the flame of hope, even from those afflicted with lingering maladies, tuberculosis, cancer, Bright's disease, etc., where death approaches slowly, like a creeping shadow, up to the last stage, since persons with those diseases have plenty of time, while the face gradually grows thinner, their eyes dimmer, cheeks paler, pulse quicker, breath faster, limbs weaker, sinking away gradually, to realize their fate. Indeed, you should not, in such cases, tell how many you have attended who died of the same disease, or give a merciless prognosis, containing, like a death-warrant, neither hope nor encouragement, unless you are willing to be replaced by some one, who may do no more good than you, except talking more hopefully.

To tell a patient that he has a grave-yard cough, or that you would not have his throat, or heart, or lungs, or liver, or kidneys for a thousand dollars, would add the depressing influence of despair to the sedative influence of the disease, and could not fail to destroy his moral will-power, and either murder him by inches or work serious injury to him.

You can often prevent despondent and anxious patients, whose pulse or temperature has grown worse, or those whose diseased lungs, heart, etc., you are examining, from asking you questions that would compel you to disclose to them your gloomy prognosis, by having ready on your tongue's end questions regarding their sleep, or appetite, or bowels, or something else to ask the moment you finished listening, counting, or testing; you thus give them no period of solemn silence, and no fair chance to inquire what you find or think, or to see what thoughts you show.

We have to do, not only with sickness, but the sick; not only with death, but the dying. It is for several reasons better not entirely to abandon cases of consumption, cancer, etc., even though they be incurable, or in their last stages; on the contrary, keep them on your list, and visit them, at least occasionally, not only that you may give them all the relief you can, but that their friends, both present and absent, may have the very great consolation of knowing that they have full professional care and comfort up to the very time the dark curtain falls, after the last act.

At every period of your career aim to convince the world that you, as a physician, are an apostle of hope, of faith, of sympathy, of comfort and of relief, and that your profession is not in league with the grim forces of death and mourning, but that, on the contrary, all its symbols are indicative of health-giving and life-restoring power. Neither Æsculapius, nor his daughter Hygeia is represented as bowed in tears, with the habiliments of mourning, but we see instead Æsculapius with the serpent coiled around his staff, the symbol of rejuvenescence, and

Hygeia is seen affording to another warmth and succor—a beautiful symbol of health and preventative medicine.

Remember that Mr. Death is the physician's great antagonist, and that when he overcomes your efforts and takes away the spark of life your duty ends. Do not, then, essay to offer up a prayer or make a prolonged stay to administer nervines to relatives or friends, or tender your services for promiscuous duties, *e.g.*, carrying messages, going for the barber, undertaker, etc., but at the earliest suitable moment quietly withdraw.

Leave the laying out of the body, the application of preservative fluids to the face and body of the dead, and all such things, to the undertaker or friends.

Do not make a habit of visiting the mourning house to view the dead, and even avoid attending the funeral of dead patients, except when it is absolutely necessary.

Above all else, do not write apologetic letters to the bereaved, expressing self-reproach for not recognizing this or that fact, or unceasing regret at not following a different course of treatment, and asking forgiveness. If there are facts connected with your relations to the case that require explaining, find occasion to communicate them verbally.

Avoid all such tricks as assuring a timid patient that you will not lance his boil, but merely wish to examine it, and then suddenly doing what you assured him you would not do. Veracity should, in all situations and under all circumstances, be your golden shield.

Ours is a chequered life, and humanity in all its varieties, the white and the black, the rich and the poor, the putrid prostitute, the outlaw, the boor, the swaggering rowdy whose character can be read on his physiognomy, the reprobate and the thug, Swearing Joe, Thirsty Jack, and Joking Jim will all be represented in your practice. Attend anybody if you must, as your mission is to all sick people, but seek to avoid disreputable places, and do not be hail-fellow-well-met with persons in whom the moral thermometer registers low, as they are more likely

to be a curse than a blessing. Remember always that such people respect no physician who does not fully respect himself.

Endeavor to establish and maintain a complete professional influence over all patients you attend, for without their faith and their respect you will have to contend not only against the physical condition, but also the mental and moral.

You have a perfect right to relinquish attendance on a case when you think your interest, or your reputation, or other valid reason requires it; when you do so, give formal written notice, and let your withdrawal be fully understood, that you may not be held responsible for subsequent occurrences. It is better, however, to plead having *too much other business*, and not take undesirable cases at all, than to take them and involve yourself, and afterward relinquish or neglect them.

Never refuse to quit your bed and make night visits to patients who require them; to do so would be unjust, in that it would put your duty on some other physician, and cause the patient unnecessary suffering, perhaps death, or it might even drive the messenger to a pharmacist for advice and medicine, or open the door to an Irregular, or whoever else could be caught up in the emergency to fill your place. If, however, you charge full *night-visit* fees for *all* visits made after bed-time, you will be less often called out at nights and compelled to undergo loss of rest and exposure; perhaps to go two or three miles on cold winter's nights, or before breakfast, on a half-run or dog-trot, to attend to needless but harassing calls from frightened ailers, who fancy they are about to die, and others who could have sent at a more seasonable time. *Unnecessary* night visits rob physicians of necessary rest, and even if they bring in fees, and if your life is a busy one, these are not an equivalent for the risk of health from overwork and loss of sleep.

Be exceedingly cautious about taking degraded or vicious patients, who are to be visited clandestinely, or having married women or young females consult you surreptitiously at your office; especially, if to have vaginal or other private examina-

tions made without knowledge of parents or husband. Also, be careful about attending patients from the effects of intemperance or prostitution, under pretence that they have other than the real disease, in order to shield them, by deceiving their friends or relatives.

Do not overvisit your patients, and be especially careful to pay but few visits to those with trifling injuries, uncomplicated cases of measles, mumps, whooping-cough, chicken-pox, etc. People observe and criticise a physician's course in all such cases, and if he seems overattentive they are apt to believe either that they are sicker than he admits, which will cause them a great alarm, or that he is *nursing* and prolonging the case and creating a bill *unnecessarily*. It is sometimes an extremely delicate point to decide whether a patient needs another visit or not, and how soon. You must learn to judge correctly the proper time to cease attendance in different varieties of cases, so as to satisfy the patient and his friends that you are simply intent on discharging your duty.

Most people dread the expense of medical services, and excessive attention and numerous visits are rarely appreciated; a physician who pays but few visits and yet cures is always popular. If you can make known your habit, and get the reputation of not paying any but necessary visits, it will be a special feature in your favor, and will almost double your practice.

A good rule, the only proper rule, is to visit your patient when, and only when, you think he really needs your care, whether once a day, or once in seven days. Never go several times a day without pointing out to him the necessity for it.

Above all else, avoid running in to visit patients unnecessarily because you "happen to be in the neighborhood." If you visit on such a plea and charge for it, you may be criticised for making obtrusive visits and forcing unasked civilities, and your bill may be disputed. On the other hand, never visit an ill patient so seldom, or so irregularly, as to induce a belief that you are neglectful.

Some well-to-do or oversolicitous people form an exception to this rule, and insist on your visiting them more frequently than is necessary, almost living at their house during sickness, to observe progress, instruct attendants, etc., regardless of the additional expense, and, of course, you should gratify them, but you should also at the beginning inform the person who will have to pay the bill of the reason for the extra visits, and of the expense it entails, and get his acquiescence.

During these frequent visits you should avoid a careless bearing, and should avoid becoming what is termed "a friend of the family." Maintain a professional attitude, and that only, and avoid the habit of digressing from the patient to politics, fashions, or other current topics; for unless you do so he will certainly lose confidence, after which the moral effect of your visits will be lost, you will be shorn of your influence, and will scarcely be honored or even welcomed when you call.

When visiting a patient, always let it be known whether you will visit him again, and when; it will not only satisfy him, but will prevent all uncertainty. When a case has so far convalesced as to make frequent visits unnecessary, and yet mends so slowly or irregularly as to make you fear an arrest of improvement or a relapse, it is better to keep sight of it by calling once in a while and letting it be known when you will call again, with an understanding that if the patient gets worse in the meanwhile, or if he grows so much better as to render your promised visit unnecessary, you shall be notified. This plan is, for many reasons, better than quitting such cases abruptly.

Chronic cases often do us the greatest injury, for among the surest fruits of neglecting them will be the employment of quack medicines, or the entrance of an irregular or charlatan, whom some busybody has pressed upon them during your absence. It is very mortifying to drop in to see a patient, after prolonged neglect, and see a big bottle of quack medicine, or a vial of pellets, or the two tasteless glasses sitting on the table beside him, and hear this or that story of why they changed.

Earnestness and interest shown in cases are master qualities. They inspire faith and confidence, and are often actually accepted in lieu of extra skill. Imbue yourself with genuine interest in your cases, and you will be sure to show it in a thousand ways.

Make it a study to remember well all that is said or done at each of your visits, so that all you say and do throughout the case may be consistent. Also take care neither to expose a want of memory nor a lack of interest. Were you to ask a patient, "What kind of medicine did I give you last?" or hesitate in your questions, he and his friends would notice it instantly, and think you either felt but little interest in his case or had either a dangerous lack of memory or a worn-out one.

Try to make your address and manner such that patients will not hesitate to unlock their hearts and fully impart to you their secrets and the nature and seat of their disease, as fully as the pious Catholic would to his Father Confessor. One of the greatest drawbacks to many physicians is that they do not inspire complete confidence, and patients neither intrust them with the secrets of their ignorance, folly, or wickedness, nor employ them in afflictions that create hesitation or shame.

Have but little to do with your patients' family squabbles or with neighborhood quarrels.

Do not let your wife or any one else know your professional secrets, or the private details of your cases, or the methods or instruments used in their treatment, even though they are not secrets; few persons like to have their foibles told from house to house—what they said in their delirium, or how they shrank from leech-bites, or gagged at a pill—or to have their whims, fancies, or infirmities exposed.

Many persons believe that physicians who allow their wives to ride around with them while making visits relate everything that has taken place at the visit after they drive away from the house. Of course, this is not so, but if people think so their discomfort is the same as though it were.

There is no end to the mortifications, compromises, and estrangements a physician's prying and babbling wife may bring him into by her tittle-tattle. Nothing is more mortifying or hurtful to the feelings of sensitive patients than to hear that the details of their cases are being whispered about from ear to ear, as coming from the physician, his trumpet-tongued wife, or other busybodies whom he or she has told.

If you allow yourself to fall into the habit of giving out the latest inside news, or of speaking too freely even of ordinary affections, or submit to be indiscriminately interviewed by chatty people from Meddlesome Row concerning your patients, your very silence in disreputable cases will betray them. The credit of whole families and the character of their individual members will sometimes be at stake, and unless you shut your eyes and do not see too much and your mouth and do not say too much, it may ruin them and involve you.

Indeed, many persons suffering with venereal diseases are so much afraid that their family physician might reveal the secret that they would sooner suffer the ravages of the disease, or apply to a quack, than to run that risk of exposure and disgrace.

You will be, to a certain extent, an honorary member of every family you attend, and will be allowed to see people in a very different light from that by which other people view them: when their spirits are humbled in the hour of pain and the day of distress. The community see one another with a veil thrown over their moral and physical afflictions; over their strong passions and feeble control; over their blasted hopes and the sorrows that flow from their love and hatred; over their poverty, their frailties, their crimes, and their vexations; over their cruel disappointments and rude mortifications, their follies and disasters, their fears, their delinquencies, their solitudes. *You* will see their deformities, infirmities, and deficiencies with the inner veil lifted and the book of the heart wide open; you will see grief and joy, anger and shame, hope and despair, and will

hear conversations that it would be exceedingly wrong to rehearse; you will, in short, become the repository of all kinds of moral and physical secrets. Keep them with Masonic fidelity.

Love, or debt, or guilt, or shame, or anxiety for revenge may prey on the mind of a sick person and actually convert a simple into an incurable disease. As these things are apt to be kept concealed from you, it is necessary for you to be ever mindful that they are important agencies in the causation and intensification of disease, and to be prepared for their early recognition.

Observe reticence at your visits, and do not mention the private affairs of anybody from house to house. Seal your lips with a seal as solemn as that of death to the fact that patients have, or ever had, venereal diseases, hæmorrhoids, fistula, ruptures, leucorrhœa, or constipation; or that abortions, private operations, etc., have taken place; or that any person takes anodynes or liquor; or that Mrs. — had a baby too soon after marriage, or that — had one without being married at all; or that Mr. — is addicted to secret immoralities, has or has had a venereal disease, or has this, that, or the other bad habit. No matter how remote the time, if patients wish their secrets told let them do the telling. You have no right to tell the affairs of patients to any one without their consent.

But while silence should be your motto, it is your duty to society and to the State to expose and bring to justice abortionists, unprincipled quacks, and other heartless vampires, whether acting under cover of a diploma or not, whenever you meet with proof of their wicked work. But never directly charge any one with dishonorable or criminal conduct unless you have at hand ample and unequivocal proof of his wrong-doing; for, if you are without it, the accused is sure to find a loop-hole, or to make an indignant denial, and cunningly bring against you a counter-charge of malicious persecution.

In prescribing medicines for the sick, it is better to confine yourself to a limited number of remedies with whose uses and

powers you are fully acquainted, than to employ a larger number of ill-understood ones.

Memorize the rules for dosage, and keep in mind the maximum and minimum quantities given of every article you admit into your list of remedies.

When you order unusually heavy doses of so-called poisons, instead of using the common signs, take care either to write the quantity out in full, or to underscore both name and quantity, or in some other unmistakable way show on the prescription that you are aware of all that is written. A good plan is to write at the bottom, "The above is just as intended." Again, when you write for a potent article that is but seldom used, it is well to also add its common name, that the pharmacist may feel no doubt as to what is intended. It is safer also to put the names of heavy-dosed patients on their prescriptions. When you order morphia, etc., in unusually large doses, it is well to have it made into pills and granules, and direct the druggist to "put them into a bottle." It is so unusual to dispense pills in a bottle, that it informs the compounder that the quantity is not a mistake, but is as intended, and guards patients and attendants against taking or giving them in mistake. When you prescribe pills, powders, etc., for sailors and other persons whose business exposes them to get their medicines wet or wasted, it is better to direct them to be put into bottles or tin boxes instead of paper boxes.

You may occasionally have a patient who persists that he is conjured, or that a pin or fish-bone is lodged in his throat after examination has proven there is none; or syphilophobic and anxious to take medicines after a chancroid; or morbidly afraid of hydrophobia or lock-jaw; or the victim of this, that, or the other vagary, hallucination or whim; who cannot be convinced by all your assurances that his ailments or forebodings are imaginary. When all else fails, as it is your object to cure, it may become as clearly your true and manly duty to employ such remedies as are adaptable to the case on hand, demanded

by the mental condition of the patient, and are likely to satisfy his mind and relieve his psychical disease through psychological impressions, or the action of mind on mind, as it is to give any one ponderous doses for a gross physical ailment. Any remedy or expedient honestly intended to aid in relieving such a patient is called a placebo. Giving a placebo in such a case is a very different thing from practicing upon and increasing a patient's fears, as is done by the charlatan. Despise not policy, but let your policy consist in honorable expedients.

A placebo should, as a rule, be small and easy to take; mild tonics, the bromides, the valineates, and other harmless agents are usually employed.

Be careful to keep a straight face and to give exact directions concerning the time and manner of using remedies intended to act chiefly through the mind, and they will do double good.

You will not only find that almost anything will relieve some of these mental cases, but you will be further surprised to learn that they are chanting its praise and vowing that they were cured of one or another awful thing by it. Some who seem to be magically benefited by doses of—nothing—will actually thank them for saving their lives. What a sad comment on the intelligence of the nineteenth century! What a sad fact for us that sugar-water, etc., often receive as much (presto, be gone!) praise as the truest remedies! What a harvest such people supply for those who live by fleecing!

Make none but an honest and proper use of mental remedies (leave juggling and all that is dishonorable to disreputable pretenders), and if you happen to have the required medicine give it gratuitously and charge for advice only; if not, write for something that is inexpensive and simple.

Never send a patient to a drug store with a prescription for bread pills. It is not right to make any one pay money for anything that has no intrinsic value; besides, if among all the simple tonics, nervines, etc., in the pharmacopœia you cannot

devise some recognized agent that is more valuable to a depressed patient than bread pills, you must have a great paucity of resources. Moreover, were a patient to discover that he had been paying his money for such an inert thing as bread pills or colored water, he could not help feeling victimized and indignant.

Just here let me impress a caution: to believe too much and not to believe at all are both unfortunate mental conditions for those who practice medicine. Take care that your mind is not led into an exaggerated view of the importance and power of drugs. Remember the example of the old woman of Paris who filled bottles with water from the river Seine, sold it as a cure-all, and heard of so many cures wrought by it on all sides that she died (with a bushel of certificates of cure in her trunk) fully convinced that the (polluted) water of that river was a sure cure for all the ills of the human race. Also guard against the opposite error, that medicines are useless and unnecessary; either view would materially impair, if not destroy, your fitness for the practical duties of your profession.

The very shape and fashion of medicine have changed with the present generation, and eight-ounce bottles and thirty-two-ounce bowls of bad-tasted purgative, expectorant, or diaphoretic medicines are (thank Providence!) seldom seen.

The vast majority of people are now sensible enough to avoid every-day medicine taking, and to take remedies only when sickness demands, and even then not too much; but taking a little "searching" medicine that "scours" four or five times, or a bottle of salts, or of cream of tartar, or ten and ten of calomel and jalap for "clearing the constitution," in the spring of the year, still has patrons, who believe in it just as the good housewife believes in spring and fall house-cleaning; and cathartics and other depleting remedies are still popular with the few who cling to the old FORTY-YEARS-AGO mania for purging, sweating, and cleaning the blood.

These people always want to see and feel promptly and fully the action of medicines, and some of them think they could

scarcely live a month unless they had almost turned themselves wrong side out with pills, salts, etc. Consequently they incline to purge themselves entirely too often. Remember that when nature is depended on, the bowels ought to act daily, or at least freely once in two or three days; for when nature moves the bowels the lower portion only of the intestinal cavity is evacuated, and during the interval, before the next passage, the fæces from above come down and are in turn evacuated; but, when a purgative is taken, it sweeps out the entire alimentary canal, and of course such a scouring is not required as often as the natural, though partial evacuation. For any adult who cannot have an evacuation without the aid of medicine, to give a purgative once in three or four days is sufficiently often.

Never solicit people, either by word or manner, to employ you; for such a course would surely repel them, or at least prevent your enjoying the necessary esteem.

Many families are naturally fickle and capricious, and cannot be depended on to adhere to you, even from one day to the next; no matter how earnestly one tries to serve and satisfy them, they will quickly become wearied and disheartened, and will insist upon consultations even in the most trifling ailments; perhaps change about with astonishing rapidity—first from one physician to another, then to a prescribing druggist or irregular practitioner, and will finally wind up with a quack medicine, or a quack doctor. Others, truer, will adhere to you with steady confidence, through thick and thin, good and bad, with surprising tenacity. You should found your hope of being retained, no matter what class of patients you are treating, upon deserving it. Do not, however, set your heart or faith upon the continuance of the patronage and friendly influence of any one, for you will many a time be unceremoniously replaced, after days or weeks of unremitting attention, by those whom you know to be in head and heart far below you in everything that goes to constitute a good physician. Sometimes, after you have shown every attention, spent sleepless nights, and done all that is possible,

you will be unexpectedly and unjustly dropped by a family, and Dr. Lowebb, or Dr. Pettyhook, or Dr. Bobtail (who spends half his time in trading horses and talking politics), or an old lady, or an Irregular, will supersede you, and you may have to bear the reflection, the ingratitude, and the wrong without showing the slightest chagrin.

Poor people, when rapidly raised to wealth (from dirt to delirium), often not only move from the old house to a mansion in a different section, sell their old, shabby furniture and buy new; pull off plain clothes and put on fine ones; cut old acquaintances and seek new ones; but, as if to efface all the past, even their old physician, who has stood by them through everything, is abandoned.

Ability promptly to detect loss of confidence, or dissatisfaction with yourself or your remedies, is one of the acquirements which, if you do not already possess, you must seek to attain. Remember that continued suffering, protracted confinement, unsatisfied suspense, and disappointed expectation of convalescence, all tend to produce impatience and dissatisfaction in the mind of the patient and among his friends, and to create strong doubts of your knowledge, skill, or judgment.

If in any case you say that the patient will positively die, unless the fact is obvious to all, it will probably be speedily used as a pretext for changing physicians.

A patient has a legal right to dismiss you from a case at any time, provided it is done decently and in order, and you have also a perfect right to relinquish attendance on him at any time. Indeed, you may sometimes find yourself so hampered, or harassed, or maltreated in a case that to either retire from it formally or discontinue your visits are your only alternatives.

When you find it necessary to withdraw from a case, endeavor to do so in a courteous manner, as it is not incumbent on you to break off all friendly relations on this account.

Whenever dismissed from a case, consider attentively the combination of circumstances that conspired to produce the dis-

missal, and how you might have averted it, that you may, by self-analysis and self-training, gain additional familiarity with the art of doing your duty acceptably, and of retaining your patients.

Some people, indeed whole families, who will almost idolize you as long as you are lucky and have no unfortunate cases, nor deaths in their families, will turn as rudely and maliciously against you, as soon as either occur—as if you kept the book of life and controlled the hand of God.

When you are unjustifiably dismissed from a case, especially if it is to make room for an Irregular, or bloated quack, do not consent tamely to be thrown aside in such a manner. Express your perfect willingness to retire, but make known in a polite, gentlemanly way, that you expected fair play and courteous treatment, that such dismissal wounds your sensibilities, casts undeserved reflection on you, and injures your reputation in the community; to all of which you cannot be indifferent. Such a protest will not only enable you to vent your mortification, disappointment, and disgust, but will also secure for you greatly-increased respect, and will counteract the injury consequent upon your dismissal better than if you meekly submit without protesting.

In acutely painful cases, large, even heroic doses of morphia or other potent medicine are often required, and must be given promptly, as hours, or even minutes, may decide the result; care must, of course, be taken that the total amount be not sufficient to poison the patient. Here is a case in point: A gentleman known to the author had cholera morbus; a physician was called, who prescribed for him twelve opium pills, one to be taken every six hours. In that case the physician was fatally slow in his therapeutics, for long before the time to take the second pill had arrived the soul of that pained sufferer had taken its flight to a land where medicine is not needed and six-hour intervals can do no harm. Take care to avoid his error, and never leave long intervals between the doses for patients suffering acute pain.

Bear in mind that an opiate that has power to relieve acute pain will do so within an hour; failure to do so necessitates another dose. A dose of chloral will produce sleep within half an hour, if at all, and it is useless to wait longer before repeating. When it is intended to keep a patient under the influence of opiates, it is necessary to repeat them every four hours, as the effects of a dose begin to wear off after that time.

When opiates are no longer needed, the nausea that might follow their abrupt withdrawal may be prevented by continuing them in decreased doses at four-hour intervals, decreasing the dose each time to one-half of that which preceded it.

There is a popular belief that opiates are given only to allay or relieve pain, not to cure the sickness. Opiates are not only palliatives, but by controlling pain, lessening functional motion, etc., they are powerful curatives in a long list of diseases.

The laity expect you to examine your patient at every visit. Let your first examination be specially thorough; omit nothing that can shed light on the case, and never neglect the following five cardinal duties: To feel the pulse, to examine the tongue, to inquire about the appetite, the sleep, and the bowels. No matter what the case may be, take care to attend to these and all other evident or special duties at every visit.

Whenever symptoms render it probable that hernia, carcinoma uteri, Bright's disease, or heart disease is present; or that the throat is diphtheritic, or the ear occluded by wax; or that a tumor or an aneurism exists; or that one's femur is fractured within the capsular ligament, or his shoulder is dislocated; or that a patient is pregnant, or has placenta prævia, or a uterine polypus; or that any other condition exists which, if overlooked, might imperil the patient's life and possibly make you feel the pangs of remorse for having committed a grave mistake, or subject you to disgrace or diminished dignity if discovered by another, you should always make an immediate and thorough examination, and it would even not be out of place if you hinted gently at your suspicions.

If you are careless or neglectful in these matters you will often be surprised to see another, who has been called into consultation, or who has superseded you, discover the whole truth of the case; not so much from his superior skill, but because he made some examination or inquiry that you omitted.

To mistake a tumor for pregnancy, or *vice versâ*, is one of the most mortifying and damaging of errors. To be attending a female who has been ailing for weeks and months, and who proves to be pregnant, is also very damaging, unless you have recognized and declared that fact, since, if you have not, her entire illness will be charged to the pregnancy. You will be lucky if you get your fees in such cases without dispute.

Never ask an unnecessary question, yet be careful to make every inquiry needed in order to learn all the facts, and to satisfy everybody that you feel an interest; if you neglect this, you will risk both error and loss of confidence.

Prompt detection of dangerous changes, or of the approach of death, will not only protect you, but will give you *éclat* if you point them out before the patient or friends observe them.

Never speak of anything you do for a patient as an experiment, or for curiosity; everybody, everywhere, are opposed to physicians "trying experiments" upon themselves or theirs. For the same reason it is not discreet to give certain patients the sample bottles of new pharmaceuticals that will be so liberally sent to you for trial, or to let any one know that he is the *first* to whom you ever gave this or that medicine; or that his is the first case of that kind of fracture, or of small-pox, or of hernia, or of anything else that you ever attended.

You should keep a register or a reference-book for collecting and retaining particularly good remedies, prescriptions for stubborn diseases, and important things that you have seen, heard, read, or thought. Such a record possesses continual interest and more value to its owner than any other book in his library. Also have a clinical case-book or a diary for recording the date, diagnosis, treatment, etc., of unusually important cases. Nothing im-

presses a patient who has a complicated or long-standing disease with a conviction that you are steady and industrious, and that you are interested in him, and that you intend to try your utmost to do him good, so much as to know that you keep a regular record of his case.

Besides, these records will furnish you important cases for relation at the societies or for publication in the journals.

When truth will allow, let your diagnosis either include the patient's belief or fully nullify it, that his mind may not distrust your opinion or antagonize your treatment.

You can more easily and permanently convince and impress a cavilling patient of a medical fact that militates against his wish or belief—for instance, that shortening is usual after fracture—by showing it to him in the books than by a hundred verbal statements.

Demonstration to a patient or his friends of certain diseases and injuries that admit of it, by comparing, in plain language, the affected parts to sound ones on a well-drawn pencil-sketch, or a diagram on a prescription paper, gives great satisfaction, makes them understand that you understand, and does good.

Study to be fertile in expedients, and never confess, or allow the inference, that you are hopelessly puzzled about a case, are at your wit's end, or have reached the limit of your resources.

Never be too sanguine of a patient's recovery from a serious affliction, and never give one up to die in acute disease unless dissolution is actually in progress. Wiseacres say that "the only way to get well after a physician gives you up is to give him up" (?). Above all else, never withdraw from a case of acute or self-limiting disease because the patient is very ill and more likely to die than to live; for the human system can often endure a great deal and still live. It is highly comforting to anxious relatives or friends to know that the physician stands ready and willing to do more, if opportunity offers.

If a patient is unable to swallow, think of the œsophageal

tube, or if food taken into the stomach is not assimilated continue your efforts with inunctions of cod-liver oil or oil and quinia, rectal alimentation, etc., until he is either better or the breath is out of his body ; for *nature*, by a crisis, or a vicarious function, or a compensatory process, or the tardy action of the remedies you have used, may turn the scale and let the life-power, or the natural powers of a vigorous constitution, rally and gain control over the disease at the very verge of life. Under such circumstances, if you have given up the case as hopeless, you will be disgraced, while some brother-physician, or an irregular, or an old woman, who has stepped in at the lucky moment, will reap all the glory of setting the laws of nature aside, and bringing back to life one already mourned as dead.

CHAPTER VI.

“He is most free from danger who, even when safe, is on his guard.”

—*Publius Syrus.*

You will have to foresee thousands of snags that lie in the professional current to catch the unwary. When in doubt whether duty requires you to do a thing or not, between doing nothing and a dangerous operation, if all else is equal, remember that the sin of omission is, in appearance at least, not so great as the sin of commission.

A very safe guide, in determining what line to pursue in grave or puzzling cases, is to imagine yourself to be in the patient's dilemma, and then ask yourself, What would I have done?

The most skillful physician may and often does get results that he deplures, but, with every care, is powerless to prevent; therefore summon professional assistance in all ugly fractures, critical cases, capital operations, etc., where you think there is the least danger of an unsatisfactory termination, and of your being blamed for the loss of life or limb, or sued in consequence of that result. Having assistance not only divides the great responsibility, but also constitutes one a teller of truth for the other, and by making each the guardian of the other's character, prevents criticism, charges of unskillfulness, or of mis-diagnosis, and causeless suits for malpractice. Remember that the community seem to think that physicians can and must restore broken bones and injured tissues as perfectly as the Creator made them, no matter what the injury may be; and remember also that when a fracture, or dislocation, or a disfiguring wound, or accident of any kind, recovers imperfectly, or with deformity, or shortening, or deviation of any kind, or contracted tendons, or rigid cicatrices, or a limp, or requires a cane or crutch, there is danger of its being shown ever after as a botch or failure, and

becomes a lasting and lingering libel on the medical attendant's reputation. A badly set limb, or an unnecessary or bungling amputation, injures our whole profession, and the limb or stump may be held up in court in a suit for damages; therefore, the responsibility had better be divided. In this respect medical and surgical practice differ—the results of sickness usually disappear, while those of unsuccessful or unfortunate surgery remain, and, if bad, may induce wicked, jealous rivals, tricky lawyers, or other conspirators to help cast you into the fiery furnace of a lawsuit.

Among the reasons why many malpractice suits spring from surgical cases, and but few from medical ones, are these: Although one is as liable to a prosecution by the laws for medical as for surgical malpractice, it happens that medical cases are treated in a more private manner, and may each be treated in numerous ways; and persons interested, even though dissatisfied with the result, are not competent to judge of the physician's skill and treatment to the extent of a suit; whereas the amputation of limbs, the adjustment of fractures, the reduction of dislocations, the management of wounds, bandaging, etc., all depend on a knowledge of anatomy and on manipulative dexterity, and are all open to public observation and criticism; and the methods proper to pursue in any case are so well agreed upon by surgeons, and the results aimed at are so obvious, that even the vulgar may criticise and prophesy. Having anatomy for his foundation, and the science of surgery for his guide, the surgeon is expected to follow certain definite rules, to have infallible foresight, to overcome all surmountable difficulties, and to get a perfect result. If he does this *éclat* awaits him, but if he gets a bad result, and is presumed to have omitted any duty, the painful task of vindicating himself against a lawsuit may follow.

The sooner your account with a dissatisfied patient is settled in one way or another after your services are no longer required the less likely you will be to have a lawsuit, and, if

you do have one, the sooner after the services are rendered the better, while witnesses are still accessible and all the unfavorable influences are fully remembered.

Remember that you have no right to do more to a patient under anæsthesia than it was agreed to do. To put a patient under chloroform to amputate a finger, or to remove an eye, and then to amputate the whole hand or both eyes, would give great reason for blame.

Keep your surgical knowledge at your fingers' ends; medical cases can be read up as they progress, but a broken limb, or a dislocated bone, or a wound, will not wait, and you must be ever ready to treat them correctly.

Bandages, either too tightly applied or under which the tissues have swollen and constricted the circulation, have been a fruitful source of blame and lawsuits.

Always take the precaution, both for the patient's protection and your own, to listen to the heart's action immediately before administering an anæsthetic; and to watch the respiration during the administration—withdrawing the agent on the least approach of blueness of the face or lips. Always have reliable assistants present, and have it in your minds to hang the patient head downward the moment alarming weakening of the heart's action, or of respiration, occurs. When possible, have another physician present whenever you produce anæsthesia, or narcotism, more especially if the patient is a female. Also, have a third person present at all sexual examinations of females, especially at your office, to disprove possible hallucinations regarding either improper words or deeds, and to avoid scandal and the traps of designing people.

Here, I may say, beware of personal violence. Midnight desperadoes may lead you into their traps by feigning sickness, and then rob or murder you; or your brute, crazy with drink; or your homicidal maniac; or your fever-tossed patient who knows not what he does; or your lunatic with a delusion; or the infuriated fellow in whom you have made a wrong diagnosis

or given the wrong medicine; or the unreasoning tiger in whose family you have had sad deaths, or unfortunate surgery, or of midwifery; or the insane wretch whom you have through kindness sent to an asylum; the thug, the fanatic, the madman—any blood-thirsty demon may suddenly assault and try to maim or kill you.

All anæsthetics are dangerous; refuse to give them in trifling cases of minor surgery, and where a moment's fortitude on the part of the patient is all that is required. Such occasions do not justify the risk.

Never examine a female to ascertain whether she is illicitly pregnant, at the instance of parents or others, without her own full consent to the proceeding.

Such exclamations as "Oh no, Doctor, it cannot be that his arm (or leg) is broken, for he can work his fingers (or toes)" will often greet you when you pronounce that a bone is fractured. This error is due to the fact that people think that the fingers and toes are moved by the bones, not by the muscles. It sometimes becomes even necessary to explain this in defense of the opinion you have given; every one of us can move our tongues, which have no bones.

Patients of the fair sex, whether virgin, wife, or widow, sometimes hesitate to allow the physician to make examinations that require uncovering the body, or to allow him to see the underclothing, simply because their bodies or their underskirts are unclean and unfit to be seen, while the physician supposes that they refuse through modesty on account of the exposure. In many such cases it is better, instead of insisting on an immediate examination, to respect their delicacy in the matter and allow an opportunity for a change of linen, etc., by appointing another time for making the examination.

Curious-minded husbands sometimes show a determination to remain in the room during vaginal examinations, or during operations necessitating exposure of their wives' persons, and you will feel tempted to ask them to retire that *they* may escape

the indelicate sight, and *you* the embarrassment. If asked to retire, some might refuse to go, or do so with anger or jealousy. The better plan in such cases is to inform the husband that you are about to begin what your duty requires you to do, and he will probably retire of his own accord, unless specially requested to remain.

Expertness in detecting and contravening the various kinds of scandal and calumny admits of cultivation to a great degree; so also does ability to foresee and escape entanglement with the captious and the bad, also with silly tattlers, the fraudulent, etc.

Key-hole and back-window scandal-mongers, and malicious liars, will also often lie in ambush for you, trying to make something out of nothing. These must be met and checkmated by the most available means. To judge what is best to be done under the circumstances is sometimes a most annoying and puzzling question.

Jealous midwives, ignorant doctor-women, and busy neighbors, and Job's comforters too, often exert a malign influence, and tell tales, give instances of ignorance and of lack of attention, or circulate other falsehoods and rumors about physicians that must be noticed and thwarted according to the necessities of the case.

Tact and nice discernment in establishing and maintaining a proper attitude toward nurses and other attendants on the sick is a valuable gift that will prevent or counteract possible machinations. Love of approbation is natural; to give attendants credit on proper occasions for faithfulness is not only just and gratifying to them, but makes firm friends of them; moreover, such public indorsement secures co-operation and encourages them to do their best to maintain the reputation which you have given them.

A bad nurse may render a curable case fatal by improperly indulging the patient's appetite for food or drink, or by neglecting to give him medicine, drink, diet, etc., at the proper time, or in the manner directed; or by appropriating his food or robbing

him of the liquors you suppose *he* takes; or by keeping him too hot or too cold, or giving him too much or too little fresh air; or by getting drunk, becoming careless, etc., etc.

The conciliation of anxious, captious, impatient, or dissatisfied friends of the sick, when sickness is not progressing satisfactorily, requires great skill and profound study of human nature.

In serious or strange cases, and in such as engender great public excitement, if you indulge in confidential or semi-confidential whispers to the trumpet-tongued rabble, or incautiously give out daily bulletins to them regarding the patient's pulse, temperature, respiration, excretions, discharges, etc., it may give rise to misrepresentation, or even to total perversion of what you really did say or mean; and your statements may come back to you so changed as to require tedious explanations from you. Be ever on the alert for this danger. If necessary, give your opinion to the proper persons in writing, to prevent its being misconstrued or misquoted.

When a sick person puts himself under your care he gives you a responsible duty to perform. If he then neglects or refuses to take your remedies, or obeys your instructions in a half-way or imperfect manner, he ties your hands and frustrates your efforts for his relief, and cannot hold you to full responsibility in the case. If, however, he will not or can not do exactly as you wish, and if no special danger exists, it is sometimes better, after drawing attention to the position in which you are placed (as a protection to yourself), to humor his antipathies, whims, or childish weaknesses, and modify or alter your therapeutics so as to meet his wishes and ability. This you can do good-naturedly, without fully yielding to him or compromising your authority or your dignity. The wishes, prejudices, impulses, and errors of headstrong and fastidious patients must be studied and to a certain extent respected. To do this is a matter of policy, and is very different from yielding a question of principle. If a patient is determined to use an improper or dangerous agent, you should of course refuse your sanction.

Never captiously oppose a remedy because it is suggested by a layman. The most ignorant person may make a wise suggestion; and laymen often talk excellent sense about facts which have come to their notice. Listen patiently to all sensible propositions, and if they seem simple and meritorious you may find it well to add them to your other means, for their moral effect, if nothing more. Be frank in giving credit to any good idea, no matter by whom advanced. When rejecting a remedy thus tendered, let it be known that your condemnation arises from conviction, and not from superciliousness. You may in some cases even humor a whim and sanction the use of harmless domestic (Grandmother) remedies,—saffron-tea, plasters, onions to the feet, etc., in conjunction with your more reliable agents.

Make it a rule to accord persons credit for well-meant deeds, even though they may be valueless in themselves; also, when possible, to approve domestic treatment employed before you were sent for; at least, do not condemn it in a violent or offensive manner. Listen patiently to those around while they relate how they did the best they knew, and do not pooh-pooh, shrug your shoulders, or smile sarcastically, and thus harmfully belittle their honest efforts to relieve the sufferer.

Your cordial approval of their catnip-tea and other simples, used in good faith with true and loving motives, will redound greatly to your credit, and greatly enhance your reputation for kindness and sympathy.

When attending certain classes of very ill patients, *e.g.*, the wife of a druggist or the child of a physician, if there is any simple remedy in which they have great faith and which they wish to try, every consideration should incline you, unless there is some clear contra-indication, to cordially acquiesce and allow it, in conjunction with your other means.

It will be a trying ordeal when you, by accident, meet an "old lady who has a never-failing salve," good for anything from mosquito-bites up to tuberculosis. You will find her so full of faith in herself and in her great catholicon that neither

reason nor ridicule can shake it. Be fair and reasonable with her, and treat her with decent respect; but if you feign a mild attack of awe, or indiscreetly chop logic with her, and concede to her remedy any recognition beyond its actual merits, or take her into confidence or semi-partnership in the treatment of a bone felon, or an ulcer, or a wound, you will make her the hero of the case and fill her matronly head as full of conceit, and of mischief, too, as the sea is of water.

Cultivate the quality of being a good listener, and let a patient tell his story in his own way, although tedious. Hypochondriacs, the hysterical, the garrulous, the mildly insane, and various other kinds of chatty bores, chronic wrecks, and perpetual invalids will sometimes come to your office, and want to murder an hour of your time with annoying or unnecessary questions, or exaggerated descriptions of their ailments, for which a whole apothecary shop might be vainly prescribed; or persecute you with the details of their business, or a tedious history of their family affairs, with a whole Pandora's box of sighs and laments, when you have no time to waste and yet are indisposed to be rude; and tarry so long after the consultation proper is ended that you actually wish you could say something bad, or fly out at the window and get away from them.

Some of these you will have to freeze out by chilling coldness in their reception. If you tell them as they come in that time is very precious with you, they cannot deem you uncivil, and will be brief, unless unusually pachydermatous. If you are greatly annoyed, keep a placard posted with "Please be brief, as I am busy to-day."

To rid yourself of undesirable would-be patients will be one of the most difficult dilemmas that will confront you. If you are "*Too busy to attend*," or "*Not at home*," they are probably the most unassailable of all reasons in these cases. To assume charge of a sick person and afterward neglect him is a great wrong.

You have a right to absolutely decline to take charge of a

case, but if you do assume the duty it constitutes a contract in which you agree to give proper attention and your best skill. To take charge and afterward neglect him is a great wrong. It is very much better to plead having too much other business, or any other true reason, and not take undesirable cases at all, than to take them, involve yourself, and afterward relinquish them, and be open to criticism and abuse.

When you receive calls to cases that from any cause you can not or will not attend, notify them of that fact, that they may get some other physician, in order that the patient may be saved from delay, and you from the annoyance of repeated messages and solicitations.

No one can blame you for not being at home when you are needed, since you cannot be everywhere at once; but if you are at home, and quibble or refuse to respond to a call, you will sometimes be severely criticised, especially if the case goes wrong in consequence of your not responding. It is much easier for a lawyer to refuse to take a client, or for a mechanic to decline a job or a merchant a sale, than for a physician to refuse to go to a case.

If you have a friend whom you would like to see called to a case that you decline, mention him to them by name. You can advise them to send for Dr. A., or B., or C., or D. If you have anything against Dr. E., be careful to avoid saying, "Do not send for Dr. E.;" merely omit to mention him. You are not bound to recommend a man, but you might have some subsequent unpleasantness were you to practically denounce him.

The chief objection to recommending persons you wish to cast off, to physicians whom you wish to aid, is that they are then quite sure still to hanker for you, and to involve you as a consultant or assistant to your *protégé* if things get serious; whereas, if, instead of recommending them to any particular one, you compel them to choose some one for themselves, you will get rid of them permanently.

You will occasionally encounter troublesome or presump-

tuous patients or their wiseacre friends or relatives, who will make meddling inquiries, examine and cross-question you, and rudely thrust *their* opinions on you, or challenge you to controversy, and presume to discuss your diagnosis and your remedies with you, and parley about the merits of various medicines. Most of these are as full of doubts, beliefs, and destructive theories as a lemon is of acid—foreknowing and prejudging all you do, frequently thwarting your every effort—possibly drawing the curtain aside after your back is turned, and exposing to everybody things that should properly remain your professional secrets. If you write a prescription for gonorrhœa, or cough, or almost any other ailment, many a presumptuous patient or his keen friend will read it to you and actually comment, or offer to argue on it. You will be often harassed and cross-examined by such self-constituted Solomons, and compelled to resort to various expedients to satisfy or foil them, and avoid collision with their whims, insinuations, and prejudices. In fact, from this cause, the good effects of mystery, hope, expectation, and will-power are of late almost entirely lost to regular physicians; all special confidence is sapped, and all you can expect in many cases is the gross physiological action of your medicines on the stomach and bowels, and prejudice and fear actually do much to thwart even that. Such meddlers will make your duty difficult, and often actually aid in making curable diseases fatal.

When you prescribe a mixture of two or more articles that such a patient is familiar with, take care to make him understand that to judge the relative proportions needed of each ingredient is just as important as the ingredients themselves.

The presence of self-important sick-room critics, with jealous eyes and unbridled tongues, will, if you are at all timid, often impair or destroy your usefulness, by either diverting your mind from your case, or lessening your concentration, and may even lead to mistakes in diagnosis or treatment. Consciousness of being watched by those hoping to detect some flaw, or under

unfriendly criticism, will, in many cases, embarrass you, to some extent cloud your judgment, and, of course, lessen your usefulness.

It is better to leave your directions about medicine, food, etc., with the nurse, or whoever is in charge, than with the patient. Leave no room for unpleasant mistakes or queer blunders. Tell when and how every remedy is to be used, and leave nothing to the discretion or guess-work of patients or nurses. "A few drops," "a little," "a pinch," "a sip," "a swallow," "a gulp," "a thimbleful," "a mouthful," "a handful," "a cupful," "big as a peach," "the size of a bean," etc., can each open the door for big mistakes.

Give all your directions at one time instead of in scattered fragments, and take care to make them precise and complete, and if you have doubts whether they are fully understood make the person you have given them to repeat them to you.

School yourself till you can prevent your thoughts, embarrassments, and opinions from showing in your countenance during anxiety and emergencies, and, above all, discipline your features and manner, so that nervous and ill patients cannot detect in you unfavorable reflections about themselves which you wish to conceal.

Never prescribe large quantities in acute cases, as they may change from day to day or even from hour to hour; it is far better to have the prescriptions repeated over and over again than to risk having half a bottle set aside untaken. One of the nicest little points in medical practice is to decide how large a quantity of medicine to order at a time. In some acute cases it is even wiser to order only sufficient medicine to last from one visit to the next.

To set aside unused medicines and order others in such a way as not to impair confidence requires a great deal of clever management. In many cases where a remedy is ceasing to be useful, or indications for something different are appearing, it is better not to stop the old abruptly, as though it were wrong or

doing harm, but, instead, to instruct them to set it aside at ——— o'clock and then begin with the new.

Patients will rarely complain of the price of medicines that are taken, but they will observe the waste and criticise you when you set one remedy aside and order others. A good plan is to order the empty bottle in which one medicine was gotten to be washed and carried to get the next in. A medicine that has been discontinued is very rarely again indicated. When you stop one remedy to give another, if there is a prospect of its being used again further on in the case be sure to mention the fact. It does not then look so much like extravagance or misjudgment in prescribing.

Be also guarded against ordering patients to buy expensive instruments, reclining chairs, supporters, braces, atomizers, or other costly articles, unless you are very sure they will answer the purpose and will be used. It is no credit to the physician to have people exhibiting this or that article which cost ——— dollars, ordered by him, but for one reason or another never used, and now referred to as a shameful instance of ill-spent money.

You will occasionally encounter patients who have been kept in a furnace of anxiety and terror for months or years (hell on earth) through the deception of some rapacious and shameless quack, or the ignorance of some novice in the profession, who has pronounced them syphilitic and painted the ravages and horrors of that disease to them in the blackest colors, when in fact they have really never had even a sign or a symptom of that disease.

It is torment enough for those who really have constitutional syphilis to go through life filled with gnawing remorse for the past and fear for the future without adding spurious cases. When examination proves that the case before you is not syphilis, it is your highest duty to give such explanation and assurance as will fully banish the error from your patient's mind.

You will be sure to produce unnecessary alarm and distress

in the minds of those whose chests you examine if, after your scientific movements, you tell them of "a slight deposit in the apex," "an abnormal resonance," a *bruit de diable*," "râles," "a palpitation," "a disordered rhythm," or other, to them, ominous symptom or harbinger. Take care never to say or do anything which will unnecessarily fix the mind of a patient on the character of his breathing, the action of his heart, etc., and then leave him in unsatisfied suspense and darkness.

You will occasionally meet persons who have been told by Dr. Longface years ago that their lungs were gone and that they would not live a year, or that they had this or that affliction which would destroy them in less than such a time. Such unnecessary forebodings cast discredit on the profession, and should draw upon those who make them the severest censure.

God only knows how many young women in our land are now nervous and dyspeptic, with hollow eyes, sunk in deep distress, because tormented with apparitions of "womb complaint," which have no existence except in Dr. Scarecrow's imagination—young women who, had the subject not been suggested to their minds, would have lived a happy lifetime with scarcely a thought of having a womb.

The chief reason why womb-doctoring might tempt to untruthfulness, and why there are so many spurious cases of womb disease, is obvious. When a man is told he has a luxated shoulder, or a cataract, or a hernia, or a cancer, he finds many ways to confirm or refute the physician's opinion, and he can also see what the treatment is doing for him; but when a miserable woman, morbid on the mysterious subject of "womb disease," "gets examined" by Dr. Bugaboo, and is told, with a lengthened and solemn phiz, and with the force of a proclamation, whether correctly or incorrectly, that her womb (like many a nose) is "turned a little to one side," or "is down," "ulcerated," "dislocated," or "affected," it tallies exactly with her fears; and, shrinking from both the expense and the exposure to be endured if she were to consult another physician, she naturally submits to the

mechanical fumbling and to the monetary exactions of whoever has made that examination—possibly recovering from morbid states that never existed and paying for cures never performed. If there is a wretch meaner than all others in the sight of God it must be the physician who, void of moral sense, would exaggerate the nature of a case and terrify the sick simply for dollars and cents.

It is also cruel to tell patients indefinitely that their trouble comes from their heart, or kidneys, or liver, or lungs, or that they have the "liver complaint," or "kidney disease," or that their lungs are "affected," when there is only some slight or temporary affection of these organs. And it is still more cruel and unwise to predict immediate or impending death, even if you discover serious organic disease of lung or heart. The duration of life will depend on many circumstances that you cannot always foresee—the carefulness and prudence of the patient, the conservative powers of the system, the compensative efforts of nature, etc. *You* know that a man's liver, or his lungs, or his heart may be deranged this week and well next; but many people think that if any of these organs are affected in any way it is necessarily permanent, and it gives them constant anxiety. Many people are at this moment living in as great anxiety as though a sword were suspended over them by a hair, because they were told long ago by old Dr. Vinegar that such and such an organ was affected, without explanation being given of the functional or temporary character of the derangement. Contrary to the belief of the laity, and of some physicians, sudden death rarely occurs in heart disease, except in aortic obstruction and regurgitation. By explaining the difference between temporary ailments and those of a permanent character, or the difference between a functional and an organic affection, you will avoid magnifying real ailments or creating imaginary ones, and give many a patient perpetual sunshine in exchange for constant gloom. It is your duty, at least, to avoid all ambiguity of language in such cases.

In nervous, hysterical, and impressible persons it is possible to convert a slight or even an imaginary complaint or functional trouble into a serious one by fixing their attention on the organ deranged; hence, in these cases, ignorance is bliss, and the physician should divert the mind of the patient as much as possible from the real or supposed seat of disease, even if he has to treat it unconsciously to the patient.

Even our instruments of precision can be used in such a manner as to become objects of dread and terror. That excellent instrument, the (try life) clinical thermometer, often tells from day to day the unwelcome truth that fever continues, till it seems to the patient and those around that you are measuring how long he has to live, and almost wish it had never been invented. Try to prevent, if possible, such results of its use.

Many now rush to the vaginal speculum on the slightest pretext. Never make an examination with it unless a correct diagnosis imperatively demands.

Be especially careful not to allow patients' attention to be fixed on their urine. Some persons have a morbid tendency to watch this excretion, and only need a discouraging word from a physician to make them as anxious about their kidneys—apparitions of Bright's disease, diabetes, gravel, etc., arising before their distempered vision—as some women are about their wombs.

You will also have patients lacking in the salt of wisdom, generally soft-bearded youths who have not yet cut their last molar teeth, who come tormented with evil forebodings over conditions that are either imaginary or perfectly natural: some because they have discovered that their left testicle hangs lower than the right, or because their scrotum remains contracted or relaxed; others terribly alarmed because they have in examining themselves discovered the little odoriferous glands on the posterior part of their glans penis and imagine them to be chancres or cancers; others because either fear of disease, blackmail, bastardy, or moral accusation, reluctance to sin,

or disgust for the woman, has thwarted their attempts to copulate with loose women and led them to imagine themselves impotent. You will also occasionally be asked for advice by those about to marry, and by others newly married, who are miserable on account of this or that affliction, defect or fear. A good chance to go crazy. Remember in all such cases that your opinions are your capital, and charge your *full fee*, even though you write no prescription. With them the charge is for banishing fears and anxieties, and giving valuable information and satisfaction.

Be careful to warn all these sexual hypochondriacs against the curse of falling into the hands of "manhood restorers," Filthy Pseudo-scientific Anatomical Museum Impostors, their terrifying plates and their models of venereal diseases, and other "friends of erring youth," who advertise through pamphlets on the evils of spermatorrhœa, masturbation, etc., and tell them of the mischief such skulking impostors inflict on their victim's health, and also of their merciless, never-ceasing voracity for money. A whole book could be filled in telling how these fellows wring money from their victims as you would the water from a sponge.

"Oh! for a whip in every honest hand,
To lash such rascals naked through the land."

It is doubtful whether the various medical guide-books for the people, Dr. Solomon Wisacre's "Family Medical Guide," Professor Scolasticus Lollypop's "Every One His Own Physician," and the hosts of others, do any one much good, while it is certain that they do a great deal of harm, by filling people with imaginary wisdom, and emboldening them to try their hands at doctoring cases that require a physician, till either great suffering or permanent injury is entailed, or probably life itself sacrificed.

Are not the attempts of such works to teach the laity how to treat diseases like trying to teach one how to read when he does not know how to spell?

The eight or ten very large papillæ seen upon the base of every one's tongue often occasion great anxiety, upon being discovered by overanxious laymen, while looking into their throats for syphilis, diphtheria, or ulcers. Great relief is expressed when they are told that these are natural.

You will be often consulted by true syphilitics, who wish to know what would be the result of their marriage. Never promise certain immunity against future outbreaks; and do not sanction marriage, unless it has been at least three years since they contracted syphilis, and at least one year since they had any evidences of the disease. They should even then marry only under hygienic and therapeutic restrictions.

When a patient, alarmed about his health, consults you, if you want fully to satisfy him by your opinion, *be earnest*, and let attention to his case overshadow all you say or do; above all, do not divert his conversation from himself to extraneous subjects. If it be at your office, do not digress by showing him the toy steamboat you are making, or by telling him the latest news, or the history of the cigar you are smoking, or of the newspaper or novel you are reading, or of the cane you are twirling. If *he* diverts the conversation from his case to anything foreign bring him back at the first opportunity.

Never promote immorality by recommending sexual intercourse as a remedy for self-pollution, nocturnal emissions, hyperactivity of the sexual system, spermatorrhœa, hypochondriasis, emotions, acne, sexual excitement, priapism, prostatitis, or anything else. If persons with disorderly or unruly passions, or those subject to these affections choose to run the risk of syphilis, or gonorrhœa, or bastardy, or exposure; or to commit rape, adultery, or self-pollution, let it be on their own responsibility, not on yours. Perfect chastity is entirely compatible with good health; and I know of no disorder, either of body or mind, in which fornication is necessary, but I do know it is far better to grow up pure in mind and body.

Remember that night emissions recurring occasionally in

young men partake of the nature of an overflow from seminal plethora, and are perfectly compatible with health. Young men, almost crazy with dread and remorse, will often consult you about these emissions. You will find that almost every one attributes them to self-pollution in boyhood. The results of self-pollution are, as a rule, not half so dire and destructive as commonly supposed; when the nasty, unnatural habit is stopped, its results are usually quickly recovered from.

Consumptive females whose bloodmaking power is destroyed by their disease naturally cease to menstruate. They then attribute their decline to absence of the menses, while in reality the absence of the menses is due to the decline and consequent loss of bloodmaking power. When such patients appeal to you to restore their menses, you must explain why they have ceased, and that they will not menstruate again till their health and bloodmaking power improve.

Consumptives sometimes have hectic fever so regularly at a certain hour, day after day, that they and their friends are persuaded that their sickness is malarial in character, and if you are not on the alert they may mislead you into giving an erroneous opinion to that effect. If quinia does no specific good for the daily fever of a weakly or broken-down person, you should suspect that it may be hectic rather than malarial fever.

The popular belief that one is *booked* for consumption because a parent, or brother, or sister died of it, is true only in a limited sense. If the relative's disease was part of his law of development and was in his charter of life, developing just when the rose-bud becomes the full-blown flower, it should indeed excite serious fears in every one who has the same charter, the same constitutional bias. But if his disease began after his physical development was fully completed, or from an accidental cause, the law of heredity does not apply. One whose father, mother, sister, or brother died from phthisis, the sequence of bad hygiene, pneumonia, etc., is not thereby compromised,

as that variety is not hereditary unless his father had it at the time when he begot him, or his mother had it during pregnancy or nursing. Only about thirty-six per cent. of those who die of consumption inherit it.

One person in every seven firmly believes that he has either heart disease or consumption, while those really affected with either are rarely willing to admit it, the consumptive generally to the last calling it a bad cold. You will find that the management of those who really have either is one of the most delicate questions in practice. When your opinion is invoked in these cases, do not examine or question them at all, unless you have time to do so thoroughly, for your opinion and treatment may influence their entire future course, and if anything is overlooked you may induce a neglect of proper remedies till the patient is beyond their reach.

No wonder the mind dreads consumption, with its flushed cheek, brilliant eye, and husking cough, for it is humanity's great destroyer. Many once gay and happy are now sunk into deep distress, because doomed by it to a certain and lingering death. It scourges the young, the beautiful, the gentle, and the gifted, and this portion of every community is selected for its most intractable and fatal forms.

Valetudinarians, dreading every change of weather and every variation of temperature, almost invariably dress too warmly, and in their anxiety to protect their bodies from cold they wear so much clothing that they shut all the sunlight, electric, and other health-giving influences from their bodies, overheat their skin, and keep it constantly relaxed, and, of course, reduce or destroy their natural resisting power, so that when they go into cold air, or into a draft, the result is like jumping from the climate of Cuba into that of Canada. No person, sick or well, should ever wear more clothes than are sufficient to keep him comfortable. Every ounce beyond that is unnecessary and enervating.

People of the opposite extreme, knowing that cool bed-

rooms are healthy for hearty, well people, often carry catarrhal and croupy children and other invalids from the warm rooms, where they have passed the day, to cold sleeping-rooms, instead of giving them uniform warm air, day and night, till recovery takes place. It would even be less hurtful to reverse it and keep them in a cold room while awake, and in a warm one during sleep, because there is more nervous energy and a person has more resisting power while awake than during sleep, which makes the system more able to withstand cold. The butcher can attend at his exposed, fireless stall the coldest winter weather till midnight, and not even sneeze, but were he to lie down on his stall and sleep during a similar period he would probably get chilled and contract catarrhal pneumonia or rheumatism. It devolves on you to point out these and kindred dangers to patients who are risking them.

Register-heat, on account of its parching dryness, is bad for both sleeping- and sitting-rooms. You will often smile at seeing a small pan or cup of water simmering under a register that is pouring out a volume of overdry, impure air, while the inmates are blissfully believing it is tempering and rendering pure and moist all the air passing over it. A very large wet towel or folded sheet hung before the opening is much more effective.

Many newborn children are unwittingly exposed to the bad effects of cold from lack of knowledge on the part of those in charge. The popular belief is that if the nurse puts plenty of clothes on a shivering babe she has done all that is needed; whereas, if the little babe—whose heat-generating power is naturally very feeble, after a prolonged oiling, and soaping, and washing, and turning, and wiping, and bandaging—is put into clothes in a cold condition, without further attention, hours or days may elapse before its feeble heat-making power can bring on a reaction and warm its blue feet and cold nose. Ice is put into woollen cloths or blankets to prevent it from melting; cold bread wrapped in a blanket would never warm itself, but if warmed and then wrapped in a blanket it would retain its heat

for some time. Take care that the newborn babe is kept warm. As soon as it is dressed it should be nestled against its mother's bosom till warm; if this does not suffice, it should be kept near the fire till the coldness is banished.

Remember that the act of nursing not only supplies the babe with nourishment, but also communicates the mother's heat, and possibly electricity, or some other occult but useful influence; at any rate, it can do no harm to have all *hand-fed babes* nestled to some one's warm, bare breast at intervals of a few hours, in exact imitation of those that suck.

The ancient custom of clothing infants in flannel, with woollen socks, during hot weather creates discomfort and invites sickness. Its harmfulness should be made known to such as you find following it.

There is a widespread popular error, partaken of to some extent even by physicians, regarding the object of lancing children's gums. When a physician lances or rubs a child's swollen gums, he does so, not solely to let the tooth through, nor does he expect it instantly to pop through the opening, but his chief object is to sever the innumerable small nerves that ramify through the gum, and thus relieve the tension, irritation, danger of convulsions, etc. No one should incise or rub through a child's gums, except when these evils are present.

There exists so much prejudice on this subject among certain people, that if you lance their sick child's gums and he dies despite of it you will risk being damned by them for doing it.

There is much less popular opposition to rubbing children's teeth through with a thimble, spoon-handle, or any other suitable article, than there is to lancing them; and the contused wound made by rubbing is less apt to reunite than a clean incision.

"Doctor, my child gets the phlegm up, but instead of spitting it out he swallows it again," is a stereotyped expression. If he does, it makes but little difference, as he swallows it, not

back into the windpipe or lungs, but into the stomach, where it becomes unimportant. Of course it is unnatural for a child to spit out before it is over three years of age.

It is a popular belief that crossness in sick children argues favorably, and there often seems to be a great deal of truth in it, as it requires considerable strength and energy to exhibit crossness. At any rate the reappearance of tears in the child's eyes when crying is a favorable sign.

Never poh! poh! or make fun of mothers because they believe their children have worms, for in some instances they are correct in their opinions, and if you scout the idea and fail to give a trial remedy you may be chagrined to learn that after they left you they went to some drug store, purchased a quack vermifuge, and sure enough brought away worms, and are exultingly telling it as proof that you were wrong and they were right. Such cases are a cause for blushing, and do one's reputation no good. It is better, when worms are suspected, to respect such opinions and desires and give some harmless vermifuge, even though it do no other good than to test the fact and satisfy the mother. Mothers are generally acute observers, even though not good prescribers.

It is better in every kind of case to allow a certain degree of weight to the opinions of the patient and his attendants, especially those who sit up with him at night; not that you should surrender your judgment for their exaggerated apprehensions or palpable errors, but, at least, listen to what they say, and consider their opinion in making up your own. They see him the whole twenty-four hours, while you see him but five or ten minutes a day. The apparently causeless fears and predictions of nurses and friends are sometimes surprisingly confirmed, and the self-sufficient physician's prophecies correspondingly unrealized.

Many people think it is of no use to call a physician to sick infants, because they are unable to make any verbal communication, or to place their hands on the seat of their diseases

to assist him in making a diagnosis. This opinion is erroneous, for the diseases of infants are usually simple in character, and their symptoms, being neither disguised, concealed, nor exaggerated, can be read and correctly treated by any wise physician.

Condemn the keeping of commodes in bedrooms, as they are a dangerous source of diphtheria, typhoid fever, and other filth diseases. Also, direct that the alvine discharges in all contagious diseases and the sputa of consumptives shall be either disinfected or destroyed.

Every worthy housewife courts the reputation of keeping a clean house, and one of the proofs of her skill is the absence of bed-bugs, fine-tooth-comb insects, roaches, and other vermin from the premises. If you ever notice such things about a respectable patient's body, clothing, or bedroom, affect not to see them, as nothing is more deeply mortifying than to have anything of the kind noticed and pointed out by the physician. Also, be oblivious to all mortifying accidents, immodest mistakes, or the accidental exposures that so often occur in the sick-chamber.

The terms scarlatina and scarlet rash are now in everybody's mouth, and are spoken of by the laity as harmless affections, under the belief that scarlatina is a slight affection, bearing about the same relation to scarlet fever that varioloid bears to variola. There is no such disease as scarlet rash, and the cases to which these terms are applied are usually either scarlet fever or r otheln (German measles), and unless people are made to understand this neglect and great damage may ensue.

Bringing out the eruption is one of nature's processes in measles, scarlatina, small-pox, etc., but there is no doubt that the large quantities of saffron-tea, ginger-toddy, hot lemonade, etc., used by grannies to bring them out do more harm than good, by disordering the stomach, inflaming the eruption, etc. This "bringing out the eruption," when uncomplicated, had better be left somewhat to nature; when it is complicated, something more reliable than teas is indicated.

There is also a popular belief that all skin diseases result from humors in the blood that must be driven out, or, if already out, kept out till killed by blood medicine, much the same as one would drive rats from their haunts and keep them out till annihilated. No patient will object to your driving his humor out, or killing it, but if he thinks you have simply driven it in, woe to you if he should afterward have any severe or fatal sickness. In such cases it is well to give an internal remedy, whether local treatment is used or not. In some cases, where great fear or strong prejudice exhibits itself, it is even better to commence the internal treatment eight or ten days before beginning the local.

There is a popular expectation of evil and a popular readiness to blame the physician if any new symptom appear after he suddenly arrests or cures diarrhœas, periodical bleedings, foot-sweat, or chronic discharges of any sort, etc.

Many persons suppose boils and various eruptions to be healthy. Even if they are, most people will agree that some other mode of health is decidedly preferable. This belief is probably founded on the fact that during convalescence after certain serious diseases a crop of boils often appears, seemingly from a revival of the energies, or vital forces of the system, from the depressing influence of the disease. The fact of their coming being coincident with reorganization and returning health probably accounts for the belief that boils and health naturally go together.

The high color of the urine occasioned by activity of the skin in patients whose sickness compels them to lie in warm beds or to keep in hot rooms, also seen in well people who perspire freely during warm weather, frequently causes alarm and induces groundless fear that they have kidney disease. Explain to them how the functions of the skin and kidneys are related, and that it makes but little difference whether the urine is scanty or abundant if it contains all the natural excreta and is simply deficient in water.

When a coin or other small foreign body is accidentally

swallowed, some old lady is almost sure to give a dose of castor-oil, thus liquefying the contents of the bowels and compelling the intruder to travel the entire length of the alimentary canal alone, instead of allowing the fæcal matter to remain as a mass to include it and prevent its edges and corners from doing harm. When such an article is swallowed, do not interfere with nature's efforts unless you are sure she cannot expel it unaided.

When a person faints, those around run to assist him, and in those agitating moments instinctively raise his head, instead of lowering it as they should do, thus prolonging the syncope and endangering life.

In all cases where great debility and pallor are present, be careful to instruct the attendants to keep the patient's head low, and to prevent him from rising suddenly for any purpose, and from sitting up too long, for fear of fatal syncope.

"If the dog that bites a person goes mad, the one bitten will also," has caused many a valuable dog to be killed. The truth is, if the dog's mouth or teeth contain hydrophobic virus at the time of biting the person, there is great risk of its being communicated; if not, there is no risk. If the dog is killed under the mere suspicion of having hydrophobia, all inquiries as to its madness are cut short, the disproof of the disease is made impossible, and the person bitten and his friends are left to all the terrors of uncertainty.

A hydrophobic dog is said to never live longer than ten days after it becomes so; therefore, if a dog bites a person, it should by all means be allowed to live beyond this period to ascertain beyond doubt whether it has hydrophobia or is harmless (?).

Foolish laymen will occasionally tell you, in a boastful manner, that they have no fear of contagious diseases, and will show by either word or manner that they entertain the belief that contagious diseases attack those who dread them and spare those who do not. It is proper to teach such people that the

laws of small-pox, syphilis, gonorrhœa, hydrophobia, typhus fever, and such affections, are very different from what they imagine ; that fear cannot give them to cowards, women, or children, who stay outside of their influence, and that lack of fear will not, can not, protect nurses, friends, old people, babes, or braggarts, if exposed to them.

You will often be asked what physicians carry or what they use to protect themselves against the epidemics they face. So it always should be, but so it sometimes is not, for we do not always escape ; yet a fearless heart, a cheerful mind, and love of duty often do seem at such times to unite with hygienic precautions to protect us while we do battle, while the cowardly fellow who flees from the epidemic would probably die if he were to stay.

There exists a popular prejudice against damp houses, leaky roofs, night air, dews, etc., which is probably carried entirely too far. Dampness is, of course, inimical to health when mould, absence of fresh air and sunlight, filth, noxious gases, or other defective conditions, or disease-producing elements are added to it ; but neither life on board of vessels, nor the presence of excessive dampness, as in rainy weather, is in itself unhealthful. Dark houses and basement rooms, where the natural light does not reach, are, of course, unhealthy.

The low-spirited and morbid will often refer to the fullness or emptiness of the veins on the back of their hands, and count the wrinkles, as evidence that their blood is drying up, or that they need bleeding, or that they have consumption. Explain to them the entire lack of value of such conclusions.

When liniments are applied to the extremities for swellings, pains, etc., the popular custom is to rub *outward* toward the fingers and toes, aiming, thereby, to rub the disease down and out ; while physiology tells us to aid the impeded circulation by rubbing toward the heart,—a fact that is impossible to make people appreciate.

As purgatives after confinement, many physicians order simples, castor-oil, seidlitz powders, etc., instead of writing regu-

lar prescriptions; it will be wise for you to follow the same rule and give a lying-in woman castor-oil, or whatever other simple laxative she or her friends are accustomed to take. If you give a lying-in woman a Latinized prescription for a purgative, and, as a coincidence, she has hyper-purgation, or puerperal fever, or hemorrhages, or if syncope or anything else follows, she will be apt to believe firmly that your mysterious purgative caused her sickness; and if she happen to die you and it will be *blessed*.

Admitting or excluding those who wish to visit the sick, and allowing or forbidding ill-timed visits or fatiguing conversation with ill patients, or within their hearing, require great delicacy and tact. Exclude gossips and bores from the bedrooms of those who are seriously ill, but try to so manage the matter as to engender no personal enmities. Also endeavor to acquire expertness in answering anxious questions about such cases. Never attempt to exclude the parents, near relatives, or Ministers of the Gospel, or other privileged persons from the room of a very ill person, and never interdict bibles, prayers, and religious exercises, except for the most urgent and obvious reasons, or you may raise a very natural whirlwind of indignation against you.

To interrupt public business and travel by roping or barricading the streets, because somebody is sick in one of the houses, is seldom either necessary or justifiable, as most dwellings have back rooms into which the sick one can be taken out of reach of the noise of travel; make it a point to advise the latter course instead of the former. Where the former is not feasible, a good bed of tan on the street will completely prevent the rattle of passing vehicles.

Never ask the age of a patient oftener than once during attendance on his case. Also take care neither to ask any question twice at the same visit, nor to show inconsistency of manner or speech, or to do anything else that would indicate abstraction, lack of memory, or incompetence.

You will find that you will inspire more faith in a prescrip-

tion if you begin to write it with an air of decision immediately after receiving, to some important question, an answer which your manner shows is what you expected.

Take care to ask all necessary questions before beginning to write your prescription, lest the patient think you have not included the additional information in forming your conclusion, or considered it in writing the prescription, or that your treatment was determined on before getting all the facts. Also make it a rule to ask nothing further after prescribing.

It is well to terminate your visit as soon after prescribing as can be properly done.

CHAPTER VII.

“The successful man is the man who knows human nature, as well as his profession.”—*Fothergill*.

EVERY minute spent in studying how to make your remedies agreeable will be more profitable to you than half an hour of any other kind of study. Whoever now gives much crude or coarse medicine in ordinary cases injures both himself and his profession, and lacks one of the simplest requirements of success. Indeed, one of the greatest drawbacks to young physicians, and one of the chief reasons why they do not assist their older brethren more in superseding pleasant quackery, is that having their attention riveted on their cases and studying more about getting them *safely* than *comfortably* through diseases, and being anxious to get the specific physiological effects of medicines quickly and fully, they too often give them in crude forms, forgetting that the majority of sick people are fastidious, and have likes and dislikes that must be respected.

A great and almost universal mistake that *regular* physicians make is to think that when people send for physicians they send solely to have medicines given. Many people, not being judges of which cases need medicines and which do not, are much more anxious to see one who knows, chat with him, and get an opinion of the nature and tendency of their case and words of assurance from him, than to be drenched at every pore, or begin a regular medicine-taking siege, or a fierce bombardment with gross drugs.

Make special endeavors to retain every medicine-hater that falls into your hands. Such *incorrigibles* had better be under your care, with rational supervision and small doses of good treatment, than to be paying somebody else for harmful quackery or fancy nonsense.

Keep ever in your mind, that mankind has both a material

and a spiritual nature, and that different people seem to be made of different and almost opposite qualities; some seem to be two-thirds spiritual and one-third animal, and others seem to be but one-third spiritual and two-thirds animal, between which are all intermediate grades. If you attempt to treat all these alike, you will certainly fail. The moral and mental management of the sick is often much more difficult than the physical. A close study of the moral forces and of mental therapeutics in affections connected with the brain and nervous system is one of the necessities that the regular profession is still extremely deficient in. Irregulars often give a mere placebo, or useless agent, which unquestioning faith and the increased psychological energy they excite in the wondering patient *potentizes*, and an astonishing recovery is the result.

This is probably the most rational explanation of the fact, that newly discovered therapeutical agents, as bromide of potassium, salicylic acid, etc., make so many more wonderful cures when first heralded as remedies than they do after they have taken a fixed rank in the pharmacopœia.

Novel remedies often assist the cure of certain ailments through mental influences. Many regular physicians give valuable, true remedies, but give them just as they would administer to a sick horse or sheep, as if their only duty consisted in telling the sick what drugs to swallow, and seem to despise the aid of faith, hope, mystery and expectation. You must learn, in simple cases, to depend more upon the aid of hygiene, diet, and moral influences, and less on large doses of disturbing medicine, which might allow room for some of your patients to say you had almost killed them.

Remember particularly, that Drs. Diet, Quiet, Hope and Faith are four excellent assistants. The Oil of Time and Tincture of Patience are also very useful, but too slow for some cases and not adequate for others, and unless Dr. Heavyhelp takes the case out of Dr. Doolittle's hands they put a large proportion of their devotees into the care of Mr. Sexton.

It is bad to let nature take her course when she takes a bad or wrong one. You will often see patients sink and die because you were called too late to aid her and direct her course.

If you indicate to a patient for whom you prescribe an unpalatable medicine, at the time when you order it, that it will have a bitterish or a saltish taste, or any other unpleasant quality, his mind will be prepared for it beforehand, and it will not seem so repulsive to him as if his mind and palate were taken by surprise.

If the directions on the bottle indicate what a remedy is for,—for instance, if you have it labeled “apply to the injured foot as directed,” or, “for the pain in the chest,” or “for the cough,”—it will be more apt to give a certain class of patients faith in its being a direct and proper remedy, and cause their minds to go with it rather than against it.

Remember that even a highly proper remedy may be pushed too far, or continued too long. Indeed, cases sometimes reach a point at which it is better to stop all medicine temporarily, and depend on hygiene, diet, stimulants, nursing, etc.

Keep yourself familiar with the bad effects that may follow the use of the drugs which you administer, that you may either avoid producing them, or promptly recognize and remedy them when they occur.

Avoid as far as possible the use of medicine that must be taken “through a tube,” that will burst the bottle unless kept “in a cool place,” or “in a dark place;” on which “no water must be taken;” that must be handled with caution, or that must be stopped when the eyelids begin to swell, or when the muscles begin to jerk, or that the druggist must label “Poison,” especially with doubters and medicine-haters.

Some people will not send for you until they are truly ill, for fear you will put them to bed, so as to keep your carriage at their door; or salivate them, or bring them misery instead of relief. Others will be afraid you will give them quinine, or injure their teeth with iron, calomel, etc., or that if they begin

to take medicine they will not be able to stop. Disarm all such people by the assurance that their fears are exaggerated or groundless.

Herb doctors, root doctors, vegetable-pill makers and others have created a belief in the public mind that remedies obtained from the mineral kingdom—iron, mercury, arsenic, lead, lime, etc.—are poisonous, and should not be taken; while articles from the vegetable are in consequence thereof innocuous and harmless. The truth is, the most powerful agents—hydrocyanic acid, belladonna, elaterium, croton-oil, lobelia, opium, stramonium, colchicum, digitalis, aconite, strychnia, and a long list of other very active agents—are “Vegetable;” therefore the announcement, “Purely Vegetable,” is but one of the numerous songs of these greedy syrens.

“Iron injures the teeth” is a cry which you will often hear, and it originates in the fact that muriated tincture of iron, which contains muriatic acid, if given without proper caution, will injure the teeth, not on account of the iron, however, but of the acid that is associated with it; just as the water that makes a pot of boiling coffee would scald a person all the same if the coffee were not in it. Preparations of iron containing no free acid do not act upon the teeth.

It is popularly believed that *quinine* gets into the bones, destroys sight and hearing, causes dropsy, etc. So firmly do some people believe these things that you will have to humor their prejudices, and change the form of your prescription to sulphate of cinchonia, compound tincture, or some other preparation of bark, when bark is indicated.

This prejudice probably depends chiefly on the fact that, being powerful for good, people naturally infer that it must be very strong and powerful for evil. It is also often due to the teachings of Irregulars who seek through it to prejudice the public against regular physicians, while constantly but secretly using it themselves. I have known a conspicuous Irregular to denounce quinine strongly, and yet use ovoid, gelatin-coated

quinine pills under the name of "*Panama Beans*" for the cure of his patient. We know that quinine, when properly used, is really an almost harmless *vegetable* product, which acts on malarial poisoning, not by great strength, but produces inertness through its antidotal influence, just as water, an agent harmless enough to drink or bathe in, acts on fire.

One of the greatest hardships you will have to endure is the tendency of people who have suffered protracted sickness to blame you or your medicine for any permanent impairment or stubborn symptoms remaining after illnesses, instead of recognizing the fact that they are the legitimate effects (*sequelæ*) of their disease.

Reproach is often unjustly heaped on physicians and on medicine by people living in malarious districts, who sicken with this or that malarial affection, send for a physician, and get well, and might remain so, but, being still surrounded by malaria, they again inhale it and are again poisoned. This they erroneously call "a return," instead of a re-poisoning. Of course, while the laws of His Majesty, King Malaria, remain as they are, you can no more promise future immunity to convalescents with an agued frame who remain in malarious regions than you can promise the anxious sailor that future winds will not again create waves, or the uneasy farmer that recurring frosts will not again nip his exposed plants.

Malarial exhalations from the earth are usually greater at nights (and greatest on the still, damp nights of autumn). Malarial affections, therefore, are usually contracted in autumn and at night, but many people are not aware of the fact that they can also rise, and be caught, during the greater part of the year; it can also be caught in the day-time, and they should be put on their guard.

It is proper, and your duty, to advise a person to change his abode if his health require, or to relinquish an occupation if it be injurious to him. Also to discourage him from exciting employments, or from pursuing riches when his health is thereby

jeopardized; but remember that these are extremely delicate subjects.

Keep yourself fully informed concerning suitable clothing, physical exercise, and proper diet; also the value of pure air, pure water, and pure soil, the comparative healthfulness of different regions, the presence or absence of malaria at different seasons and places, etc.; also regarding the various health trips and summer resorts. Familiarize yourself with the constituents and peculiarities of the various mineral waters, and of the uses of each; with the comparative advantages of seaside and mountain trips, and with the classes of invalids to be benefited by one or the other; also with the various baths—hot, cold, tepid, Russian, Turkish, electric, vapor, etc.—and the comparative advantages of the various hospitals, asylums, sanitarium, retreats, etc.; for these matters belong strictly to the province of medicine, and it is particularly desirable to understand them, because you are sure to be asked about them, and sure to be ashamed if you cannot answer, and the inquirer will feel disappointment and distrust of your knowledge; they are subjects that concern the better and more desirable classes of patients, many of whom are semi-invalids, with whom you will often have to make hygiene, medicinal waters, trips, etc., go hand in hand with medication.

Be cautious in advising exhausted patients, or persons far gone with obstinate and dangerous, or invincible, or hopeless maladies to leave their homes and business to undergo the discomforts of travel to the seashore, or mountains, or other distant points, or to foreign countries in search of health among strangers, unless there are positive reasons for the change or decided probabilities that improvement or restoration will follow. The risk of breathing their last away from home, family, and kindred, or of a return made worse by the inevitable fatigues and exposures of travel, is not to be assumed without full consideration.

Be chary of even sending people from their homes to hospitals, unless you are perfectly sure the management is humane and skillful. While hospitals are an unspeakable blessing to

sick wanderers and to the homeless, they are less so to those who have friends and a place to call home. "Be it ever so humble, there is no place like home." To carry a weary or worn sick person from his home to a hospital, deprive him of his friends, neighbors, and companions, and all the little, endearing sympathies and solaces of domestic life, restrict his freedom by half-way imprisonment, and subject him to the risk of rugged indifference on the part of coarse nurses, and to austere, humdrum hospital rules—to bed, to meals, to everything at the sound of the bell; expose him possibly to the public gaze, merely as an object of medical treatment, or for experiment with new remedies, or for the clinical advantage of medical students, clothe him hospital-fashion, and put him on diet prepared at regulation hours by stranger hands that know not his peculiarities or tastes, his likes and dislikes—if he be a person of domestic tastes and sensitive disposition, with a natural attachment to his home and its surroundings, such a change from home treatment would be most hurtful and injudicious, and could scarcely fail to aggravate his disease. Worse still, if it is a medical college hospital, and, in addition, he is used as a subject for the demonstration of his disease, or carried through repeated or prolonged examinations for the education of students.

The belief that taking water or ice is dangerous in fever is still very general. People are wonderfully slow to recognize the fact that water, whether applied externally or swallowed in small quantities at a time, is one of nature's greatest remedies in fever, especially if the patient has a craving for it.

If a person sweats more during sleep than at any other time, it is a sure sign of weakness.

You will often be asked, "Doctor, may he eat anything he wishes?" If you think that ordinary food will do him no injury, be careful to answer, "Yes, he can have any *simple* thing he wishes." Were you to say, "He can have *anything*," it would include pickles, radishes, cheese, ham, sausage, and a great many other indigestible things that might injure or kill

him ; adding the adjective *simple* will protect both him and you.

You can have a small, single-page diet list printed for the use of patients, containing every article of diet in common use, alphabetically arranged, at the top of which you can say, "Every article on this list is forbidden except those that are marked." Supply one to each patient requiring it, and mark or erase from time to time such articles as you deem proper.

When you are busy and wish to make a short visit, do not tell the patient so, or exhibit a hurried or abrupt demeanor, but begin promptly to ask the necessary questions in orderly relation, and do not allow the patient leisure to introduce foreign subjects or to let the conversation become desultory or in any way digress from his case till you have learned all that is necessary. Have neither eyes nor ears for anything but your patient. If the subject of the weather is broached, answer as if you were considering it only in reference to its influence on the patient before you, then go back to his case. Economize time thus ; but if your patient is at all ill, neither mention your haste nor show that you are in a hurry until you have made your examination and written your prescription. After completing the circle of duty and giving all the attention absolutely required, if you depart promptly he will not feel that your hurry has caused any inattention to his case, as he would if you had leaped into his room precipitately, thrown down your hat and gloves, dropped into a chair, asked a few hurried, desultory questions, made an incomplete examination, scribbled off a prescription, and hurried away.

Unless there is an obvious reason for an opposite course, it is better to avoid all desultory conversation on general subjects at the beginning of your visit.

It will often vex you, when you are busy and time is precious, to be kept waiting below stairs while the people in the sick-room prim and prepare to receive you with as much prudery and tedious ceremony as if the surroundings, rather than the patient, were the object of your visit. Show every one the

respect due to rank and sex, but manage to let such people know that your time is too precious to waste, and must be divided somewhat equally among those whom you are attending.

Never assign as a reason for being habitually late in visiting a patient that you are overbusy. Every one wants a physician who is in active experience and engrossed in practice, but no one is willing to be habitually slighted or crowded out. A case of obstetrics or an accident is, however, deemed by all an acceptable excuse. It is an excellent rule always to let patients know at your visit when they may expect your next visit, and go as near that time as circumstances will allow. To do so gives satisfaction and prevents anxiety, and you will upon going generally find them prepared to see you without detention or flurry.

It is very important always to ask to see the patient's medicine as soon as possible at your visit. Ascertain by both inspection and inquiry whether it has been taken according to your directions *before* you express any opinion of the patient's progress. If you neglect to do so you may be caught confidently ascribing benefits to prescriptions that have not been filled, or to remedies that have either been thrown out of the window or emptied into the garbage-box, and you will become the victim of a never-to-be-forgotten joke.

School yourself to avoid crude remedies and to cultivate conservative rather than radical ones. Throw gross physic to the dogs. Fame for not being heroic and not giving much strong medicine is just now a splendid item in a physician's reputation, one that might almost be adopted as a corner-stone. Of course, in cases where duty actually requires you to act promptly, or to use powerful remedies heroically, take the responsibility and do whatever is proper without shrinking.

Avoid polypharmacy. It is much better to order some single remedy, or a combination of which you know the physiological effect, than to give an indefinite medley on the ancient blunderbuss principle.

It is highly proper to warn people of dangers to the public health, and to devise means to prevent or remove such dangers ; also to teach patients the importance of right living, proper dress, correct diet, pure air, and drainage, that they may preserve their health ; but it is neither just nor wise to teach any but medical students the secrets of our art, or to familiarize them with the drugs you employ. Especially avoid giving self-sufficient people therapeutical points that they can thereafter resort to and ignore the physician. If you do, they will soon feel brimful of wisdom, become opinionated and imagine they know as much about remedies as you do, or more of medicine and medical practice than all our profession combined, and begin amateur prescribing and neighborly doctoring, and not only take your bread from you, but make hobbies of what you teach them, and trifle with them, till, in bad cases, the patient's disease is fatally seated ; after which even correct treatment may be interrupted by the undertaker. It is not your duty to cheat either yourself or other physicians out of legitimate practice by supplying this person and that one with a word-of-mouth pharmacopœia for general use. If compelled to give a person remedies under a simple form, study to do so in such a way as not to increase his self-conceit and make him feel that he knows enough to practice self-medication and dispense with your services ; use whatever strategy is necessary to prevent such persons from taking unfair advantage of your prescriptions.

It is unwise to instruct a person with rheumatism, gonorrhœa, ulcers, sore mouth, sprains, or any affliction whatever, to get five or ten cents' worth of this or that remedy, to mix for himself, unless it be one of the very worthy poor ; because people are sure to become self-constituted doctors, and to abuse such orders, and to try to teach every one similarly afflicted how to treat himself. It is better either to let such persons have the medicine from your office, or to write them a prescription for it, with instructions neither to repeat nor lend.

It is better to make your analysis of urine, etc., at your

office, instead of the patient's house, where an explanation of processes, re-agents used, etc., may be the result, else they and their friends will quickly become oversmart, begin to test for themselves, think they know more than they really do, and give you trouble.

In prescribing, and even in speaking of medicines, you should use officinal names, and not popular titles, unless there is some special reason for using a synonym.

Confine your prescriptions to officinal medicines, and to preparations whose formulas are public property as fully as possible, and do not patronize any of the semi-legitimate pharmaceutical catchpennies, with life in every drop, about which you know nothing but what their labels and wrappers tell you, that are now flooding our nostrum-ridden land. For instance, if a patient needs beef, let him eat beef, or have beef soup or beef extract made for him; if he needs wine, order for him a suitable quantity of the kind which you prefer; if he needs iron, prescribe the kind and the dose that you think proper, and do not make yourself a mere unthinking distributor of some enterprising fellow's ready-made "beef, wine and iron," which cheats the pharmacist out of all chance of exercising his proper profession, and in fact relieves him of all mental exertion and all responsibility in the matter, since he, or his errand boy, has nothing to do but act as a middle man and hand it out, in a mechanical fashion, to customers, just as the grocer and his boy hand out paint and putty, soap, sugar and tobacco.

The same hat cannot fit every head, or the same shoe answer for every foot, neither can the proportion of ingredients in a ready-made combination suit every patient. Indeed, what would cure one might kill another.

Resolve never to prescribe a proprietary remedy, or one covered by a trade-mark; it is better to avoid the use of all such ready-prepared remedies, whether trade-mark, proprietary, or quack, whether advertised to the profession or to the public, whether the so-called formula and the dose are given or not. If

you order A.'s emulsion, B.'s lozenges, C.'s cod-liver oil, D.'s pills and E.'s bitters to patients, they will, by association, soon think that X.'s sarsaparilla, Y.'s buchu and Z.'s liver regulator also meet with professional approval. Determine that you will not aid any speculator in life and health to "strike a trade" in your families; and chiefly for the reason that *their nostrums do more harm than good*; also for the lesser reason that justice to yourself and to every other member of the profession requires you to avoid prescribing or telling patients of preparations that enable them afterward to snap their fingers in your face and renew them as often as they please, and recommend them to others who treat themselves with them without your further aid. One trade-mark prescription from you may sell twenty or a hundred bottles that you do not prescribe, and for which you get neither credit nor compensation.

Endeavor to have your prescriptions labeled so as to prevent indiscriminate renewal, as well as to prevent mistakes in their administration; when they are very important be careful to have the name of the patient put on the label, that every one may know whose medicine it is.

Remember this: The very best time to tell a patient not to renew a prescription is while writing it. If you fear it will be renewed against your wish, stop short while writing and remark to him that it will be a good remedy, or make some other true remark about it, but that he must take only one bottle, or that it must not be renewed. Your order given at that time will seem to be founded on some motive other than that of protecting your own pecuniary interest, will impress him strongly, and will be invariably obeyed; this is probably the most effective of all plans to prevent prescriptions from being renewed and adopted as a regular resort in similar cases. With this exception, make it a rule neither to talk, listen, nor answer questions while writing prescriptions.

Never write a prescription carelessly. Legibility is the first requirement, neatness the second. Cultivate the habit of scru-

tinizing everything you write after it is written, to assure yourself that there is neither omission nor mistake, and sign your name or initials to every prescription, but not till you have satisfied yourself that it is as intended. Mistakes are seldom discovered unless at the moment of their occurrence.

In consultation, the prescription agreed upon should be written by the regular attendant, and, if the consultant is still present, should be submitted to him for inspection; but only the regular attendant's name or initials should be signed to it.

A very, very useful rule in many cases is to name the hours at which medicine is to be taken; thus, if it is to be taken every five hours, instead of writing "a teaspoonful every five hours," write "take a teaspoonful at seven, twelve, five, and ten o'clock daily."

Remember, when giving directions in regard to doses, that spoons and drops vary greatly in size. A patient can save much trouble and uncertainty in cases where medicine is to be taken for any length of time by getting a graduated tumbler or medicine-glass, which is both convenient and precise. A minim is a definite quantity, a drop is not; therefore, in prescribing potent fluids, you should order minims instead of drops.

Neither alarm your patients nor their friends, nor risk the dangers of the chloral, opium, or other bad habit by allowing them to know they are taking such articles.

If you instruct a patient how to use the hypodermic syringe on himself, or to inhale chloroform or ether, or give him cocaine, chloral, opium, alcoholic liquors, or other exhilarating and fascinating agents, loosely, if he has any predisposition at all toward them he will probably adopt the habit; if he does, you will surely and *deservedly* incur the blame. The slaves of such habits always cast the blame for their acquired passion, or their enslavement, on the physicians who first ordered or used the drug with them, if they have any ground at all for doing so.

Hypodermic medication not only has its place and power, which make it at times indispensable, but also has various

drawbacks that should prevent its indiscriminate use. Among other evils connected with it is this, that those who are delighted by it, or have become habituated to it, are apt to harass and worry you for its use at all hours, day and night. It is a real hardship, after doing your day's work, that you must go and administer a hypodermic night-cap of morphia to the Rev. Mr. Cantsleep at eight o'clock P.M., to Mrs. Allnerves at nine, to Colonel Bigdrinker at ten, and to Miss Narywink at eleven o'clock, and probably be called from bed again to insert the sleep-giving needle for one or all of them before morning.

Much of this is not only a hardship but a nuisance. Far better is it for both the patient and yourself that you order anodynes by the mouth or rectum for such patients than to have all this extra trouble, and at the same time expose him to what may prove to him a fatal charm, and, by the reflex action of public opinion, do your reputation great injury.

CHAPTER VIII.

“The wise and brave conquer difficulties
By daring to attempt them : sloth and timidity
Shiver and sink at sights of toil and hazard,
And make the impossibility—they fear.”—*Binyon.*

It does not require the eye of a Newton or the brain of a Bacon to discover that self-reliance and self-possession are capitally important elements of success. Nothing under the sun will cause people to believe in and rely on you more readily and permanently than to see you believe in and rely on yourself. Be not arrogant, or self-conceited, but cultivate the power of thinking in the midst of excitement and distracting forces, and study to hide your doubts, hesitations, uncertainties, self-distrust, and apprehensions as completely as possible.

Never turn your cases over to “*specialists*,” unless they have features which render it an actual duty to do so. If you distrust your own capacities, and timidly parcel your practice out and refer every case of eye disease to the oculists, every uterine case to the gynæcologists, ear cases to the aurists, surgical to surgeons, nervous affections to neurologists, throat complaints to laryngologists, mental afflictions to alienists, skin diseases to dermatologists, crooked legs to orthopædist, warts to a manicure, and so on throughout the list, you will lessen your own field of activity, and instead of gaining as much experience with one affection as another, and thereby becoming many-sided and armed at all points, you will soon lose all familiarity with the diseases that specialists treat, and will dwindle and degenerate into a mere distributor of cases, a medical adviser instead of a medical attendant—advancing everybody’s professional and pecuniary interest except your own, and gaining the admiration of the community, and making for them honor, credit, and fees out of that which sinks your own indi-

viduality, robs your own purse, and throws you back into the shade. A good rule is this: Consult in cases of irreducible strangulated hernia, stone in the bladder, and in all other capital operations if you yourself are not a good operator; also whenever a serious case, whether in head or body, hands or feet, puzzles or defeats your judgment, or proves wholly unmanageable by usual treatment, or is so grave in prognosis as undoubtedly to require broader shoulders than yours to bear the responsibility, either call in a specialist to aid in its management, or turn it over entirely to him. If you study all the branches, and keep yourself abreast of the times, such occasions will soon be very rare to you. Timidity and rashness are both bad traits in a physician, but the former is the greater drawback.

When you transfer any one from your care to a specialist's, always do so either by a consultation, a letter, or a personal interview with him, that he may learn directly from you your diagnosis, prognosis, treatment, etc. You will thereby give him the advantage of what you know of the case, and also prevent the risk of an injury to your reputation from an apparently radical difference of opinion between him and yourself; besides, it secures your graceful retirement from the case.

Be careful to make your patients fully understand that in turning their cases over to a surgeon or specialist you do not cease to be their physician for future sickness, and that you have only turned them over *for that special affection*.

Ask for a consultation in all important cases in which knotty problems are presented, or where there exists any doubt as to the diagnosis, when you are in doubt as to the propriety of a surgical operation, and in all cases where you think either the patient's interest, his protracted lack of improvement, or the appearance of fresh or puzzling symptoms, or a division of the responsibility demands it; then another eye and a different mind may be of great service. When from any cause you see a necessity for a consultation arising, try, if possible, to anticipate the family by being the first to propose it.

Although a patient should never send for a consulting physician without the express consent of the attending physician, yet, when it is done through their ignorance of ethics, the discourtesy had better be condoned and the consultation held.

Consultations lessen personal responsibility. When you have bad surgical cases, or an operation in which life will be risked, or difficult, or complicated cases of midwifery, or heavy or anomalous cases of any kind among your personal friends or relatives, creating doubts or difficulties; or so near home as to involve you personally or socially; or in a neighborhood in which a group of patients are likely to be unfavorably impressed if the result is not good, it is especially necessary and wise to call a consulting physician to lighten your burden, even though you have him to come but once—if for no other reason, to satisfy the persons concerned.

If possible, always have high-minded, honorable physicians selected as consultants who will second your efforts by their knowledge and skill, and who will at the same time be likely to harmonize with you in the management of your cases; for their sympathy and kindly support may be highly necessary to the patient's welfare and to your own reputation.

When you happen to be the one consulted, do not examine the patient or ask him questions, except in the presence of your conferee, and have all communications when he is present.

Be punctual to the minute in keeping consultation engagements. You have no right to waste another's time in such cases, or to impose upon him the necessity of awaiting idly for you at the place of meeting.

Under ordinary circumstances it rests with the consulting physician and not with the regular attendant to name the hour of meeting.

In your consultations you will often feel great anxiety and suspense while waiting to see whether the consulting physician will be frank and fair toward you, or whether he will by a nod or wink, hint or inuendo, expose your deficiencies to a few, to

be told to many, until he reduces you to a mere cypher in the estimation of all to whom the case is related. To the honor of our profession be it said, that the vast majority of its members are not only punctilious, but really kind to the deserving on these occasions.

A radical change of diagnosis and of treatment, or a reverse and opposite course in any respect, as the result of a first consultation, often naturally impresses upon the laity the idea that the previous diagnosis or treatment has been either faulty or actually wrong, and no material change should be proposed or allowed *at that time*, unless some real necessity requires it. As a rule, the fewer the apparent changes resulting from a first consultation the better for the regular attendant's reputation; especially if he be a *young* physician.

If you are ever brought into contact with one who, from what appears to be lack of wisdom, or from sinister motives, persists in differing from an opinion that you are sure is correct, and you fear he may injure you thereby with the patient and his friends, insist on calling some eminent member of the profession into the conference, that he may decide between you. After that is done, if you think your interests require it, you can retire from the case without discredit. Such a person might almost do such things as change your diagnosis of "bilious remittent fever" to "malarial fever" and change your sulph. quiniæ and mass hydrarg., to sulph. cinchonæ and hydrarg. cum creta as soon as your back was turned.

When a consulting physician is designated and called at your request, you should see that the payment of his fee is not neglected; you might with propriety broach the subject to those who are to pay the bill before he quits. This can be done by privately informing them that his charges will probably be somewhat less if paid at his last visit than if they wait for him to send a bill, which might then be for the maximum amount.

To prevent misunderstanding, it is, in many cases, wise to say a word or two about the fee to the patient or his

friends at the time the subject of having a consultation is first mentioned.

You can, in such a case, speak much more plainly for your brother physician called at your instance than you could for yourself. His relations to the case suppose him to have nothing in view but the welfare of the patient, and to be thinking only of the scientific and therapeutical aspects of the case, and without any thought of money or pay. Prompt settlement of the consultant's fee will sometimes even bring about a more prompt payment of your own.

Never make yourself responsible for the payment of another's fee. Aid him in a proper degree to get it, but do nothing more.

It is for several reasons better for the consulting physician to send his bill before the regular attendant sends his; when the latter sends his first it looks as if he is more anxious for the safety of his fees, hence is in a greater hurry than the stranger is.

Unless the consulting physician gets his fees cash, or you are aware that special arrangements exist for their payment, be very careful to inform the patient, or his family, as soon as he ceases coming, or at any rate before the time arrives for sending them *your* bill, whether he will send his bill separately from yours or not. If you neglect to explain this to them, they will almost surely think you ought to pay him out of your fee, and a misunderstanding will result as to whether you or they must pay his bill.

Whenever, to please the patient or his friends, you are forced to set aside other duties in order to meet another physician in consultation, it is proper for you to charge for such service twice as much as for an ordinary visit, or perhaps even as much as the consultant does for his services; for you have all the details that flow from the consultation to carry out and all the communications to make, and all directions to give, and in consequence are entitled to extra compensation.

In dispensing with the consulting physician when his services are no longer necessary, take care to secure his acquiescence, and make him feel that it is done with a feeling of amity and good will.

In consultations it is usual for the regular attendant to precede the consultant in entering the sick one's room, and to follow in leaving it.

Friends of your patients, who have special confidence in their own physicians, will often persuade such as are suffering with stubborn cases that you do not fully understand their affection, and strenuously advise them to call in their favorite. In such cases remember that you have no right to object to a patient's having other advice besides your own whenever he insists upon it; but also that you have an undoubted right to refuse to consult with any one who is antagonistic to the profession, or any one whom you deem unprofessional, or unsuited for the case, any one who is personally objectionable to you, or in whose keeping you deem your reputation and interests unsafe. If you are attending a case, and such an one is pressed upon you, you have a perfect right to retire, and should at once offer to withdraw, and thus afford your patient the liberty of choice between you and your rival. Fortunately, such dilemmas are very rare.

Do not refuse to consult with foreign physicians, doctresses, colored physicians, or any others, provided they are regular practitioners, or even with undergraduates, if they are advancing regularly toward their degree. You, as a physician, hold a quasi-official position in the community, and, in the discharge of your duties, should know nothing of national enmities, race prejudices, political strife, or sectarian differences. RESCUE is the cry! You have no moral right to turn your back on sick and suffering humanity, by refusing to add your knowledge and skill, on a plane of real and brotherly equality, to that of *any* honorable, liberal-minded person who practices medicine, if his professional acquirements and ethical tenets give him a claim to

work in the professional field. It is not only unmanly to make a class distinction and throw obstacles in the path of the less favored, but such a spirit is wholly incompatible with the objects of our profession (which is a liberal one), and at direct variance with the spirit of science (which is cosmopolitan), and in its efforts to diminish suffering and baffle death knows neither country, race, nor creed, and has no limits except those of truth and duty.

But while you bid "All Hail!" and give the right hand of fellowship to every *regular* honorable physician, and become the friend and brother of all the friends of rational medicine, no matter what his misfortunes or how great his deficiencies, you must, on the other hand, remember that medicine is a liberal profession, and not a mere trade, and keep aloof from those belonging to a party or association whose exclusive system, narrow creed, or avowed or notorious hostility to our profession, prevents them from accepting every known fact and employing all known remedies. Refuse fellowship with any one and every one who cannot honestly say his mind is wide open for the reception of all truth, and that his hand shall not refuse to use anything and everything under the blue vault of heaven that may be needed to overcome disease and save the life of a human being,—conduct that constitutes a voluntary disconnection from the profession. When called to a case in which the attendant cannot do this, you cannot agree with him, and must let his retirement be one of the conditions on which you will assume charge.

You may be called to a case of emergency, viz., an alarming hemorrhage, poisoning by accident or design, partial drowning, or choking, or convulsions, or difficult labor, and on reaching it find an irregular practitioner or quack in attendance, with whom you are thus brought face to face. In such cases the path of duty is plain, for, owing to the great and urgent danger to life, the higher law of humanity will require you temporarily to set aside all quibbling about ethics and etiquette,

and to unite your efforts with your chance associate's. Treat him, then, with courtesy, but studiously avoid formal consultations, or private, or whispering conversation with him, or any other act that might imply association in consultation.

Thus you see there is not the least antagonism between medical ethics and humanity, but that they waive all considerations of etiquette, and allow and cover any act honestly performed for the benefit of humanity.

Fortunately, the indications for rational treatment are generally so very clear in such cases that no one can ignore them. If the Irregular has assumed charge before your arrival and is pursuing proper treatment, or agrees to the proper treatment suggested by you, that is all you can ask ; for instance, if the patient has received a terrible burn and linseed-oil and lime-water are being applied, or other rational treatment, indorse it and encourage a continuation in the same line, but if your accidental colleague favors a wet pack because he is morbid on the use of water, or advocates a lotion of cantharides because they burn and blister well people, it is your duty to your patient and also to yourself unyieldingly to insist that a rational course shall be pursued if you are to take part in the case. Be cautious but firm in dealing with such contingencies, and it is due both to your self-respect and that which you owe the profession, that you terminate the unnatural connection—of course, in a gentlemanly way—as soon as the great urgency will admit.

Some of the unreasoning laity may think you are illiberal in refusing to fraternize and consult with Irregular practitioners, notwithstanding these have voluntarily separated themselves from the regular profession and assumed a name intended to tell the public that their system differs from ours, and that they are at war with it and with us. Remember that our refusal is not from a false sense of dignity or from prejudice, but that the great principle which underlies it is this: as lovers of *all truth*, and ever anxious to benefit our fellow-man, we have no fixed, no unchangeable creed, but hail with delight every etiological

and therapeutical discovery, no matter by whom made, and take by the hand and recognize as a brother *any one* who is liberal enough to consecrate his life's labor to the relief of the sick ; but when we know that a certain person, even if he has an armful of diplomas, circumscribes himself and practices a botanical system *only*, or, like a pigeon with but one wing, a vitopathic system *only*, or a hydropathic system *only*, or an omniopathic system *only*, or an electropathic system *only*, or any other "pathy" *only*, and is so tied down and limited to that, by his love, bigotry, or prejudice, that he *denies* the usefulness of all other known and honorable means of aiding the sick, and endeavors to poison the public mind against all other therapeutics but his own—all rational physicians esteem such an one as *too illiberal* to be a true physician, and ignore him, and justly exclude him as unworthy of fellowship with those who profess to love all truth, and whilst he remains imprisoned within the narrow limits of his own ball-and-chain system, endeavor to themselves steadily pursue, perhaps with less zeal, but with more sense, the path of true science and progress.

If, on the other hand, he uses the remedies that rational medicine affords, yet adopts the cloak of an "ism" simply as an advertising dodge to make the public believe that he practices in some manner the direct opposite of ourselves, and thereby assists our enemies to lessen public esteem for regular medicine, and to create hatred toward us as its followers, he is guilty of fraud, and you should, even on the ground of morality, refuse to countenance him.

When people ask you "what system you practice," you may very properly answer that you are simply a PHYSICIAN, a member of the regular medical profession, that you have no fixed orthodoxy, belong to no sect, and are limited to no ism or ology ; that you stand on a broad, UNSECTARIAN platform, and are at liberty to construct your own articles of faith, only seeking to do your best for every sick sufferer who trusts to your skill and honor ; that you accordingly try to be *rational*, and,

like the bee, take the honey of truth wherever you find it ; that as rational, liberal physicians, the regular medical profession, to which you belong, has no branches, no sects, no dogmas, but is held together solely by the common bond of rational medicine, maintain perfect freedom of opinion and practice, select any remedy they please, in whatever dose they please, and under whatever theory they please, and, unlike the various "limited schools," have no articles of faith which they impose on any one, but accept all truths, whether winnowed from the storehouse of centuries, or discovered, either scientifically or empirically, in our own day ; that you, as one of its representatives, stand ready to embrace and utilize any and every valuable discovery, no matter when or by whom made.

"Pledged to no party's arbitrary sway,
We follow truth where'er she leads the way."

This flexibility explains why REGULAR MEDICINE IS ONE OF THE THREE LIBERAL PROFESSIONS, and why the humane and benevolent follower of the healing art takes rank with the learned expounder of the law and with the worthy man who inculcates religion, all three uniting to protect the interests of soul, body, and estate. But medicine is the only science which regards the entire man, physical, intellectual, and moral. The lawyer looks on a man as a being possessing certain rights, and subject to certain duties to his neighbors. The divine looks on man simply as a moral, responsible being, who has, or should have, a conscience, to which he directs his ministrations, while *we* deal with the whole man, physical, intellectual, and moral.

To this trio of professions was long ago applied the term "LIBERAL," because for their pursuits, preventing and curing sin, preventing and curing disease, and preventing and curing legal wrong, all three require the utmost perfection of character, and because devotees of law, religion, and medicine have in all ages pursued them as freemen, with hands unfettered and tongue untied, subject to no bonds except those of TRUTH. If at any

time during your career, any sect, schism, or one-sided school arises, no matter how great or how humble its pretensions, if it has even one grain of life-saving or health-guiding wheat to its bushel of chaff, it is your duty to seize the grain of wheat and plant it in the domain of rational medicine, and to cast the chaff and brambles and thistles to the winds. This adaptability is our strength and our glory, and is the element that will make regular, liberal, rational medicine exist as long as there is sickness and suffering in the world, and is the feature that distinguishes regular medicine from "new schools," isms, and pathies.

Remember that we have no secrets, no patents, no monopolies; our books, our laboratories, our lecture-rooms and our medicines are open to every qualified person, and that the door of the profession is not only open to the newly graduated and regularly initiated, but to every one who has the necessary educational and moral qualifications, even though he has been an outsider, allied, whether from ignorance or choice, with a system which professes antagonism to the profession; in the latter case he is at perfect liberty at any time to enter the regular *Æsculapian* fold, and become one of us, by dropping his distinguishing creed or system, abandoning the hostility to the profession which it implies, and allowing ethical rules to govern his conduct: no conversion, no surrender of private opinion, or favorite theories, or hypothesis, or of unlimited freedom to practice as he chooses is at all necessary.

Be religiously exact in everything that relates to consultations. Let them always be formal and strictly private; after the necessary examination and inquiries, both physicians should retire and consult within a room that is, if possible, isolated from intrusion; they should exchange thoughts in an undertone and out of the sight and the hearing of eavesdroppers, and should never allow any one to be present except the physicians engaged in it. It is the duty of the attending physician to give all the directions, etc., flowing from the consultation.

Remember that consultations are called for the purpose of deciding for the *future*, not to criticize the past ; but if you are called to consult in a case, and find the attending physician is suffering unmerited odium for his previous management, every principle of honor should impel you to *volunteer* to defend him.

Let all that follows a consultation show that you act in concert and that it is the result of joint action, and never express an individual opinion of a case seen in consultation, except in strict accordance with the code. If you do, those whom you address may, either unintentionally or purposely, misinterpret what you say, or otherwise involve you.

Remember that if you agree sufficiently to continue in joint attendance, you are in duty bound to act in concert and uphold each other, and to refrain from telling whose opinion prevailed, or by whom the course pursued was suggested, and from all other hints and insinuations likely to affect confidence in your fellow-attendant.

If you are requested by letter, or by a messenger, to prescribe for an out-of-town patient who is not under the care of any other physician, it is perfectly professional to do so, if you wish, even though you may never have seen the case.

Be prompt to the minute in answering your professional correspondence.

If a professional friend for any reason requests you to see a case with him, not so much for the patient's sake as for his own benefit, you should lend him a ready and willing hand, and that, too, without expectation of a fee.

Revere the past, have confidence in the present, and hope for the future of our glorious profession, and strictly avoid reviling the individual members of the profession, or the profession itself, or telling, as excoriating anecdotes, the mistakes and discreditable dilemmas of yourself or others ; and also avoid decrying and ridiculing medicine to the laity, and boasting of your own and the general ignorance of disease and remedies, and your distrust of your own capacities, or of the number of people

whose health you have ruined, or killed, or maimed, or mutilated: and suppress all other fulsome confessions. When a physician speaks thus, he means it *relatively* only; means to say that he is aware and willing to confess that medicine has its natural limits, and is not an exact science, and that the application of therapeutics is but an art. The public cannot appreciate the sense in which such imprudent confessions are made, and they are taken up by our Doubting Thomases and Lying Pauls as quickly as an empty sponge takes up water, and work great harm to physicians who make them and unmeasurable harm to the profession at large; because all who hear or read them conclude that our prescriptions are only a series of guesses, and that medical practice is only a hodge-podge of uncertainty, inconsistencies and confusion; whose votaries ask whether we can be certain of anything, or be certain that we are certain of nothing; and ever after crack jokes at our expense, and either do not employ physicians at all, or do so with utter disrespect and distrust.

You know there is, strictly speaking, no such thing as a perfectly straight line, plane surface, regular curve, exact sphere, or uniform solid; yet you never hear the civil engineer or the surveyor boasting of it from the housetop or mountain peak in reckless language, as if to belittle his own profession. Take the other learned professions: law is still very imperfect and full of uncertainties. Its books are full of conflicting opinions, and the decisions of to-day are liable to be overthrown by those of to-morrow. Religion, too, has its opposing creeds and its innumerable sects,—sad proofs that Medicine is not alone imperfect.

The truth is, physicians are personally far more imperfect than physic. For instance: there are undoubtedly medicines whose action is *diuretic*; but *diuretics* may be given when not indicated, or the *diuretic* given may not be the proper one, or it may be wrong in quantity, or be given at improper intervals, or proper restrictions for its use may not be enforced. Now, none of these errors are justly chargeable to the class of medicines we call *diuretics*, nor to the art of medicine, but are plainly due

either to the physician's bad judgment, or to his ignorance. The fact is, all studious physicians know of very nearly the same remedies, but skill in curing with them consists in applying one's knowledge correctly, in thinking of and selecting the proper ones at the proper time, skill in proportioning the dose, and genius in judging correctly the time for use, etc. Just so, different persons essaying to paint will exhibit different degrees of success; one possessed of natural aptitude or special smartness will attain wonderful skill, another less apt will reach mediocrity, while a third will fail entirely in his attempts and quit in disgust—this difference in result being due not to a difference in the material or colors at the command of each, but to the more or less perfect judgment and skill shown by each in combining and applying them.

Timeliness.—Ability to determine accurately the condition of a patient, and to conceive and do the right thing for him at the right time, is the essence of skill, constitutes the chief difference between successful and unsuccessful physicians, and explains the reason why the prescriptions of some physicians are much more valuable than those of others. One may know a vast deal about the profession and yet be a poor practitioner.

A proper use of medicines, and not a wholesale renunciation of them, is a leading characteristic of a good physician. When you hear of a physician who wishes to be considered especially clear, or ahead of others, or extraordinarily fair in his opinions, boasting that he is skeptical, "does not believe in drugs," "depends on nature," etc., you can safely conclude that he has a very weak spot somewhere; either that in his zeal to become a medical philosopher, or to coquette with somebody else's opinion, he has lapsed in his materia medica, or overstates his credulity, or that his usefulness has run to seed.

Does the mariner lose his faith in navigation because ships are tossed by the winds and waves and sometimes wrecked by uncontrollable storms? Or does the farmer deny the fertility of the soil because his neighbor has neglected the proper season

for planting and correct ways of cultivating? Or does he lose his faith in agriculture because droughts and grasshoppers and frosts sometimes ruin his crops? Would any worthy sailor fold his arms and do nothing while the storm raged, or any philosophical farmer neglect to plant again when the season returned, because the sailor's brightest hopes are sometimes crushed and the farmer's fairest prospects are often blighted?

Is there a physician on earth who would let intermittent and remittent fevers take their course without drugs; or who would let the syphilitic and other poisons develop, or progress unchecked? Is there a graduate anywhere who, in the face of all the positive facts offered by anatomy, and physiology, and pathology, and chemistry, and hygiene, and materia medica, confesses that he can do *nothing* for pain or for fever, for nervous complaints, for digestive affections or chest diseases; nothing for circulatory disorders, delirium, insomnia, headache, mania, epilepsy, hysteria, gout, neuralgia, worms, colic, acidity, peritonitis, child-bed fever, constipation, convulsions, diarrhœa, anæmia, scurvy, cholera morbus, poisoning, casualties, etc.?

The end and aim of medical practice is to relieve, to cure, and to prevent death; therefore, if there is any one among us who has never seen medicines restore health or prolong life, who does not sincerely believe in his power to benefit by drugs some of the twenty-four hundred diseases and modes of decay to which mankind is subject, he is an infidel in medicine, and should at once and forever, for conscience' sake, and for the sake of the afflicted, take down his sign and no longer pretend to practice. What think you of a man preaching religion who does not believe in the usefulness of religion?

The tolerance of disease has greatly increased in the last few decades, and is still increasing, and medical theories and practice are undergoing great changes. The advance of scientific observation is constantly teaching us to distinguish more clearly between the multitude of simple, self-limited cases daily met with and the few that threaten a fatal issue, and *of course*

we of to-day use much lighter remedies for the former class than our predecessors did ; but it is doubtful whether in real sicknesses we have *lessened* the doses half as much as some imagine. You now give twelve or fifteen grains of quinia daily for an intermittent fever, where physicians formerly gave half an ounce or an ounce of crude bark containing but six or twelve grains. You give to-day the same dose of opium, or its representative, morphia, when that drug is indicated, as they gave a hundred years ago, the same quantity of castor-oil at a dose, and about the same throughout the entire materia medica. The great difference is that we do not now prescribe vaguely or rashly, and when cases are trifling, or obscure, or undeveloped, our treatment is tentative instead of heroic.

We of to-day know tenfold better than our predecessors the natural history of disease, and are aware of the almost infinite resources of nature, and that three in every ten of those who send for physicians need no positive medication, that recovery from disease is everywhere the rule and death the exception, and that nine of the ten would get well sooner or later by proper hygiene, air, exercise, dieting, and intelligent nursing if there were not a drug or physician in the world, and consequently we are naturally prescribing less and less. In acute diseases, and especially those of children, we now, in many cases, trust chiefly to the recuperative laws of nature, and see them get well from what look to be hopeless conditions almost as if by magic, and these cases constitute a majority of those that seemed to be restored to rosy health by therapeutical illusions and quack medicines, which contain nothing of an active, perturbing character.

The deduction to be drawn from these facts is that the prudent physician may show as much—nay, more—skill in withholding drugs when not needed as in giving them when they are.

CHAPTER IX.

“Together let us beat this ample field,
Try what the open, what the covert yield.”—*Pope.*

AIM earnestly to please every one's taste and ideas of medicine as far as is compatible with safety. Bear ever in mind that a man is something more than an animal machine, a mere stomach and body, and constantly study the use of psychological aids, and try to compel your patient to assist in curing his own case. Also avoid overdosing, and remember that those who have been most fond of medicine often become suddenly surfeited and undergo a complete revulsion against both medicine and physicians. How can this be wondered at when even too long a continuation of beefsteak, partridge, oysters, or other savory food causes disgust and utter loathing even in well people?

This tendency in the human mind has in recent times received an unfortunate illustration at our expense, and in this way: Satiated and disgusted with Humoral Pathology and its crude and overactive measures, administered too often without regard to caprice or palate, a great many mis-drugged and overdosed people were anxiously wishing for almost any change, when lo! Samuel Christian Friedrich Hahnemann, of Meissen, Germany, appeared and accommodated them with a new do-nothing system, resting on a creed composed of one logical and two pseudo-logical tenets, which admirably serves to advertise both system and disciple, and to amuse and employ those who trust to the latter, without offending either eye, palate, or stomach; depending really on unassisted nature to do the work, if adhered to, allowing cases that it cannot restore unaided to become complicated or chronic, or to succumb and be added to the list of those who die of preventable deaths.

So strong is the popular reaction against extreme and unnecessary medication, that this silly system has a large and earnest following, and has mounted up and enjoyed the sunshine of popular favor among people with susceptible minds, to a most astonishing degree, and may be regarded as the great medical delusion of the nineteenth century. There can be no doubt, however, that its career would long since have terminated had the profession not been so loath to accommodate itself to the demands of fashion, particularly with reference to medication in slight and imaginary cases. But rational physicians are at last arousing to the importance of this subject, and are conforming to the demands of fashion. They are at the same time administering more concentrated and palatable forms of medicines in serious cases, and, thanks to the labors of the many devoted workers in the field of medical science, and the light which has been thus shed upon the subject, are now enabled to effect cures with greater certainty, promptness, and safety than ever before. The result is that many of the erring, who had gone over to it and other "isms" and "pathies," are being brought back from their ranks to faith renewed in our legitimate and rational system of practice. Determine that you will bear your share in the good work by devoting time and study to the means of rendering therapeutics useful and at the same time pleasant and acceptable to patients.

You are, of course, bound by the most sacred obligations to use your best judgment and endeavors for the good of every one who comes under your professional care, but neither the Code of Ethics nor the Code of Honor forbids your sailing before any and every popular breeze, provided you violate no principle of truth or justice.

No honest man could compromise a matter of principle, *i.e.*, knowingly quit the right for the wrong, or for one moment permit policy to sit above honesty; yet it is sometimes very foolish not to compromise a matter of mere policy. In medicine the second-best course often becomes the best because the patient

likes it best; and although you can neither believe nor follow Hahnemann's nonsense and follies, you *can* follow the *fashion of the day*, and *can* give to every fastidious or squeamish patient the smallest and most pleasant dose that his safety will permit, and *can* avoid giving any one crude remedies to a disgusting degree.

Now, although this ridiculous delusion is somewhat fashionable, when a case actually requires medication you can make very little if any rational use of its so-called principles, which rest on the following foolish postulates: 1st. *Curative remedies for the sick can be selected only by a study of provings on persons in health.* 2d. *Every remedy must be given by itself.* 3d. *The similar and single remedy must be given in its minimum dose, i.e., the smallest dose sufficient to effect a cure in the case.* These are the three legs upon which Samuel Christian Friedrich Hahnemann's substitute is supposed to stand; his entire stock in trade; an *essential* triune, an *inseparable* unit. Violation of any one of these principles by the faithful is a confessed rejection of S. C. F. H.'s whole system.

You will observe at a glance that this creed is exactly two-thirds nonsense; that the first and second postulates are sophistical and untrue, and hence should be rejected, and that the last, *i.e.*, to give the smallest dose that will answer the purpose, is a rule filched from the regular practice, which nobody denies. Every free and thinking person, whether physician or not, has recognized ever since the days of Pliny and Plutarch that it is useless to pour nine buckets of water on a fire when he is sure that one will put it out; which piece of common sense is equally true in medicine, and cannot, by any amount of sophistry or "hocus pocus," be monopolized by any New School.

Contrary to what many unthinking people believe, this creed gives the homœopaths perfect liberty to give either an atom or an ounce of mercury, sugar, opium, or anything else, at a dose provided they proceed on the homœopathic principle of similars; and the *question* whether they, or you, or any one else

does or does not practice homœopathically *does not* at all depend upon the size of the dose. They might give an ounce of a medicine in cases in which you would give but a grain. Their ounce would not make them regular physicians, nor your grain make you a homœopathist.

The practice of rational medicine is as distinct and free from all pathies as America is from Asia. Here is the true test as to whether you are practicing rationally, homœopathically, or allopathically: Were you to examine a patient and ask yourself, without regard to the so-called (humbug) pathies, or to any other creed or boundary, *What is the best treatment known to the world for a case like the one before me?* and give him that, you will be practicing *rational* (regular) medicine. If, on the contrary, you were to examine a case (with the Will-o'-the-wisp array of pathies in your mind), and ask yourself, *What article would produce a totality of symptoms similar to these in a well person?* and give him the one which you thought would come nearest to doing this, you would be practicing homœopathically. On the contrary: were you to sit down (with the chimera of pathies in your mind) and, with lengthened phiz, ask yourself what article would jingle with an opposite totality of symptoms, and irrationally base your treatment on that false ground, you would be practicing allopathically. Now, it is safe to conclude that if you practice medicine forty years you will never sit down by an ill man's bedside (conjure the pathies) and ask yourself either, "What agent would produce a disease similar to this, or symptoms similar to these in a well person?" or "What would cure by agreeing with opposite pathies?" and attempt to simulate it in your treatment. Therefore, take care to remember that, no matter how small your dose, or what the article, or by whom first used as a medicine, even though, in the exercise of your privilege as a regular or rational physician, you prescribe nothing but infinitesimal doses of oyster-shell, or teaspoonful doses of *aqua pura*, or let your patient smell an empty bottle with but one nostril once in nine days, or give him but one drop

of Aqua Cinnamomi or an unmedicated globule of saccharum every Friday night, they will not be given by the square and compass of the so-called pathies at all, and you will be proceeding neither *homœopathically* nor allopathically.

It is also safe to predict that while reason remains your mistress you will never agree that twelve twelves make a hundred and forty-five, or seriously entertain, much less follow, a monstrous system of symptom-worship, that in dogmatically seeking to follow the (so-called) law of *similars*, arrives at poison oak as a remedy for erysipelas, croton-oil as a remedy for cholera infantum, mercury for mumps, tartar emetic for typhoid pneumonia, opium for apoplexy, strychnia for convulsions, cantharides for burns, and an immense farrago of other similar nonsense, that rivals Mother Goose's:—

“There was a man in our town, and he was wondrous wise,
He jumped into a bramble bush and scratched out both his eyes.
And when he saw his eyes were out, with all his might and main,
He jumped into another bush and scratched them in again.”

Study the “Organon of Medicine” and “The Lesser Writings,” by Samuel Hahnemann; “Homœopathy Fairly Represented,” by William Henderson, M.D.; Hull’s “Jahr;” Hughes’ “Pharmaco-Dynamics;” Johnson’s “Therapeutic Key;” the works of Hering, Lippe, Guernsey, and other leading homœopathic authorities who delight to believe in and practice homœopathy, and you will read that a homœopath must prescribe according to what he claims to be the grand, the only law of medicine and rule of practice which S. C. F. Hahnemann by his genius discovered, and which is comprehended in the phrase “*similia similibus curantur*,” or like cures like. It is this loud and false claim that makes homœopathy one of the many systems of quackery.

It is universally admitted that quinia cures intermittent fever, but who ever heard of its being homœopathic to the periodic feature of that disease? And yet where is the homœopath that does not, in periodic fevers, administer sugar-coated

quinine pills in full doses? Podophyllin is the favorite cathartic of the homœopath. Does it ever cause constipation except by the secondary exhaustion and impairment of sensibility common to all cathartics? No intelligent physician would contend that it did. That morphia relieves that great enemy to human life and health—pain—is one of the best-attested facts of medical observation; will any homœopath dare say that it causes pain? The same may be said of mercury in syphilis, and of cod-liver oil in scrofula and phthisis. These are not stray assertions; they are monumental facts, that will surely banish the homœopath and his silly law of similars; for neither Samuel Christian Friedrich Hahnemann's nor any one else's sophistry can maintain itself permanently before the light of truth and science.

Truth is a unit; there can be but one science of one subject, and there is but one science of medicine. Compare Samuel Christian Friedrich Hahnemann, whose whole life was full of unnatural thoughts and peevish fancies, and the shallow and delusive so-called natural law, published in his presumptuous work called the "Organon," in 1810, in which he talks as if he alone had charge of the key of knowledge and the casket of truth—all the way through, with Copernicus, Newton, Harvey, Davy, Galileo, Franklin, and other real discoverers of nature's laws, and you will find his baseless and unscientific assertions resting on a foundation so slight that it will strongly remind you of an inverted pyramid, that must fall before the truth for want of sufficient base to stand upon, and you will then fully realize what an absurd and unnatural delusion S. C. F. Hahnemann's so-called therapeutic science is, and *why* we reject it.

Those illustrious men did discover the natural laws of astronomy, gravitation, electricity, etc., consequently their systems have extended, or have been but slightly changed. Hahnemann *did not* discover the natural law of medicine, therefore, his system has beaten about from psora and dynamization to the tasteless, the infinitesimal, etc., changing with every decade, until now it scarcely exists at all except in name.

You will discover that nine out of ten of those who run after its sweet nothings know absolutely nothing at all about Hahnemann's so-called principles and sophistical calculations, BUT (and this is a *very* big but) take them themselves and give them to their families solely because they are fashionable, novel, cheap, very easy to take, and prevent running to the druggist with expensive prescriptions.

Another of S. C. F. H.'s doctrines was the dynamization of medicines, one that, despite Euclid, he and his followers formerly praised from the housetops, and which was used by them as a wonder-creating something made of nothing. His assertion that a millionth of a grain of medicine had more power than a grain, or that a drop of alcohol well shaken had more power than an unshaken pint, helps to show his unparalleled assurance and intense egotism.

These notions of his not only contradict reason and violate common sense, but conflict with fixed mathematical laws, since a part cannot be greater than the whole. The truth is, the so-called dynamization of medicines is pure bosh, and bears about as much relation to the science of medicine as the kaleidoscope does to the science of astronomy.

The novelty of globulism, attenuations, and infinitesimal dosage, like spiritualism and mesmerism, aims at two of the strongest qualities of the human mind—qualities that all might honestly utilize more fully—the *love of the mystical and the charm of novelty*.

As previously stated, nothing under heaven prevents you from giving whatever you think best for your patient, whether its therapeutic action is similar, antagonistic, or anything else in the circle; but if, in so doing, you adopt a narrow or foolish dogma, or an exclusive system, and prejudice your mind against all other ascertained truths, your one-sided partisanship will fetter you, abridge your usefulness, and make you unfit for fellowship in liberal medicine. Thus, when Vincent Priessnitz, with his wet sheets and water-tub, in trying to build a house of a

single brick, shut his eyes to everything but hydropathy; and one-sided John Brown founded Brunonianism on incitability; and Broussais went wild on Inflammation, Gastroenteritis, the lancet and leeches; and Rasori overdosed with his system of "Contraria Contraries;" and peevish S. C. F. Hahnemann, in his overweening vanity and savage partisanship, deserted free therapeutical science and tied himself to a so-called pathy, and rabidly denounced everything else; and Samuel Thompson, in his exclusivism, threw away everything but herbs—they each ignored a host of important facts and thereby lessened their own usefulness and that of all who follow them.

"For never yet hath one attained
To such perfection, but that time, and place,
And use, have brought addition to his knowledge;
Or made correction, or admonished him
That he was ignorant of much which he
Had thought he knew, or led him to reject
What he had once esteemed of highest price."

Thus it is with agriculture, and navigation, and medicine, and every other advancing art. Medical science has no goal; its law is progress.

Not a single department of medicine has yet reached scientific exactness, and possibly never will, while the world stands. We, as rational regular physicians, are striving hard to bring its various branches as *near* to perfection as possible, and are willing to learn medical truth and scientific wisdom wherever they can be found. When "New Schools," schisms, or creeds arise, if they possess any new or valuable truths, or remedies of ascertained merit, no matter how great or how small, whether taken from the animal, vegetable, or mineral kingdom, from the sponge, the weed, the insect, the mineral; product of wilderness, ocean, or prairie, we instantly single them out and incorporate them with the great mass to swell the records of rational medicine, and press onward; so that the medicine of to-day may be said to be a living, moving, growing, wondrous array, founded on all its yesterdays.

Irregulars of every kind feel that, to exist, they must be at war with the regular profession, and derisively style us "The Old School," "Allopaths," etc., to make it appear to their partisans and others that a creed is necessary, and that every physician must bear the trade-mark of some special school or petty sect, with wide-apart principles; and that ours is merely one of these restricted sects, with hoary dogmas; and an old-fashioned and dilapidated, moss-grown, ivy-covered creed, twenty-four centuries old. That we have by-gone habits, ancient ways of thinking, and set rules and doctrines, that are handed down from teacher to pupil, to run in the same old channels and ruts forever, which, though good enough in olden days, are now altogether inadequate, behind the times, and in their declension. Their aim in doing this is, of course, to draw us on to false ground before the public, and to obtain for their ism or pathy the honorable distinction and the business advantage of appearing to stand co-equal with us; just as, for instance, in religion one sect (Pharisees *versus* Sadducees or Catholics *versus* Protestants) stands with reference to another, and in politics Republicans stand with Democrats.

Faugh on such nonsense! Who are the heroes of modern medical science? What men are TO-DAY, as ever, bearing forward the flag of medical discovery, and making the star of truth shine over the hilltops of medical discovery as clear as the noonday sun? Regular physicians! Who are the great authorities, and who hold the most advanced views on anatomy, physiology, pathology, gynæcology, ophthalmology, insanity, bacteriology, etc.? None other than regular physicians! Where stand quacks and irregulars of every kind in the upward track of scientific medical progress?

Remember that the epithet or by-word "Allopath" is a narrow nick-name, not chosen by us at all, but coined for us by our enemy, Samuel Christian Friedrich Hahnemann, in contradistinction to his own dreamy system, as part of his intemperate and ridiculous attempt to put out the lights of therapeutic science,

and to substitute his own silly, Jack-with-the-lantern system; and is applied to us opprobriously by our bitterest enemies, with intent to injure; that it is both untrue and offensive, and is no more accepted by regular physicians than the term "Heretic" is accepted by Protestants, "Ch****t-killers" by the Jews, or "Locofoco" by the Democrats. We are not "paths" of any kind, but Regular Physicians. Take care *promptly* to resent the term "Allopath" when any one applies it to you through enmity, and to politely disown it and also tell of its falsity and hostile origin when applied by those who do not know what the term implies.

S. C. F. H.'s allopathic sectarian physician would be one whose silly creed required him to fiddle on some other sympathy, or to create some other disease as a substitute for the one he was called upon to treat. Now any man, with but one eye even, can see why there will be Protestant bakers and Catholic gardeners, Baptist laundresses and Quaker boot-blacks, Vegetarian blacksmiths and Presbyterian shoemakers, Spiritualism bankers and Masonic carpenters, Odd Fellow bricklayers, Republican barbers and Democratic bakers, Homœopathic doctors and Swedenborgian undertakers, as long as there are people who wish to employ dogmatists in these things; but certainly no sensible person wants an allopathic physician, consequently no thinking man professes to be one, and we should not let our enemies put us in that cage; but there is, and ever will be, everywhere, a demand for RATIONAL physicians who will do for their patients whatever under heaven seems best, without regard to creeds and pathies. Away from us, then, at once and forever, with the false title, "Allopath!"

We have a wealthy but very silly, fanciful, globule-ridden lady living in our section, who has become such an infatuated believer in Similia, etc., that, besides incessantly hunting up indications and symptoms in herself, and dosing herself with pellets of table-salt when she dreams there are robbers in the house, of veratrum when she dreams she eats her shoes, of hyoscyamus

when she dreams she climbs the stove-pipe, or is pretending to drive away peacocks, etc., etc., she actually pellets her birds whenever they fail to sing, and Tabby and Tommy when they fail to mew. Other silly but zealous men and women, in the fervor of their zeal, as if to complete the absurdity and show their child-like trust, have given attenuated tinctures, etc., to turkeys, sheep, dogs, cows, chickens, horses, geese, mules, etc., and would almost ask you to believe that they had seen a red calf with blue eyes changed into a blue calf with red eyes. All this in the blaze of the nineteenth century.

Homœopathy not only panders to the whims of such, but also makes a specialty of poisoning the minds of all its votaries, not only against the lancet, overtreatment, polypharmacy, and other needlessly active measures, but against rational remedies, inclining them to attach undue importance to trivial affections, and to overestimate the value of placebo treatment, which not only tends to produce an effeminate type of character that cowardly shrinks from every ailment, but also creates a pathophobic overattention to the minutiae of their health, and eventually making them morbidly anxious about every function, and filling their minds with a medley of imaginary and exaggerated afflictions, which haunt them, like Banquo's ghost, wherever they go.

You will often see perfectly healthy-bodied persons, who might have passed through life with scarcely a thought of sickness, after being indoctrinated in it and softened by its follies, and being (with book in hand) habituated to its self-surveillance, become borne down into valetudinarianism or hypochondriasis by numerous magnified symptoms and constant indications for pellets and attenuations; and, by the way, if you will read the provings in any of their standard works—Hughes' "Pharmacodynamics," for instance—you will find that many of the symptoms said to follow their provings are too nasty to be repeated, and that the majority of the others are too silly to be respected—more like the idle fancies of Spiritualists or day-dreamers than the work of rational persons.

Were some graceless wag to exchange or mix up the attenuations and globules of the different phials of sepia, natrum muriaticum, carbo vegetabilis, etc., so that each would contain specifics (!) the opposite in action from its label, the faithful, with perverted perception, squinting judgment and turgid imagination, in blissful ignorance of the fact, would doubtlessly continue to make their cures all the same. Indeed, a short while ago some Chicago physicians offered to test the value of homœopathy as follows: 100 vials of pellets were to be put up by homœopathic druggists, in parcels of 10 each—9 of the 10 vials to contain sugar pellets only, while the 10th vial was to be filled with some active (?) homœopathic drug. Each of these parcels were to be sent to some prominent homœopath, who was to use them on his patients, and designate, by the effect, what drug the 10th vial contained. No one would accept the challenge!

Homœopathy has also profited, and is still profiting, wherever the English language is spoken, by an accidental misleading resemblance of the term homœ to the precious word home—"Home, sweet home."

To you as a physician the term homœopath naturally signifies a person who practices a certain dogmatic and visionary system. But to many of the laity, on the contrary, the first two syllables of the word suggest that he practices a simple *home*-or domestic system of medicine, and the fact that he ordinarily prepares his own globules, solutions, etc., either at his own home or at the homes of those who employ him, instead of sending prescriptions to drug stores as we do, adds strength to this popular error.

By fostering the error which this unfortunate resemblance creates—in some instances even anglicizing the term by dropping the *œ* and substituting *e*—and falsely terming those who practice rational medicine "Allopaths," Hahnemann's followers have materially advanced themselves with the public, and of course injured rational medicine in a corresponding degree.

This error is so natural that people often actually designate

regular physicians who happen to supply their own medicines "Home-o-paths."

It is your duty, in the interest of truth and for the benefit of humanity, to make it known that the word "home" is of Saxon derivation, whereas the prefix *homœo* is derived from the Greek *homoios* (similar), and has no possible relation to hearth and home. S. C. F. H. seems to have built better than he knew, as far as the home-loving, English-speaking Americans are concerned, when he styled himself a homœopathist, and not a pathomœist, which has the same meaning.

One of the most amazing of all wonders, one that does no honor to mankind, is that wisdom in the mysteries of the law or in the doctrines of theology, philosophical acumen in the sciences, skill in the polished arts, or keenness and culture in other departments of human knowledge, scarcely increases some people's reasoning powers a jot above the Ancient Egyptians in medical matters, or prevents their being led completely astray by the thousand-and-one false notions of cures, remedies, specifics and antidotes. Indeed, some persons think that to follow the incomprehensible emancipates them from the inelegant, proves their superior penetration and sapiency, and places them among the most advanced.

More than one (intelligent) lawyer has, in this the last quarter of the nineteenth century, put knotted red strings around his children's necks to cure whooping-cough; more than one sea-captain has carried a potato or a "chunk" of brimstone in his pocket, or wore one stocking wrong side out, to charm away rheumatism; more than one millionaire has vowed that fairy globules of tartar emetic have restored his strength; and such is poor human nature, that many a clergyman and poet and orator and member of the *élite* has solemnly certified that this, that, or the other worthless quack swindle has saved his life, yea, saved him, even after he had actually stood on the crater of the awful volcano of death, and positively heard the rustling of the wings of the black angel.

How any individual can be a wise logician in all else, and yet, as soon as sickness attacks him or his, leave all reason behind, and with open mouth and closed eyes become an easy, almost voluntary prey to shallow quackery, and exhibit the strongest faith in sophistical pretension whose assumptions are glaringly contrary to common sense, is a psychical enigma that almost weakens one's faith in the common sense of half of mankind.

Do not infer that a real homœopath (or an omnipath, or hydropath, or vitopath) may not be influenced by the highest motives, or may not be following his *pathy* conscientiously, for there never has been an absurdity in regard to religious, political, or medical questions that has not found very sincere supporters; nor that they do no good, for they may do a great deal of good, and even get patients well, but the good they do is *not* by their silly pathies, as has been proven by innumerable observers, but by the accompanying hygienics, dietetics, faith, expectation, good nursing, time, etc., which would do equally as much were the *pathy* portion left out, and globules of sugar, or bread pills, or colored water, or any other make-believe remedy substituted, to give their patients room to exercise their faith, and rest, regimen, the vital force, and time, an opportunity to do the work.

God help afflicted humanity were genuine homœopathy the medical man's only reliance in his struggles with the twenty-four hundred (Sauvage) diseases to which mankind is subject! Imagine for a moment a group of physicians entering the lazaretto depicted by Milton in "Paradise Lost," to combat the pains, suffering, and physical distress of that protean assemblage; who, instead of arming themselves, at all points, with every available therapeutic weapon, had provided themselves with S. C. F. H.'s *similia similibus* only. True, while ministering to ephemera, catarrhs, nervous headaches, palpitations, functional dyspepsia, tonsillitis, catarrhal croup, chorea, uncomplicated exanthemata, and slighter affections that (with nature on their side) have a strong tendency to spontaneous recovery, and in which the

public cannot distinguish between cures and natural restoration, they might, with a little adroitness and the free use of our adju-vants, make themselves appear like magicians among certain people; but when they encountered grave maladies which, un-less thwarted by the truest medicines and overcome by the stoutest weapons that are known to man, have a tendency to overwhelm and destroy their victims, they surely would turn pale as the curable became incurable, and feel in their hearts the inherent deficiency of the airy nothings which had left them as powerless to combat disease as soldiers would be to meet their merciless enemies in battle after being stripped of all their weapons, and almost curse the pen that wrote the folly.

As well expect a mouse to pull a coal-cart, or the steam from a pint tea-kettle to propel an ocean steamer!

The truth is, if a man has a sickness in which the ten-dency is to death, medicines given on S. C. F. H.'s piddling plan will not, can not, avert that result; and the malady will go on from bad to worse, till his sufferings are relieved by death, while good medical treatment with some of the agents which expe-rience and reason offer, and rational physicians accept, might control its downward and fatal course and restore him to health.

If ever chance brings you in contact with a real homœo-pathist, if you believe him to be a gentleman, observe all the forms of politeness toward him, and treat him exactly as you would any other gentleman, but ignore him (as he probably will you) *professionally*, and make no attempt to fraternize with him in the management of a case.

Suppose an attempt to consult: patient has—well, say, convulsions, the result of teething. You examine the case together—retire for consultation—the subject of treatment is finally reached. You (true to humanity) then survey the whole field of rational therapeutics and conclude: first, that the cause should be removed as far as possible by incising the gums for the purpose of severing their irritated nerves; second, that sedatives and antispasmodics are indicated. He (true to his

creed) puts on his Hahnemannian spectacles, surveys *the totality of symptoms* by the square and compass of Similia Similibus Curantur, and arrives at strychnia, in the tenth dilution! Result: a therapeutic dead-lock, unless You agree to give up common sense for his nonsense.

But how, oh, how! can any true man have much to do with any of the other flock—the chatty, flexible fellows who are not homœopaths at all, but solely for business reasons masquerade as homœopaths by a display of Hahnemannian nonsense, just as ostrich-hunters assume to be ostriches by dressing in that *wise* bird's feathers?

The majority of these sham homœopaths palm off as real by providing themselves with awe-inspiring satchels, which they handle as carefully in opening and closing them, in getting in and out of their buggies, going up stairs, and in crossing streets, as if an additional shake of the powerful dynamizations within might still further increase their potency, endanger their patients' lives, or cause an explosion. Carefully look into the satchel and the pockets of any one of these, and you will not only find the usual attenuations, triturations, tinctures, and globules—Lehrman's, Durham's, Lentz's, and Finck's high dynamizations, ranging from the 800th away up to the terrific potency of an 86,000th (nonsense! that would not vary the ailments of a fly)—but search a little further and you will find also a full—a very full—supply of Wm. R. Warner's, or W. H. Schieffelin's, or Sharp & Dohme's, or some other make of sugar-coated granules of morphia, quinia, arsenicum, belladonna, elaterium, colocynth, etc., whose rational use he has borrowed from the regular profession, which he habitually administers with as little regard for "*similia*," etc., as you do. Be not startled if you also find a hypodermic syringe and a bottle of Magendie's solution—irrefutable witness of his lack of honesty and lack of faith in what he professes. Respect every sincere believer in anything who fights a fair battle for it, no matter how great his error, but let the finger of scorn point at each and every false fellow who, as

an advertisement of himself and to catch patients, denounces and sneers at "Allopaths" and "*old school*" remedies, meanwhile giving shamming pellets and attenuations in *placebo cases only*, and in all others leaving the *similia similibus curantur* out, and slyly using opium to relieve pain, chloral to induce sleep, quinia to arrest fever, and all our other prominent agents, *just as we do*, in full doses, yet, with unparalleled impudence and assurance, crediting the good they do to *similia similibus curantur*.

There is also a self-adjusting variety of pretenders, who, thank heaven! are not very numerous, who are homœopaths in one house and anything-you-wish in the next, actually offering to leave it with sick men, women, and children to choose which system of practice they will have. These, although inconsistent with themselves, are not as bad as the make-out kind, for they are at least open and honest in their announcement. But what words would exaggerate the meanness of a clergyman whose love of gold and lack of scruple would allow him to vary his principles *at will* and preach *anything* you wished, whether a strictly Catholic lecture, or an ultra-Protestant discourse, an orthodox Hebrew sermon, a fiery Mohammedan philippic, or an out-and-out infidel harangue? He might believe in one or none, but he could not believe in all, and, if he professed to do so, would deserve to be kicked out of his own door.

Science has everywhere convincingly shown that Homœopathy contains its own refutation, and is a fraud on the people. It is not half so new as many suppose. Hahnemann started it in 1790, six years before Jenner vaccinated James Phipps, and the "*Organon*" was published in 1810. Now, in this long, long period, had it deserved scientific recognition or had there been anything at all in it worthy of adoption by the profession, it would surely, like vaccination, long since have been absorbed by scientific rational medicine, whereas the fact is that its silly creed has taken no root at all in the regular profession. To-day it is withering like a girdled fig-tree, and Hahnemann no longer stands on a pedestal, is no longer worshipped as a hero, and his

system has almost faded out in the land of its birth, and is without a chair in any university of Europe, and is rarely mentioned there without a smile.

It was chiefly the over-medication of former days that gave it a start. Were any one to originate such a silly system to-day, there would be no excuse for its existence and it would be still-born.

Even here, in Free America, the Homœopathic book and case of numbered similars are fast disappearing from the hands of the laity, its specifics are now kept among the patent medicines in every drug store, and the system is no longer exciting amateurs, and is about to furnish another proof that no religious creed, no political doctrine, no medical ism or pathy can long endure if it is opposed to the common sense of mankind.

Examine the homœopathic creed closely (pages 199, 200) and carefully watch the practice of all those who claim to practice under it of whom you have personal knowledge, and you will find but few (if any) who honestly do so. The number of those who pretend to practice homœopathy may be still somewhat on the increase, yet pure homœopathy itself (similia, etc., based on provings) is rapidly disappearing. I doubt whether there is at this time a pure Hahnemannian Homœopathist in Maryland. For the confirmation of this I refer to any qualified pharmacist who comes into contact with homœopathic therapeutics. The genuine homœopath never gives tonics, never orders mineral waters, never orders emulsions, never alternates or mixes remedies, and never employs hypodermic injections, purgatives, mustard plasters, ointments, lotions, washes, liniments, medicated injections, cauterizations, sprays, or gargles. Show a decent respect for the real homœopath, and for every one's views if honestly held, but carefully shun the fellows who, as the ass did when in the lion's skin, plume themselves as homœopaths simply as a sham to deceive the public because, just at this time, it pays.

Inquiry will show you that many of the latter were

formerly fourth- or fifth- rate regular practitioners, who were crowded out of the profession into their present occupation by the well-known law of "the survival of the fittest," and that many of the remainder obtained what medical education they got in regular colleges by falsifying about their future intentions.

In considering the nothingness of homœopathy think what it is to-day—that its disciples no longer follow their master, that every change they make is toward regular practice, and that the majority of the flock seem to be on their way back to Regular practice in everything except in name and in affiliation.

Leaving the subject of homœopathy, its representatives and friends, let us consider other features of our environment:—

Remember that it is *not* on account of their therapeutics at all that we object to *exclusive* systems and refuse to fraternize with their followers, but because they refuse to select remedies from all sources, assume dogmas and systems that are limited, and denounce all else.

Were you to announce yourself as an anti-botanic, anti-omnipathist, anti-allopathist, anti-eclectic, anti-electropath, anti-hydropath, anti-vitopath, or anti-anything else calculated to produce division, antagonism, or strife, it would be unprofessional, and equally as inconsistent with the spirit of scientific medicine as the systems which you were opposing, and would abridge your usefulness and render you unworthy of professional fellowship, just as it does other persons who follow limited creeds.

Although it is wrong to spend much time and labor in acquiring knowledge of anything that is useless when known, yet it is well to look into the principles of mesmerism, hydropathy, galvano-therapeutics, spiritualism, etc., to enable you to speak of them from personal knowledge, and to checkmate their representatives, who make great capital out of *knowing all about the "old school system,"* which they, of course, aver does not compare with the "new school" under which they practice.

To limit one's practice to any certain segment of the medical circle is, of course, quite different from limiting one's creed.

You have an indisputable right to limit your practice to any specialty or department of medicine you please, but as it is a self-imposed limitation of your sphere you should take care in your signs and cards *simply* to add to your general title the words, "Practice limited" to the eye, or to the throat, or to skin diseases, or to whatever else your specialty may be. Such an announcement is honest and professional, and claims nothing more in the way of skill than your M.D. presumes. A sign or card with the words, "Practice limited to," etc., is perfectly professional; one that reads, "Special attention given to," etc., is not.

Compte says: "Facts, and the invariable laws that govern them, are the pursuit, and the only legitimate pursuit, of science." Bear in mind that we, governed by this, condemn no system or discovery, ignorantly, on the principle which governs the Indian, who disbelieves in the locomotive and telegraph, or on that by which Galileo was persecuted, or accept anything as a blinded Hindoo devotee does his religion; but, on the contrary, thousands of competent, earnest, fair-minded, truth-loving students, men eminent in science and untrammelled by clique, all the world over, both in hospital and private practice, with open eyes and alert ears; with the true spirit of philosophy and philanthropy, solely for the purpose of ascertaining the truth for the benefit of medical science and of suffering mankind, and anxious to see new links added to the great chain of therapeutic aids, eagerly, and fairly, and deliberately investigate and fully test all the alleged discoveries, theories, and so-called reforms in medicine from A to Z when they arise, and the conjoined result gives us a true common-sense verdict. And it is no more necessary for every succeeding generation, with more useful things to think about, to turn aside and discuss whether George Washington was fairly elected president, or whether Napoleon Bonaparte was a real person or only a myth, or to waste the time necessary to re-sift, re-weigh, and re-judge unreasonable medical vagaries and nonsensical dogmas that have been a hun-

dred times disproved before rejecting them, than it is for every one to study spirit-rappings and table-turnings, the Book of Mormon, and the ins-and-outs of all other false doctrines, after thousands and tens of thousands have proven them false.

Never hold joint discussions or controversies before the public with Irregulars or wide-mouthed quacks, either through the newspapers, or in any other way, no matter how false or shallow their oily pretenses are, or how easily their weak arguments are refuted by stronger ones, because such joint discussions and rejoinders, either by speech or pen, with the public as judge, would result in no good, but give your opponents an opportunity to make the noise and clamor they desire, and bring them into greater notice, gain for them new partisans, and give them a chance to raise additional false issues.

You will occasionally be called again to families who strayed in disgust from regular medicine years ago, when bleeding, etc., were fashionable, who will wonder over the Now and Then of medicine, and be surprised to learn that the shape and fashion of medical practice has changed, and that your therapeutics differ very decidedly from those of old Doctor Van Winkle, and that you have not taken an oath to practice as your fathers did, and no longer bleed, salivate, and give nauseous drugs, indiscriminately, as they supposed. If you are prudent and circumspect, most of these can be permanently reclaimed.

But few of the really sick who are persuaded into giving false and one-idea systems a trial become converts; common sense prevents. Therefore be careful not to banter, irritate or abandon people who are trying an *ism* or *pathy*, or believe in it *a little*, lest from combating their maybes and questioning their prudence and forcing argument you *drive* them into these vagaries permanently. Should they even contend that the earth is three-cornered, or that sugary nonsense has saved their lives, or that pumpkins grow on trees, or declare white to be black, or that castor-oil is made of dead men's bones, laugh in your sleeve if you must, but do not combat them *too fiercely*.

Pride of opinion and determination not to be browbeaten into recantation are unfortunate impulses to arouse, especially in conceited and silly people, who admire their own ingenuity in discovering arguments, and will certainly drive them to take sides against you, possibly to swear by the error in all the moods and tenses, and to thenceforth injure rational medicine to the full extent of their influence, for:—

“Faith, fanatic faith, once wedded fast
To some dear falsehood, hugs it to the last.”

If, in exposing any delusive or false system, you are careful not to denounce it with too much warmth or violence, as though prompted by prejudice or self-interest, and to confine your condemnation strictly to the impersonal abstract subject, showing that you speak your real sentiments from sober reason and conscientious devotion to the truth; and if, moreover, you avoid appearing anxious to hoot down or excite hostility against the individuals who really may practice it honestly, your reasoning will have a great deal more weight with those whom you address, and with the community, than under the reverse circumstances, for human nature is such that if a system or creed in medicine be false, unkind or untrue, abuse of its representatives will be one of the best ways of commending it to public favor, and hence is what they themselves most heartily desire.

This is the age of quackery; quackery in law, quackery in religion, quackery in medicine, quackery in everything. Medical quackery subsists on credulity, gullibility and ignorance, and when your opinions are asked, and whenever you have a fair opportunity, it is your duty to expose it, and to save as many as you can from its clutches. Wherever you meet it, lift its veil and show its unworthiness and the harm that it does to the public health.

Medical laws are everywhere essential for the public safety, but we of Maryland have none, and our common laws do not protect our citizens against the ravages, or enter into the

slightest consideration of the worth, or worthlessness, of various *isms, ists* and *pathies*, but recognize all kinds, even down to notorious quacks and ignoble impostors, who never saw farther into the human body than the skin, precisely as they do the regular profession; therefore, if you ever occupy an official position under such laws, you will have to recognize certificates of death, vaccination, life insurance, etc., given by irregulars of every shade, no difference how fictitious their pretensions, or how profoundly ignorant of common medical truths; just as you do those of intelligent, rational, honorable physicians. In a word, you will have to recognize officially every person whom the law recognizes. State medical laws that legalize every ignoramus are impaired to a corresponding extent. Proper laws for the protection of the people—laws that, while recognizing and protecting the rights of all educated physicians, without regard to their creeds or modes of treatment—would effectually uproot and weed out the whole unwhipt mass of abortionists, self-commissioned pretenders, Street-corner-orator Doctors, Hotel Itinerants, Indian Doctors, Steam Doctors, Pow-wow Doctors and the Root Doctors, who can neither read nor write (who get their LARNING about YARBS “by revelation from the LAWD”); also the “cullud gemman” who cures the conjured, and kindred swindlers who know as little about a physician’s duties as they do about the constellations of the heavens, but can answer the unanswerable in medicine and cure the incurable; in short, all who knowingly deceive and defraud. Just laws should be enacted and rigidly enforced, instead of weak laws that compel those who administer them to recognize arch-humbugs and outright swindlers, and actually give respectability before the public to fellows who deserve the cat-o’-nine-tails.

It would be well and wise if all diplomas and officinal certificates were written in plain English, instead of Latin; then everybody could read and see what each was, and when, why, where, and to whom each was given.

Strange to say, nowadays a section of the public, blinded

by the waves of sophistry and swayed by the winds of false sentiment, instead of siding with our opponents when they seem to be right and turning against them when they are wrong, invariably Ha! Ha! Ha! and, with gross unfairness, side with the "new school" or the quack, or anybody else, whenever a contest arises between them and us. Even a portion of the press, religious as well as secular, seem to delight in aiming sharp shafts at the regular profession, and creating popular sentiment in favor of its enemies, by making invidious comparisons between its modes of practice and theirs—telling with great gusto of their wonderful success, and of their steady growth in public confidence, in highly colored terms. Censorious editorial and other authoritative productions are frequently written on our arbitrary exclusiveness, our intolerant bigotry, etc.; our bickerings and our disagreements, too, are magnified, and our family matters, squabbles, and disputations are reported in a sensational way, all *apparently* to antagonize and decry us, and to cheer on and assist the daring onsets of struggling Irregulars and advertising quacks, under their false but popular cry of "*persecution.*"

You will find that if a person happens to get better, even of an ordinary case, under some new method of treatment, or under the chance play of an Irregular, or when taking a quack medicine, it will receive a thousand eager praises; whereas, if twenty get well under the skillful practice of a regular physician, it is considered quite a matter of course, and will scarcely excite a comment.

'Tis said the Chinese are so expert in making much out of little that they live and fatten on what a Caucasian wastes. In the same degree, Irregulars and quacks thrive on the quickening influence of the emotions—expectation, faith, hope, etc.—which we, with our minds fixed on more tangible aids, neglect far more than we should. For proof of the mighty power of the mind over the body, look at the liver pads, tractors, amulets, charms, and dozens of other humbug agents in vogue, which the young and old, black and white, educated and illiterate, all kinds,

classes, and conditions of people, are praising, almost as if they had fallen from the skies.

Fashion and wealth exert a powerful influence in medical affairs, and unfortunately the novelty-seeking portion of the fashionable, wealthy, and influential foster with their influence and patronize with their wealth almost every pathy, ology, and ism in medicine, and make them popular and fashionable with the unthinking herd, who stand with their eyes, ears, and mouth all open, ready to follow.

Many Irregulars have this source of *éclat*. Having the humbug element fully developed in them, they, with owl-like look of profound wisdom, resort to numerous big words and high-sounding technical terms, and with great-swelling phrases magnify what we would call a slight cold, or a quinsy, into a "congestion of the lungs," a "bronchial catarrh," a "touch of pneumonia," "diphtheria," or "post-nasal catarrh." They dignify what we would call a disordered stomach into a "gastric affection," a wind colic into "borborygmus," etc., for the cure of which huge ailments they are duly credited and fully paid. There is a fellow in our section who manages his patrons so adroitly that he reaps more credit and confidence from mistreating a case that dies therefrom than you would receive from one properly treated that gets well, and often actually reaps manifold more credit and patronage for stopping a chill and fever in seven days than a true physician would for doing the same in a day or two, and other ailments in proportion.

Another reason why Irregulars get cases is, that if a physician grows tired of a case and loses interest, or the patient gets tired of him and loses faith, the family is apt to desire a change of treatment, and, fearing the attendant would become offended were they to dismiss him and employ one of his brethren, they get an Irregular, under the belief that the physician will feel *less hurt* if they dismiss him under the plea of trying "a different system" of doctoring than on any other pretext.

There are fully five times as many regular physicians as

there are irregulars, and we, in the course of events, naturally get a great many more stubborn cases, and of dissatisfied patients, who turn from us to them, with the intention of "trying another system," than there are to come from their smaller number to us.

The advent of our specialists is very fortunate for us in this respect, as they now get most of our stubborn cases, which are thereby kept with the regular profession.

Again, a physician is sometimes compelled to tell disagreeable truths, and candidly to give a gloomy or despairing prognosis, and this, on the principle of a drowning man catching at a straw, is apt to make the patient and his friends argue that regular medicine offers him no means of safety, and a transfer of the case to some irregular practitioner, or noisy quack, who makes great professions and rosy promises, is apt to ensue.

Another reason why Irregulars have partisans is that legitimate medicine is unsuited to the peculiarities of some minds, and will never obtain their confidence. They would almost rather die under the hands of an irregular than to recover under a regular. There is, also, always a sprinkling of extremists, pharisees of every conceivable mind, opponents of vaccination, and intellectual cranks in every community, who for some cause or other are imbued with dogged antagonism to the regular profession, and the man who discards it is their doctor. Others believe in vegetable remedies only; the vender of herbs is his doctor, etc. These all unite, by affinity, to abet and support classes and systems that practice in opposition to us, and of course such demand creates a supply of irregulars of various kinds.

You will find that not only in medicine, but on every important subject, when the plain, common sense of a community reaches a conclusion, there are always persons who think they exhibit finer qualities of mind by reaching the opposite conclusion, and will contend bitterly on points where rational doubt is impossible. Others think it is evidence of great natural acuteness and subtlety of intellect and of speculative philosophy to

cling to the opposition, and imagine they thus place themselves among the most advanced thinkers.

Still another reason why they get patrons is this: they take care to announce that they cure by mild means or harmless methods, and not by complicated, painful, or dangerous measures, bloody operations under anæsthetics, or other *dernier ressorts*, that science teaches truer physicians to use—against all of which they have, by false assertions and fallacious statistics, aroused much of the existing foolish prejudice and abhorrence.

So great indeed is the popular dread of what physicians *might do*, that in choosing a medical attendant, the nervous and the timid, who constitute *nine-tenths* of all the sick, are greatly inclined to shun Prof. Sawbones, Dr. Doubledose, Dr. Cutem-upalive, Dr. Bigpill, and all who treat heroically and enforce rigid discipline, and seek Prof. Tweedle, Dr. Golightly, and others, who undertake to cure without cutting, and who use moderate, even though less efficient, means.

You must learn to distinguish cases in which you can safely depend on nature from those that nature cannot overcome, and treat each accordingly; for when you learn to recognize those that need an ounce of medicine and a grain of policy, and those that need an ounce of policy and but a grain of medicine, you will have entered upon the path of wisdom. When you have a Lah-de-Dah patient who needs only a few drops of mint-water, or a bread pill, for mercy's sake don't, don't violate common sense and force upon him some horrible mixture that seems as if made of dead men's skulls, or an infusion of gentian, or a large bottle of muriated tincture of iron and quinine, or other medley of nastiness, as if your chief aim were to cause him nausea and disgust for everything, food included. Give him nothing stronger or coarser than he needs, and leave the rest to nature.

Handle those with highly impressible nervous systems, or sensitive skin, delicate palate or tender throat, or treacherous stomachs (and wry faces) with kid gloves, and be careful to avoid

all useless severities, and to give them as little unpleasant-tasting medicine as possible, and never more than they can bear. The recent great improvements in the forms and palatability of medicines offer you splendid opportunities to do this. Offend neither their eyes, their ears, their nostrils, their palates, nor their stomachs, and you will succeed where neglect of these precautions would cause failure. Bear in mind that medicines prescribed unsuccessfully, if they have given pain or great inconvenience, will injure your reputation and may cause your dismissal. Give hypochondriacs, dyspeptics, and others who are fond of your attention, but not of your medicine, small, tasteless, or palatable remedies, and, unless there is a real necessity for it, do not oblige anybody to take medicine before breakfast, or to be aroused for the same purpose during the night. With such people make free use of the bland elixirs, the fluid extracts, and the large line of sugar-coated granules of arsenious acid, corrosive sublimate, cannabis indica, nux vomica, morphia, podophyllin, strychnia, and other results of artistic elegance and chemical accuracy now kept in every drug store.

Overdosing, blood-letting, salivating, purging, etc., are now justly unpopular, and ultra-conservative, reconstructive medicines are in fashion. Almost every one is filled with the belief that he is debilitated. Say to the average patient, "You are weak, 'below par,' and need building up," and you will instantly see by his countenance that you have struck *his* key-note. So much is this the case that many of the sick, fully impressed with this idea, will want you to treat them with tonics and stimulants, even when their condition is such that these medicines are not at all indicated.

Never attempt to force the use of a remedy—mercury, arsenic, iodide of potassium, opium, asafoetida, valerian, etc.—on a person after he has exhibited an idiosyncrasy or a hatred toward it. Also, when possible, change the form of your prescription from pills to powders, or from liquids to capsules, or from sweet to bitter, and *vice versâ*, for those who desire it.

A good plan to pursue with patients who actually need the prolonged benefit of two different medicines, who cannot or will not take them at alternating hours every day, is to use one to-day and the other to-morrow; for instance, if a nervine and a tonic are prescribed separately, let him take full doses of the nervine on Monday and full doses of the tonic on Tuesday, nervine on Wednesday and tonic on Thursday, etc. Almost any patient can and will alternate thus without tiring.

The smaller, the more striking the means that seem to accomplish a result, the more surprising does that result appear to a patient. It does not seem wonderful to him that he should get better after taking an ounce or a pint dose of anything, but improvement following a tiny powder, or a pellet, or a tasteless solution, or a morphia granule, appears marvelously strange and is very pleasing.

It is wise and proper to carry a few well-chosen remedies with you, to be used at night, and on occasions of great or sudden emergency. Above all others, have a phial of morphia granules (or soluble tablets) with you constantly, and give a proper number of them in *hot* water as soon as you reach one of the thousand cases in which great pain is a symptom. By so doing you can often adroitly meet the emergency, relieve the suffering, and show your power over pain before the messenger could get back from the drug store with the remedy you would otherwise order.

Rest for the patient is rest for the nurse, and when all around are broken down and worn out this is an important consideration. The value of a night's rest to a very ill patient is often incalculable, and for this morphia granules are highly valuable. You can also use them to give other jaded sufferers an occasional night of placid slumber, or of delicious visions, even though they form no essential part of the treatment.

Morphia granules given thus make a vivid impression in the physician's favor, and do great good, becoming, in fact, almost a perfect substitute for that drug hypodermatically.

CHAPTER X.

“Behold, how good and how pleasant *it is* for brethren to dwell together in unity!”—*Psalm cxxxiii.* 1.

BE just and friendly toward every worthy pharmacist. Owing to the very close relationship and mutual dependence between pharmacy and medical practice, the pharmacists are your natural allies, and should receive your firm friendship and respect. Probably all physicians will agree that in the ranks of no profession can a greater proportion of gentlemen, and manly men, be found than in the pharmaceutical. This, and your joint interests, should make you brothers.

An excellent rule is strictly to avoid favoritism, and let all reliable pharmacists compete for your prescriptions and for the family patronage which they influence. You will make a serious mistake, and engender active enemies, too, if you step out of your way and without proper cause instruct patients to buy their medicines from any particular pharmacy; if a prescription is properly compounded it makes but little difference by whom, so the compounder is known to be honorable and reliable.

Do not deter your patients from patronizing a pharmacist simply because he is also a graduate in medicine, unless he is uniting the two callings from mercenary motives, or habitually prescribes, or has the drug store (with a window full of bottles of colored water and quack placards) as a stepping-stone to get acquaintances and an introduction to practice, as a preliminary to making his *début* as your antagonist or rival; but if you fold your arms and allow your prescriptions to be compounded by a drug-store physician who *prescribes* over his counter, or in the office or parlor, free of charge, and makes it up on the medicine ordered, you will, unless he shows less than the usual amount of selfishness, sooner or later regret it.

Independently of all other considerations, the practice of scientific pharmacy and modern medicine simultaneously is too much for the grasp of any one human intellect, and any one needs all his time to do justice to either, and one or the other is apt to be slighted; and if your prescription falls into the hands of such parties, or is left to apprentices or assistants, both you and your patient must take a great many risks.

There is not the slightest wrong in having your name printed on your prescription papers. But do not use a prescription paper which has any other name upon it besides your own. If it contains the name of a pharmacist it will naturally suggest collusion or something else not complimentary; if it contains some enterprising fellow's commercial puff, it will indicate very ordinary taste for you to use it. It is probably better always to write on good plain paper; although it could do no harm to have some such phrase as the following printed on the back of every prescription paper, for the benefit of the public and the protection of your own interests: "A remedy that is useful for a patient at one time may be improper for the same patient at another time, or for other persons at any time, even though suffering with the same affection."

Plain white paper clippings suitable for prescription blanks can be purchased cheaply at any printing-office or book-bindery, or you can buy a ream of cheap paper at any wholesale paper warehouse, and they will cut it into any size you wish.

It would be wrong, *wrong* in every light, to go hand-in-hand with a pharmacist, receive from him a percentage on your prescriptions as payment for sending them to his store, and for this reason: were you to accept such an offer, it would be robbing the purse of either the pharmacist or the patient. Were the former to allow you ten cents for each prescription, and reimburse himself by adding that amount to the sum charged the patient for the remedy, it could not be looked upon in any other light than that you had combined to *fleece* ten extra cents from every poor sufferer who trusted to your honor, just as you would

look upon a lawyer who took fees from both sides. On the other hand, if the pharmacist had more honesty than you and allowed you to shear ten cents from his legitimate profit, because compelled to do so or lose your influence, it would place you in a most contemptible position, and you would live in constant danger of exposure and an indignant public sentiment that the strength of Hercules could not, and the angry God of Justice would not, arrest.

Honesty is the great keystone; without it, the whole arch of honor falls. You must live, and must have fees to enable you to do so, but unless you obtain every dollar and every dime honestly and honorably you cannot escape the finger of scorn.

Watch zealously that the public do not imbibe a belief that you are a part owner of or are interested in the loaves and fishes of the drug store which compounds the largest number of your prescriptions. If such a suspicion be expressed by any one, or if any one insinuates that you seem to prescribe for the purse of the pharmacist rather than for the health of the patient, take care to inform him that you have no such interest.

If any pharmacist volunteers to supply a physician and his immediate family with medicines either free or at a nominal price, or with such proprietary or other articles as he needs, at cost, the favor can be conscientiously accepted, but it seems very unjust for any one to expect or allow him to supply a whole generation of uncles, aunts, and cousins on similar terms.

Never supply one or several pharmacists with private marks, technical terms, or formulæ that other pharmacists cannot understand, as it would at once suggest trickery and corrupt motives. A still meaner device would be to have a secret or cabalistic code, for use between you and a pharmacist, intelligible to him alone. Surely neither you nor any other honest person needs warning against such rascally systems of swindling as these, for any one who would resort to private codes or cipher prescriptions for money-getting is weak and unworthy, and might be very properly classed with the contemptible vultures

who rejoice at sickness and desire the epidemic, and the wretches who produce abortion.

A prescription is intended simply to tell the pharmacist what medicine the physician wishes the patient to receive. When sent to the pharmacist it is an order for a certain medicine prepared in a certain way. The law has decided that this prescription or order belongs to the patient; the pharmacist, after compounding it, has, however, a natural right to retain it as his voucher, but he has no right to refill the order without your consent.

The unauthorized refilling of prescriptions by pharmacists has often produced the opium, alcohol, chloral, and other enslaving habits. We very well know that it is often unsafe for a person to take a medicine ordered for another, or even the same medicine at different times. Furthermore, how can the pharmacist conscientiously label the second quantity, "Take as directed by Dr. Faraway," when Dr. Faraway is not even aware of the refilling?

In consequence of the present unfair habit of many pharmacists, the unauthorized refilling of prescriptions probably outnumber those of the authorized, five to one.

Drug stores have become so numerous of late, and the area from which each must draw its patronage is so small, that their owners, in order to exist, have either to charge very high for the medicines prescribed, or *substitute* inferior drugs; the result is that drug bills have gradually grown greater and greater, till of late they almost eclipse the expense of medical attendance. Many people, to avoid what appear to them *exorbitant* prices, actually buy this, that, or the other quack medicines, make home mixtures, wend their way to no-drug irregulars, or trust entirely to nature, instead of paying for prescriptions and then having to pay heavily to have them compounded.

The cost of medicines may be slightly reduced by instructing your patient to save the cost of the bottle by carrying one *with* the prescription; doing so is not at all objectionable to

pharmacists, as they charge only *cost price* for bottles. A good way to decrease the cost of certain prescriptions is to omit inert and unnecessary ingredients; for example, if you prescribe a mixture of wine of colchicum-root, tincture of digitalis, and sulphate of morphia for a patient, do not amplify what would naturally be a one-ounce mixture, that would cost about thirty-five cents, into three or four ounces by adding syrup, water, or other vehicle, thus swelling the dose to a tablespoonful and the cost to a dollar. Prescribe the necessary articles only, and let the directions tell how many drops to take, and how and when.

A dose of medicine in powder or pill form is usually more expensive than the same in fluid form.

Another evil resulting from there being too many pharmacists for all to live by legitimate business, is that some, not content with the great profits derived from the sale of medicines, encroach on the domain of medical practice, usurp our province, and prescribe, by the smattering of knowledge they pick up while compounding the prescriptions of competent physicians, for every foolish applicant whose case does not appear to be formidable, even selecting, by guess-work, random remedies for cases they have not even seen, because asked to do so by foolish messengers, and thus build up a large office (or store) practice. How many simple, functional cases are given simple medicines which do no good, but produce harm by taking the place of that which might have done great service at the proper time, and are in this way, during their first few hours or days, converted into incurable or organic ones, and how many new ailments are induced by such haphazard prescribing heaven only knows. Fully one-half of all cases of venereal disease, biliousness, debility, cough, and the like are now seen and treated by pharmacists (or their greenhorn apprentices) before applying to physicians. Four out of five of these whose complaints prove simple are, of course, cured like magic by the *four little pills* which the pharmacist recommends, or by the liniment he devises, or by *his great fever-and-ague* mixture, or his universal elixir, *that is*

simple and can't do any harm, etc.; and they, thinking that some terrible spell has been turned aside, laud the pharmacist to the skies and advise all to go to the "Apothecary Doctor" for their livers, and kidneys, and lungs, and brains, and stomachs, instead of consulting a physician, with assurances that he is as good as the latter and a great deal cheaper.

Hear Shelley in his scenes from the "Chalderon Dialogue":

"*Demon.* And such is ignorance! Even in the sight of knowledge it can draw no profit from it.

"*Cyprian.* Have you studied much?

"*Demon.* No: and yet I know enough not to be wholly ignorant.

"*Cyprian.* Pray, Sir, what sciences may you know?

"*Demon.* Many.

"*Cyprian.* Alas! much pains must we expend on *one* alone, and even then attain it not; but you have the presumption to assert that you know many without study.

"*Demon.* And with truth, for in the country whence I come sciences require no learning; they are known.

"*Cyprian.* Oh! would I were of that bright country! for in this the more we study we the more discover our great ignorance."

No one who is incompetent to examine a patient is competent to prescribe for him, and I would ask what pharmacist would trust himself, or his wife, or his child, to the prescriptions of a neighboring pharmacist?

Another, although lesser, evil is this: If a patient's better sense carries him in the first place to a physician for advice, instead of to a pharmacist, ten to one he who takes the prescription to be compounded will be presented at the drug store with one or two quack almanacs filled with infamous and alarming falsehoods, or a handful of advertising pictures, or that the bottle of medicine will be wrapped in Foolembad's or some other pushing fellow's handbill. The pharmacist's co-operation as retailing agent for quack medicines is indispensable to quackery;

without it nineteen-twentieths of the harm that patent medicine literature is doing would cease, the vain promises that keep the public rushing from one lying wonder to another would no longer entice, and at least two-thirds of the quack humbugging proprietary trash that now curses our land would slink from sight.

You had better avoid all pharmacists whose presumption leads them to assume the rôle of physician. This, of course, does *not* refer to *emergencies*, in which a pharmacist acts as a humanitarian. The manufacture of steel is one thing, and applying watch-springs is another. Medicines are the physician's tools; a pharmacist may prepare them and handle them for a lifetime and be an excellent compounder, and yet, as his studies are pharmaceutical and not therapeutical, he may know no more about prescribing for the sick properly than the mechanic who makes needles or scissors does about dressmaking, or the instrument-maker does about operative surgery, or the manufacturer of trowels and plows and chisels about bricklaying, farming, or carpentering.

If a sick person asks a pharmacist for a dose of cathartic pills, or an ounce of tincture of iron, there is no reason why he should refuse to sell them; but if he asks him what is the best thing to take for this, that, or his other affliction, that is another, a *therapeutical* matter, and is beyond his sphere.

Be also on your guard against instrument-makers and dealers who meddle with surgical cases, and manufacturers of appliances for deformities, examining or prescribing opticians, etc., who presume to treat cases that should be referred to the physician or surgeon, and, in fact, avoid encouraging any one who encroaches on the physician's province.

Make it a point never to style a pharmacist, a preacher, or any one else, "Doctor," unless he *is* a doctor. Heaven knows the much-abused title is cheap and promiscuous enough without bestowing it on those who have not even applied for it.

Avoid overpraising prescribing pharmacists to your patients, or people will, on your word, overestimate them, and rely on

their gratuitous advice instead of on the physician's; at least in all moderate cases.

Beware of *indiscreet* pharmacists, as those who talk too freely, who converse, joke, etc., while compounding prescriptions; who knowingly insinuate to those who carry them prescriptions that they know what they are for, and have extra impudence when cubebs, ergot, etc., are ordered; who suggest to purchasers that the dose prescribed is too large or too small; also those who misread prescriptions or miscopy directions, or put wrong directions or the wrong physician's name on bottles, or surprise and alarm people by charging a different price every time a prescription is renewed, as if they had no system, or as if the medicines were put up wrong; who make the impression that it takes them half their time to correct the blunders and mistakes of the other half; who leave prescriptions partly compounded to wait on other customers, or to unscrew soda-water for sports who are in a hurry, or who in other ways show abstraction or careless compounding. For such people be especially careful how you abbreviate, and how you make your *z*'s and *3*'s, and carefully dot every *i* and cross every *t* in your prescriptions, so as to afford them no shelter if a mistake occurs, and, above all, to prevent a coroner's jury, or to clear yourself if a death certificate is made necessary.

Prescriptions written with ink instead of pencil have the decided advantage that they are not easily defaced, do not admit of erasure, etc.

A very good and safe rule in prescription-writing is to put down all the ingredients first; next write the directions to the pharmacist and the directions for use; then the number of doses should be decided on, and, lastly, the quantity of each ingredient should be carefully calculated and carefully written, followed by your name or initials.

Mistakes in putting up prescriptions occur more often from improper haste, and trying to do two or three things at once, than from incompetency.

In ordering syringes, brushes, atomizers, breast-pumps, probangs, etc., with your prescriptions, be careful to specify the kind or size you wish. To write a prescription for a solution, and add, "also a syringe for using," is often as perplexing to the pharmacist as if you were to send for a slip of adhesive plaster as long as a string, or for a lump of rhubarb the size of a piece of chalk.

If you believe on good authority that any pharmacist so far forgets himself as to make disparaging comments upon you, or your professional ability, or your remedies, doses, or apparent inconsistencies; or to show your prescriptions to Irregulars, laymen, or other physicians, and proclaim errors in them, or predicts against their proving useful; or to make unauthorized substitutions, give underweight of expensive ingredients, or omit them altogether; or to join with our enemies in reviling our profession and its imperfections, or in nicknaming different physicians in derision; or to keep his prescription-file open to the inspection of your business rivals, or to have a medical *protégé* under his wing, into whose hands he endeavors to turn your patients; or to be guilty of any other grossly unprofessional conduct, you are justified in directing your patients to go elsewhere for medicines.

When any one is unable to pay the full price for what you prescribe, the words "poor patient" in your handwriting, at the top of the prescription, will secure from any pharmacist the greatest reduction in price that he can afford to make.

You may take the following as somewhat of a guide in determining whether this or that drug store is worthy of confidence. Among the distinguishing features of a properly conducted pharmacy are:—

1. Proprietor a practical pharmacist, of intelligence, capacity, and integrity.
2. Competent and courteous assistants.
3. Pride and skill shown in selecting and preparing pure medicines.

4. Full line of pure drugs kept.
5. Store neat and orderly.
6. Quiet and discipline maintained. No loungers.
7. No liquors sold as beverages.
8. Not a bazaar of general merchandise.
9. Nostrums shown and sold only when called for.
10. No habitual prescribing.
11. Charges neither cheap nor exorbitant.
12. Prompt attention and accuracy characteristic.

Among the features that mark improperly conducted ones are :—

1. Patent medicine signs prominently displayed.
2. Patent and proprietary remedies paraded and pushed.
3. Wines and liquors sold as beverages.
4. Engrossing attention to sale of soda-water, cigars, tobacco, fancy goods, etc.
5. Indiscriminate refilling of prescriptions.
6. Habitual prescribing over the counter.
7. Disparagement of physicians to the laity.
8. Loose management of store.
9. Store a resort for political or other cliques.
10. Unchaste conversations and disreputable conduct.
11. Dealing in articles used for criminal or immoral purposes.
12. Unnecessary delay and detention of customers.

Be prompt and decided in refusing to give laudatory professional certificates to anything secret; do not be too liberal even in giving them to legitimate pharmaceuticals, and never issue one founded on any other basis than purity of ingredients, or special skill or experience in compounding them.

Willingness to give medical certificates is an almost universal weakness of mankind. The idea of having one's name paraded in print as "an authority" in connection with some wonderful cure is pleasing to thousands of people in every station of life, and makes them willing to have their names and

ailments paraded in almanacs, handbills and newspapers. Many poorly balanced and impressible people, whose bump of wonder is easily touched, could almost be obfuscated into certifying that in medical matters two and two make five by any sharper who understands how to tickle their self-conceit and their love of notoriety.

Be also chary in giving (un)professional certificates to any one on disputed or partisan questions, or regarding surgical appliances, copyrighted medicines, wines, mineral waters, beef extracts, articles of commerce, patent contrivances, health resorts, etc., for they are often made subservient to purposes not anticipated, and will affect the general professional interest, as well as yours. When you give one, persons who happen to know you may regard its personal and not its professional significance, but thousands of others all over the land will notice your title only. When amiable John Doe gives his certified opinion that ice is *hot* and fire is *cold*, it remains simply John Doe's opinion; but when John suffixes his title of M.D., he undoubtedly gives that certificate a professional significance, and, to some extent, involves our entire profession therein.

Judge certificate-giving by its effects on our own profession. One of the worst inflictions we endure to-day is the endless parade of fallacious certificates from wide-mouthed clergymen, politicians, merchants, lawyers, D.D.'s, LL.D.'s (A.S.S.'s, N.G.'s), and other well-known persons recommending all kinds of medical nostrums. You know, and every wise man knows, that such certificates are not worthy of credence, and that the (quasi) preacher of Gospel truth who (instead of confining himself to preaching the Glorious undefiled Gospel of the blessed God, the God of the Bible), bribed by a box of pills, or a bottle of bitters, forgets his high mission, the cure of souls, and with sanctimonious solemnity turns up the whites of his eyes, and, with a grave, starched phiz, lends his name and the protecting cloak of theology to assist the Diabology of wily charlatans and commercial sharpers who prey on the afflicted with quack nostrums

that are not worth the cost of the bottle they are in, must be either a silly dupe or a cruel knave.

Every shrewd quack knows the influence of a clergyman's indorsement published in a Sunday paper, and hence makes special and often successful efforts to obtain it, feeling certain that he can easily hoodwink and entrap the dupable portion of the flock after the (False) Shepherd is secured; and it is a singular fact that, though few men get more gratuitous service out of physicians than ministers of the Gospel, yet no class do more to injure the profession, by the ridiculous countenance they give to various kinds of quackery and pathies and isms. Truth teaches teachers to teach the truth.

In signing certificates for life insurance, or beneficial societies, or in giving your name for directories, State or city registers of physicians, or in other cases in which the form requires you to state what school of medicine you practice, be careful to record yourself as a *regular* or *rational* physician, and not as an allopathist.

To call yourself a physician instead of a doctor, and to speak of your professional brethren as physicians instead of doctors, seems more distinctive and falls better on the ear.

Whenever you are asked by proprietors or plausible drummers, or tempted by glowing advertisements, highly colored certificates, epitomized treatises on therapeutics and practice, etc., to prescribe and make a market for their semi-secret trade-mark pharmaceuticals, copyrighted medicines, and the various elixirs, restoratives, tonics, panaceas, and other specialties with attractive *ideal* titles, gotten up by crusading druggists, manufacturing pharmacists, speculating pharmaceutical associations, etc., to catch the popular eye and the popular dollar—think of the cunning cuckoo (see p. 26), and how its one egg hatches evil to the whole nest, and do not use them.

Patent medicines are wolves in wolves' clothing. Proprietary medicines are wolves in sheep's clothing.

To fully realize the colossal proportions of the proprietary

remedy method of replacing physicians, and of the mercenary motives and humbuggerly that lie at the bottom of it, and the injury it inflicts on health, credit, and business, go and take a bird's-eye view of the vast and bewildering array of empirical and proprietary syrups, balsams, expectorants, panaceas, and other magical compounds, good for everything, asthma and sore eyes, the itch and worms; and at the bushels of recommendations under which the shelves in the quack and proprietary departments of every wholesale drug store groan, and then reflect on the enormous sums of money spent in telling (Quack! Quack! Quack!) of their virtues in the newspapers and on rocks, fences and dead walls. Thus enlightened, you can hardly fail firmly to resolve henceforth no longer to immolate yourself on that altar.

Unless you have missed your profession, and if you are capable of thinking and have any ingenuity at all, our standard and accepted agents, the United States Pharmacopœia and the dispensaries, should certainly be large enough and reliable enough to allow you to exercise yourself freely in the art of prescribing, to think out your prescriptions, to make *any* required combination, and to accurately adjust the relative proportion of every ingredient to the condition of your patient; and you should assert your intelligence and follow this, the legitimate mode of prescribing, and let commercial men's formulæ and other kinds of ready-made novelties and dish-water substitutes for medical attendance alone.

Of course, if anything truly useful or unmistakably better than the old is discovered, but not yet in the pharmacopœia, you would not, should not fail to give your patient the benefit of it; but beware of all articles that are being pushed on catchpenny principles.

The principle governing our condemnation of secret nostrums is this: They not only do more harm than good, but, if puffing and advertising alone are enabling the proprietor of a quack remedy to fleece the sick, its unprincipled owner deserves

exposure and contempt. If the nostrum is really valuable, *which is very rarely the case*, its composition should be freely and fully disclosed for the benefit of the sick and suffering.

You should also maintain your independence and never order A.'s, B.'s, or C.'s make of anything *unless* you have some specific therapeutic reason for so doing. To particularize thus would not only reflect injuriously on every other manufacturer and cause a still greater popular distrust of our materia medica, but would also put the compounder to additional trouble and expense; for he might have half a dozen other varieties of the same article in his stock, and yet be compelled by your specification to get another. I knew one case in which the pharmacist, though he had twenty-one different preparations of cod-liver oil emulsions standing spoiling on his shelves, had to get the twenty-second to fill such a prescription. Besides, it almost invites substitution.

Do not, however, oppose any remedial agent that is a distinct improvement in pharmacy, or any particular brand of anything on account of its being a monopoly, if that monopoly is owing to unusual skill, superior quality of medicine used, or great perfection in its manufacture.

Patients believe that pharmacists have about ninety cents profit in every dollar, and also think physicians know precisely what a medicine ought to cost, and will often ask you *how much* the druggist will charge for the remedies you have prescribed. Answer promptly that you do not know, that some medicines cost the pharmacist twenty times as much as others, and avoid mentioning any specific sum; because, were you to guess too high, they might infer that he had either made a mistake or used inferior drugs; and were you to guess too low, they would probably accuse the pharmacist of overcharging, and perhaps drag your name into their squabbles.

Whenever you prescribe a remedy that is unusually expensive, such as musk, salicin, resorcin, salol, oil of erigeron, etc., take care to inform the patient of that fact, and that expensive

drugs are no more profitable to the pharmacist than cheaper ones, so that he will not be surprised and cavil when the pharmacist tells him how much he charges for it.

Notice particularly whether a pharmacist gives unusual prominence to nostrums, quack almanacs and placards, or has quack advertising signs painted on his doors or outside walls, and it will give you a true insight into his aims and attitude toward our profession. If you see that he is pushing the *quack* department in a hurrah way, with quack proprietors' portraits in his windows and hanging around his store, and his own name and influence used in handbills and almanacs as a vendor of nostrums, bitters, plasters, pads, etc., or selling liquor as a beverage, or selling medicines at retail or less than his pharmaceutical neighbors pay for them at wholesale, you may be sure that he is conducting his store simply as a tradesman, on a *money-making basis* instead of a professional one, which supposes him to love pharmacy and to devote his chief attention to the inspection and preparation of pure and reliable drugs, and filling prescriptions with scrupulous exactness; and you will fulfill a moral obligation by shunning him.

To sell abortifacients, or vile nostrums intended to produce abortion, with the pretended caution, "Perfectly harmless, but not to be taken by women in a certain condition," is criminal.

Possibly you have no right to ask that the pharmacist should not handle quack and proprietary medicines, or anything else for which there is a demand, as he keeps his store to make a living; you have an undoubted right, however, to expect him to show the equity of his position between their owners and us by keeping them out of sight, to be shown only when called for, just as he does sweet spirits of nitre, syrup of the iodide of iron, aromatic spirits of ammonia, and all other fruits of pharmaceutical chemistry, instead of pushing their sale by displaying their announcements head and shoulders above his own and our legitimate pharmaceuticals.

In drugs and medicines purity and accuracy are of the first

importance, because the uniformity in action of every medicine is in proportion to its purity and goodness; some of our leading remedies vary greatly in quality and in strength, and this is one of the occasional causes of uncertainty in the practice of medicine, and such variability would modify your efforts too much to be risked in any important case. A badly compounded prescription may rob you of your reputation and deprive the patient of his chances of recovery. Therefore, if you think an important prescription is likely to be sent to a pharmacist whom you conscientiously believe to have inferior or unreliable articles, it is your duty to direct the messenger to go elsewhere; for, being responsible for the patient's welfare, and having your own reputation to care for, you have a perfect right, and indeed it is your duty under such circumstances, to order your remedies to be procured where you believe your prescriptions will be exactly filled. The art of medicine is imperfect enough at best, and you will encounter plenty of new and strange problems to remind you of your lack of aids and of the insufficiency of human resources, without adding the risk of being thwarted by the error, or fraud, or accident of an unreliable pharmacist with deteriorated, adulterated, or inert drugs; but when you find it necessary to *ignore* any one for this reason, take care to do so in a discreet, ethical manner, with as little personality as possible.

You will for various reasons often wish you had synonyms for the terms quinia, zinc, opium, chloral, strychnia, morphia, and probably for other articles in daily use. Whenever a synonym for any of them is supplied, use it. By employing the terms *ac. phenicum* for carbolic acid, *secale cornutum* for ergot, *kalium* for potassium, *natrum* for sodium, *chinin* for quinia, etc., you will debar the average patient from reading your prescriptions and hampering you, which is in many cases highly desirable. You can also further eclipse his wisdom by transposing the terms you use from the usual order and writing the adjective in full with the noun abbreviated, *e.g.*, instead of writing *quinia sulph.*, write *sulphatis quin.*, etc., etc.

Take care to have all powerful remedies for external use labeled "for external use," or "not to be taken," which will not only prevent misunderstandings, but in case they are swallowed by mistake it will save you from censure; also, for the same reasons, be careful to order all mixtures that may separate on standing, to be shaken before pouring out the dose, otherwise the patient may get all the active ingredients in either the first few or the last few doses.

When you prescribe a remedy for external use, and at the same time one that is to be swallowed, take care to tell the patient how each will look and smell, that he may not confound them and swallow the wrong one. Absent-minded pharmacists have more than once put liniment labels on bottles containing remedies for internal use, and those designed for the latter upon liniment bottles, thereby leading to a jury of inquest, which a word of explanation from the physician to the patient might have prevented.

Pharmacists might easily avoid the possibility of exchanging labels thus, by compounding one and labeling it before beginning the other. Directing the pharmacist to put a *red* label on the bottle for external use offers some security against mistakes.

You will notice that some pharmacists label the remedies they compound for you with their *file numbers only*, thus, 17,483; while others pursue the much more satisfactory plan of adding the date on which it was compounded, thus, 17,483, 19-7-89, signifying that it is numbered 17,483, and that it was compounded July 19th, 1889. The latter plan will enable you to distinguish between the dates at which you prescribed different bottles of medicine, and otherwise be of service to you. I am sure the majority of pharmacists would cheerfully make use of this system if they were aware how often it assists the physician.

Even with the best care every one is liable to make mistakes, and even the wisest men are not always wise. One might write tablespoonful where he meant teaspoonful, or sulph.

morph. instead of sulph. quin., or acid carbolic when he meant acid boracic, or tinct. opii when he meant tinct. opii camph.

When a prescription is for an infant, or a young child, it is a great safeguard against error in compounding to put at the head of the prescription, "For an Infant," or, "For little Willie," etc.

It is well, therefore, to request neighboring pharmacists always to inform you of any ambiguity or apparent mistake in your prescriptions before dispensing them, and in return, when you suspect there has been a mistake in compounding a prescription, be very careful not to make your suspicion known to the patient by either word, look, or action, till you have conferred with the person who compounded it.

Bear in mind that the Sons of the Mortar and Pestle are only human, with long hours and short pay, and that they, like other persons, require some *rest* and relaxation from their drug-mixing and drug-selling slavery; and do not order mixtures requiring tedious manipulations, or direct filthy ointments to be mixed, or dirty plasters to be spread, suppositories to be moulded, or other unpleasant duties to be performed on Sunday, or during sleeping-hours, unless they are urgently needed.

CHAPTER XI.

“Sound policy is never at variance with substantial justice.”—*Thaer*.

As a physician you will sustain two relations to your patients: first, during sickness you will feel a humane interest in them and a scientific interest in their diseases, give them all your skill and employ whatever remedies will be most surely, most safely, and most rapidly beneficial; to this you will add your deepest sympathy and tenderest commiseration. Later, when, by recovery or death, your interest, skill, and compassion are no longer required, you will enter upon the second, or business relation, and then you should, unless poverty forbids, demand and secure a fair and honorable recompense for your services.

Business is business. You must be clothed and fed, and must support those dependent upon you, just as other people do. Every person naturally and properly looks to whatever occupation he follows for support, therefore let not false delicacy or out-of-place politeness interfere with your business rules in money matters. The practice of medicine is the work of your life; it is as honest, as useful, and as legitimate a branch of human industry as any other; in fact, no one earns his means of living more fairly, and often more dearly, than the physician, and both common sense and common prudence require that you should try to provide properly for yourself and for those dependent on your labors for support.

You are human, and must live by your avocation just as other people live by theirs, but this you cannot do unless you follow a business system in your financial affairs, for upon *system* depend both your professional and your financial success. No man is at his best when saddled with poverty; and no one can practice medicine with earnestness and effect if his mind is depressed and distracted, health lowered, and temper vexed by

the debts he owes, who is annoyed and dunned at every corner, or whose discontented stomach is uncertain where the next meal is to come from, or who knows not which knock at the door will be the sheriff's. These and other cares that poverty entails dwarf any man's mind and body and cripple his work ; and it is only when free from the incubus, the mental solicitude of grinding poverty, that his mind and his energies can do full justice to his attainments.

In this sordid age, neither untiring study, nor unselfish devotion as a humanitarian, nor the bubble of applause, can teach you to live on wind, or lift you above the demands of the tailor, the instrument-maker, the bookseller, the grocer, the butcher, and other creditors, not one of whom will take your reputation of working for philanthropy, or your promises, smiles, empty thanks and blessings for his pay ; nay, even the conductor will repudiate such sentimental notions, and put you off the street-car which is carrying you to your patient, if you do not have money to pay your fare with. It is, of course, a pleasant thing to be *very popular*, but even though your popularity widens and spreads for the moment over the entire city, checks on the Bank of Faith will neither fill your market-basket nor purchase books, pay your office rent nor buy horse-feed ; and, though the accumulation of money is neither the primary nor the chief object in the practice of medicine, it ever has been and ever must be one of the objects, and no one can sustain his practice without a money feature. If people do not pay you, you cannot live by your calling, and you will very soon tire of *all work and no pay*. Almost better to starve without a patient.

In your money affairs be systematic and correct. The nearer your financial arrangements approach the *cash* system, the better it will be for you and your family. Frequent accounts are best for the physician. If he renders bills promptly, it teaches people to look for them, and to prepare to pay them, just as promptly as they do their other family expenses. It is often more advisable even to submit to a reduction in a bill for

prompt payment, than to let the account stand and run the risk of losing it through the pay-when-you-please system. Besides, while you are waiting debtors may fail and rogues abscond. After settling promptly, many patients will feel free to send for you again and make another bill, even in moderate sickness, instead of dallying with home remedies or quack medicines, as they might do if they still owed you.

You should present your bills while they are small, and your services are still vividly remembered, for another reason: if you are neglectful or shamefaced and do not send your bills promptly, it will create a belief that you are not dependent upon your practice for a living, have no wants and do not need money; or that you do not hold this or that person to your business rule, or are not uneasy about what he owes you; and if you foster such notions a bad system will grow up around you, and great, irreparable loss will result. Asking for payment reminds patients that there is still a little of the human left in a man, even if he is a physician, and that you have to live, and must have your fees to enable you to do so.

The business of the world is now conducted on the *cash* system, instead of the old *long credit* plan, and you should do your share toward breaking up the unjust custom that physicians used to follow, either through carelessness or to maintain the favor of patients, of waiting six months or a year after rendering services before sending a bill. If a physician attends a person, say, in February, and sends his bill in March or April, it seems to the patient like a current expense, and as though the doctor lives by his practice, and it is apt to be paid promptly; whereas, if he delays sending it until July or January, and then sends one headed with the semi-apology, "Bills rendered January 1st and July 1st," as an excuse for even sending it then, the debtor will naturally think that the physician has merely sent it out with a whole batch of others, *more* because he has posted his books than from a special desire for its payment; and in this belief he will probably let it remain unpaid for months longer,

and perhaps delay its settlement till it becomes an old back debt, which is the hardest kind to pay. Besides, time effaces details; and recollection of the number of visits, the physician's watchings, cares, and anxieties are also forgotten, and the bill, though really moderate, is apt to look large. All these circumstances combined are apt to make people feel, when they do pay an old bill, not as though they are paying a well-earned fee, but more as if they are doing a generous thing and making the physician a *present* of that amount.

If, in spite of these facts, you do send your bills only every six months, instead of putting on them "Bills rendered every six months," put "All bills collected at the end of every six months."

You will have to make a great reduction in many large bills after they have become old, therefore look after them while they are small and recent. Indeed, if you let one bill be added to another till the total reaches a considerable amount, you may place it wholly beyond the power of the person to pay it, and wrongfully *force* him into the position of a dishonest man.

The very best time to talk business, and have an understanding about your fees with doubtful or strange patients, is at your first visit or at the first office interview, and the best of all times to judge people's true character will be, not on occasions for social intercourse and amenities, but when you touch their pocket nerve and have money dealings with them. Even a single dollar will sometimes show you exactly what a person is, whether he is a knave or a man of honor.

Make it a rule never to accept a commission or fee from any one under circumstances which you would not *willingly* submit to investigation by the public, a medical society, or a court of justice. Your severest test will be when money is enticingly offered to induce you to do doubtful things.

Many and many a patient will quit employing you to escape from paying an old bill, and then, to hide from their surprised neighbors the true cause of their quitting you, will trump up

some falsehood or another, and give you a bad name, to prevent them from employing you and thereby learning from your lips the true reason why they quit.

Railroad and steamboat companies and other corporations, also proprietors of mills, factories, workshops, etc., whose employees get injured, in order to relieve themselves from responsibility, or from fear of incurring public odium, or from a selfish fear that they may become involved in damage suits and be made pecuniarily responsible for the injury, often send, directly or indirectly, for a physician to attend, and in one way or another create an impression in his mind that they will pay the bill, but afterward, on one plea or another (usually this—that they have supported the injured person during his disability, which is as much as they can afford), either entirely disown the debt or refuse to pay it, and with such excuses leave the physician in the lurch.

In such cases you can obviate this result and secure justice, or, at least, ascertain the prospect, by going, as soon as possible after you have taken charge, directly to headquarters, or to whoever has the right to make the company or firm financially responsible for your services, and, after explaining the labor and responsibility which the case involves, make known your fear of not being recompensed for your services unless they will see to it, and frankly ask if they will assume the responsibility, and let you enter the account on your books in *their* name.

From similar motives, the financial heads of families, for their own satisfaction, for social reasons, or from a feeling of insecurity lest some inmate of their house who has become sick has a contagious disease, will sometimes have you visit their servants, nurses, or poor relatives, and then escape payment of your bill on one pretext or another. These cases should be approached in a similar manner as in the last instance.

Remember the fact that when a person, even though a banker or a millionaire, comes for you, or summons you, or requests you to attend another person, he is not thereby made

legally responsible for your fees, unless he distinctly promises or agrees to be responsible for the debt.

Make it a rule to enter the names of those who are financially responsible for such services in your book, and keep a memorandum of the facts that make them so, and make out your bill to them accordingly.

If you take these precautions it will prevent many unpleasant misunderstandings, and save you many a hard-earned dollar.

You will not have practiced long before you will find that your welfare will not depend upon how much you book, but upon how much you collect, and that if you never insist upon the payment of your fees you can never separate the chaff from the wheat. If you have a business rule, and people know it, they associate you and your rule together. Let the public know what your system is in the early years of your practice, or you cannot do so afterward. When a new family employs you, render your bill as soon after the services as gentility will allow, especially if there has been a previous attendant who was an indifferent collector, or no collector at all. Send your bill as a test, and if there is objection to you because you want your fee, the sooner you find each other out and have an understanding, or part company, the better it will be for you.

There are patients who will pay one physician but will not pay another, there being certain persons with whom they desire to stand well and others for whose opinions they do not care. Try to be in the former class with all persons of doubtful integrity.

When patients ask you how much their bills are, or how much they owe you, after office consultations, operations, etc., always answer promptly, soberly, and decidedly, "one dollar," or "ten dollars," or whatever else the amount is. If you avoid preceding or following this reply with any other words, most people will, in the embarrassment of the moment, proceed to pay you without objection, whereas if you add more words it will weaken your claim in their minds, or make them believe

you have no fixed charge, and will furnish them with a pretext to show surprise and to begin to contend for a reduction. When one does demur at your charge, show your amazement at his doing so, and be ready instantly to defend or explain the justice of the charge.

Accounts for surgical cases, midwifery, poisoning, and, in fact, for all unusual cases, should be promptly "charged up" on your books; for unless this is attended to, the patient may come unexpectedly to pay his bill, and you may through embarrassment or lack of full remembrance of the nature of services, or of the number and circumstances of the visits, name entirely too low a figure and do yourself a provoking injustice. Besides, having the amount already determined upon and written down shows it to be the *fixed* price, and the patient is less apt to ask for a *great* reduction, if any.

Take your fees whenever tendered. Patients will often ask, "Doctor, when shall I pay you?" or "Shall I pay you now?" A good plan is to answer promptly, "Well, I take money whenever I can get it; if you have it, you may pay it now, as it will leave no bones to pick," or "Short payments make long friends," or "Prompt pay is double pay, and causes the physician to think more of his patient," or something of that sort. Never give such answers as, "Oh, any time will do!" or "It makes no difference when," or you will soon find it to be expensive modesty.

Although Sunday is a holy day, on which bills should not be sent, yet it is perfectly right for a physician to accept fees earned or tendered on that day.

Never neglect to post your account-books, for it would be violating the first law of nature, which supposes that the first object of every rational being is the supply of his own natural and necessary wants, to attend faithfully to the department of your occupation that concerns others, and neglect the one that concerns yourself. The Scripture command is, "Love thy neighbor *as* thyself;" it does not say love him *more*, but Paul does say to

Timothy: The man who does not provide for his own household is worse than an infidel.

A good plan is to put the names of transient patients on your cash-book, instead of blurring your ledger with them, and to give a page in the latter only to patients with whom you think it likely you will have a permanent account.

Try to get cash from strangers for catheterization, certificates, vaccination, and other minor services, instead of blurring your ledger with petty accounts.

When a transient patient pays cash at the visits, so as to make it unnecessary to transfer his account from your visiting list to your ledger, the simplest way to mark it paid is to turn each visit mark into a P, signifying *paid*.

A good plan to use in making out the list of calls you are to make each day, and the order in which you wish to make them, is this: Tear up a lot of foolscap or note-paper into slips as long as the page and half as wide, and draw a line down the middle of one side of each; go over your list each morning and cull out the names of all who are to be visited, and put them on one of these strips, left side of the line. Then select and arrange them carefully on the other side of the line in the exact order you wish to observe in visiting them, putting urgent cases and early calls at the top. Cut off this list when completed and carry it in your outer coat or vest-pocket, refer to it often, and tear off each name as his visit is made.

You can fix your visiting-list in a few moments, so that it will always open at the page then in use. To do this, clip off about half an inch of the upper corner of its front cover, thus , and then in the same way clip off the corners of the leaves thereby exposed, down to the page corresponding with the date of the act. When thus prepared, if you place your right thumb on the exposed corner of the uncut leaves, the book must open at the proper page. As weeks pass, clip each page when you wish to turn from it. The most convenient way to carry your visiting-list is in a wide, shallow pocket on the left hip.

Your visits and cash entries in your visiting-list and day-book should be written in ink ; for, being original entries, they would be accepted in court as legal evidence. A good way to prevent forgetting any one or any thing is to put names, visits, street promises, etc., down in your visiting-list with a lead-pencil without delay, till you have a chance to re-write them with ink.

Purple, green, and blue inks all fade badly, and occasion a great deal of trouble. You had better keep your books with good black ink.

At the end of every week add up the visits made to each one whom you have attended during the week, and after ascertaining the total sum which you should charge therefor, put that amount on the visiting-list in the blank spaces found at the end of the lines after the Saturday column. By doing this weekly you can accurately estimate and charge the value of your services to each patient while they are still fresh in your mind. It is wise not only to enter at the end of each week the amounts charged, but also to write the names of the members of the family who have been under your care during the week, in the visiting-list over the visits, *for reference*, in case your attendance should ever be disputed.

In posting your account-books at the end of each month, in order to avoid missing any entry in transferring your visiting-list charges to the ledger, use a regular checking-off plan. A very good way is to make a list of the names of all patients whom you have treated during the month on a sheet of foolscap paper, then bring from the visiting-list to the foolscap the amounts marked for each week's services and put them after their respective names ; after you have all the charges transferred in this way to the foolscap, run over your ledger, page after page, and look at every account as you go along. When you reach the name of any one against whom you have a charge to make, add up all you have marked against him and enter the total on his page of the ledger ; but instead of wasting time to

write November, 1889, \$7.00, enter 11-89, \$7.00, then cross that person's name off the foolscap list, and continue on, page after page, through the entire ledger. By this crossing-off system, if you fail to charge any one's account as you pass it, it will remain *uncrossed* when you get through the list, and will thus be detected. While going over the different pages of the ledger to enter charges, notice all accounts that need *rendering*, and take the number of each one's page on one of a pile of blank bills at hand for the purpose (or on a slip of paper), so as to *return* and make out his bill after completing all your entries; also make, while turning the pages, a list of such delinquents as it would be proper for you, or your collector, to ask for money during the approaching month.

When you make out a bill, put on your ledger, in the space just after the amount, *the date* on which the bill for that amount was rendered; thus, \$7.00, with 1-8-90 after it, would signify that a bill for seven dollars was rendered to that person on the first day of the eighth month, 1890, or it may be written as the Quakers do, month first, then day, and then year, thus: 8-1-90. (Enter payments in a similar way.)

A good way to save the trouble of looking over worthless or dead accounts on your ledger, month after month and year after year, is to cross them off, using lead-pencil, which can be erased at any time, if necessary, for such as may possibly be revived; and for those that are dead, or sure, from other causes, never to employ you again, use ink.

That a patient whose name is on your books is a colored person can easily be indicated by putting three dots after his name, thus: Robinson, John : 13 Columbia Street.

Patients will occasionally dispute the correctness or justice of your charges. If a bill is not correct, correct it cheerfully; if it is correct and just, do not allow yourself to be browbeaten into the position that it is not. Many people are not aware that the charges for *surgical* and various *extra* cases are higher than ordinary visits; some seem to think that for a visit at which

you reduce a dislocation, open a large abscess, make a vaginal examination, or draw off the urine, you should charge the same as for ordinary visits; others have an idea that physicians do not, or should not, charge for every visit when they make more than one visit in a day, or for every patient when more than one in a house is sick. Of course, you must correct their error by explaining the difference, or, if necessary, by reference to the fee-table.

Never undercharge for your services with a view of obtaining business, or in any other odious sense. Habitual deviation from the uniform rate of charging is considered dishonorable. To do so is ruinous to your interests and the interests of the entire profession. The public know that no man will be content with small and insufficient fees while his brethren are receiving greater, unless he rates his abilities at a less price. Small fees are, therefore, set off against small skill in the public belief. The tendency of undercharging is to depress the fee-table permanently and to compel all physicians to work for under-pay. There is a vast difference between underbidding in our profession and wars of competition in ordinary business pursuits. In the latter, cut-rates, and severe and crushing competition, are only temporary; for, if merchants were to sell goods at or below cost for a length of time, failure would result. In business wars one withdraws, or they compromise and each advances again to full prices; snapping and snarling physicians, on the contrary, having no goods to manufacture or to sell, one determined to triumph, and the other resolved to prevail, can keep up the strain of rivalry, and efforts to crush or banish each other, for years, give their skill to everybody for insignificant or nominal fees, impoverish one another, and almost starve those depending on them for support.

Unless you already have a regular scale of charges in your region, try to bring about a uniform fee-table or rate of charging among the body of physicians.

The wisest rule in charging for your services is to do your

work well, then ask, even from the beginning of your career the fees usual for skillful, prompt attendance, neither exorbitantly high, like an extortioner, nor ridiculously low. And always maintain that your services are as good as the best.

Manage to let people know that you strive to make your bills as small as possible, not by undercharging, but by getting them well with as few visits as possible.

Never bargain to attend a patient or a family by the week, month or year; it is better to be paid for exactly what you do, than to have some people feel that they are giving you twenty dollars for five dollars' worth of service, and to feel that you are giving other people fifty dollars' worth of service for twenty dollars.

Also, never bargain to attend whole neighborhoods or clubs of poor people at reduced rates; it is lowering and never works successfully. Indeed, if you ever attend a confinement or other case in a family for a nominal fee, or lump your bill, they will always expect to pay what they paid before, and you will not be able to raise your scale of charges to the regular price in that family after your standing and skill improve, and your time becomes more valuable; or even with others who hear of it.

It is a mistake to think that you can greatly augment the charges you make in the beginning of your practice as you advance in age, skill and experience, as everybody will appeal to your former charges and refuse. Old patients will think you ought to charge them less instead of more; so that if ever you feel unwilling to repeat services of any kind for the sum received for a previous case, be careful to give the patient fair notice of your intention to raise your charges.

Even though you are sure that, to meet one's means of remuneration, you will have to receipt your bill for a reduced amount, make it out for the standard sum, that the debtor may know your rates, and give you credit for whatever reduction you make; in other words, when you make a reduction to those who plead poverty, or other acceptable reason; let them under-

stand that you are not reducing your charges, but are taking something off their bill; and enjoin upon them not to tell it around, lest it injure your scale of charges elsewhere.

In attending an extraordinary case for the great Mr. Pluto-crat, or Governor Goldmine, or Mr. Creamyrich, or General Doublebank, or Major Opulent, or any one else who is very rich or notoriously liberal, leave to him the valuation of the benefits, unless he insists on having a bill. In the latter case, charge him no more than any one else for the same services. In the former you may, by submitting it to him, from his feeling of superlative delight at the successful issue, be paid most munificently, possibly ten times as much as your bill would have been.

When people talk to you about taking off part of their bill because they are poor, and making the rich pay you more to make it up, take less if you think proper, but say not a word that would allow them to infer that you, or any other physician, would charge any one, whether rich or poor, a cent more than *he* honestly owes.

It is customary and just to charge *double* for the first, or an only visit to a case, chiefly for the following reasons: You must at the first visit devote an extra amount of time and attention to learning the history of the case,—maybe make a minute time-consuming examination,—must involve yourself in a diagnosis, and probably also in a prognosis,—must carefully think over and decide upon a whole line of treatment,—must instruct the nurses,—must map out the diet, drink, exercise, etc.,—point out the requirements of hygiene,—lay down rules regarding lighting, heating, and ventilation, the clothing, the toilet, etc., and formally establish yourself in the case, and assume all the responsibilities of the issue. These combined make it an extraordinary visit and fully justify a double charge for the first visit.

There are a few people who think that when a case is severe enough to require the physician to make more than one visit a day, he should not charge for the additional visits,

unconscious, as it were, of the fact that cases dangerous enough to require an extra number of visits are the very ones which throw upon him the greatest responsibility, cause him most anxiety, and contribute most largely toward making his life one of hardship and self-denial.

You will often have people to hum and haw, and complain that their bill is high and ask you to make a reduction ; yet, many of these very people would not employ you if you were a third-rate or low-priced physician. Everybody wants first-class services, but wants them as cheaply as possible. It is not human nature to prefer a fifty-cent to a two-dollar silk ; but if people are lucky enough to get the two-dollar silk for one dollar, they congratulate themselves. They reason the same way about physicians ; very few prefer or appreciate a low-priced physician.

In *unusually* severe cases, in those that require very great exposure or *extraordinary* legal or professional responsibility : in cases of restoration after poisoning or apparent drowning, in small-pox and other loathsome and contagious affections, the fear of which prevents other patients, who know you are attending them, from employing you, or which compel you to lose time in changing your clothes and otherwise disinfecting yourself before visiting others not affected, or cases in which you have shown extraordinary skill, or had very great luck in bad cases of any kind, you should charge round fees.

It is certainly worth more to attend an important or distinguished person through a case of pneumonia—in which you save his life as clearly as if you had dragged him helpless from the flames, or plucked him drowning from the water, or for apoplexy, or with a wound, ulcer, fracture, or a luxation, or in a case of contagious disease, in which you risk losing your own life, in fact anything that causes you great anxiety and necessitates much study—than one for whom nobody cares, with a sore finger or toe, or chicken-pox, mumps, or hives, even though the two cases require an equal amount of time or the same number of visits.

In some cases your charge will be not so much for doing the work as for knowing how to do it; for instance, you may charge twenty dollars for the few minutes' work of reducing a luxated humerus; were this itemized it might read: "For reducing dislocated shoulder, five dollars; for knowing how to do it, fifteen dollars." "You charge me fifty sequins," said a Venetian nobleman to a sculptor, "for a bust that cost you only ten days' labor." "You forget," replied the artist, "I have been thirty years learning how to make that bust in ten days."

Such cases as attendance on Colonel Bigbee's beloved child, an eminent or very important member of the community, or one of the great men of the land, for whose life you have fought a great battle, or a well-satisfied stranger who has journeyed far with an important case that causes you special solicitude and anxiety, or a case that presents peculiar difficulties, each justifies a special charge, whether attended at your office or at the homes of the patients. In such cases pay every necessary attention, but be careful to pay no unnecessary visits; for in a very important case, actually requiring three visits, to which you make but three visits and then discharge yourself, they will appreciate you more highly and will more cheerfully pay a hundred dollars, than if you had also paid five additional, apparently unnecessary, visits, and charged but eighty dollars for all.

On the same principle, when you have severe cases of any kind requiring numerous daily visits, take care to diminish them markedly as soon as the necessity is over.

In extra and complex cases, and where the results are apt to be grave and far-reaching, or in which you go a long distance or at very unusual hours, or go through storms or dangers, the charge should be, not by the visit, but for the case.

Patients will often express surprise at your asking the same fee for office advice as for a visit to their house; explain to them that, although the charge is the same, it is much cheaper to be an office patient than to be visited at home, because an office patient usually comes but *once*, or *only* when his medicines are

out, or when some important change has taken place in his ailment, and quits entirely as soon as possible; whereas, if you have him under care at home, your responsibility and feeling of uncertainty compel you to visit him frequently to ascertain whether he is getting along as expected. For these reasons a few office consultations with the responsibility of attending faithfully resting on the patient, if on either, often suffice, instead of many house visits, and in this way office advice becomes very much cheaper.

Many people who are mean and miser-like about paying will want you to deduct largely from their bills when these happen to be chiefly for office consultations, vaccinations, and other services of the simpler kind. They should be met with the argument that if they pay you less than the average for the minor services, they must pay you more than the average for more important ones.

The difference between words used with office patients will sometimes be to you the difference between a fee and no fee. Some who consult you, if asked to call again *to let you see how they are getting along*, will, on returning, show by every word and every action that they do not expect to pay for calling, as they merely called because you requested them to do so. Therefore, unless you intend to omit the charge, it is better to *advise them to consult you again*, at whatever time you see proper to designate. This will convey an understanding that your regular fee will be charged.

When a new patient, whose honesty you have reason to doubt, consults you at your office, and instead of paying the fee postpones it, with a promise to call again, if you ask his name and residence and book them before his eyes, you will greatly increase your chances of getting paid.

Never agree to attend any one for a "contingent fee," that is, do not take patients with chronic sores, constitutional headaches, epilepsy, cancer, post-nasal catarrh, pimpled faces, piles, dyspepsia, hypochondriasis, and other chronic affections, or cases

of syphilis, gonorrhœa, etc., on the "*no cure, no pay*" plan, or to pay "*if their rainbow expectations are realized,*" or "*when all is over.*" Make no such one-sided agreements to do things that may prove impossible, for they are never satisfactory, and will generally end in your being swindled, and, it may be, charged with malpractice. Use the argument that you are willing to undertake the duty, but that you *charge for services, not for results*, and must be paid for your attendance even though the patient proves incurable or dies, and that all who employ you *must* take the probabilities of cure or relief from your well-intended endeavors. You might also hint to those whom you think are unworthy of credit that if they pay as they go, instead of running up a bill, it will encourage you, interest you more in the case, and naturally stimulate you to do your best.

Some persons suffering with constitutional syphilis, ulcerated legs, chronic eczema, etc., in which the treatment may extend through months or years, or even through a lifetime, may imagine you should wait for your fees till done attending. Do no such foolish thing, as such a case may die, or move away, or abandon treatment, or slip from you to another, or to begin with grandmother remedies, or with "yarbs from those who have no larnin'," or even resist all your attempts to cure, and you may get nothing except misrepresentation for all your work.

It is far more just and wise in such cases to render your bills at the proper time—"for the three months ending ——," or at the very furthest the first of every July and January. If they demur (which they cannot justly do), express your surprise at their doing so, and remind them that you must live by your practice, and tell them of your entire unwillingness or inability to let your fees accumulate as they suggest.

You should ordinarily exact no previous stipulation of pay, or manifest any undue anxiety about your fees, and make no mention of your intended charges, unless you are dealing with people notoriously unworthy of confidence, or when there is great danger of a misunderstanding; but you may very properly

demand your fee *in advance* for attending cases of *secret* diseases. If you do not, Mr. Hightone, or Mr. Lowtone, or Mr. Notoneatall, as the case may be, will, five times in six, leave you about the time that Richard's himself again, with his bill unpaid; and if you bother him about it, he will either pay it grudgingly or not at all, and, if you dun him for it, will abuse you, and, with vinegar or ice in his looks, meanly assert that he is absolutely a Joseph, and that it was not an ignoble disease at all, but only a strain, or that you did him no good, or almost killed him, or tell some other lie as an excuse for deserting and cheating you, and ever after injure you to the full extent of his influence. Another reason why it is proper to get your fee in advance is that many would never come and pay it till you had sent them a bill by your collector, and would then indignantly claim that you had insulted and exposed them by sending a bill of that kind.

You have no right, either legal or moral, to expose the nature of any one's disease because he has failed to pay your fees, even though he had gonorrhœal disease, or was covered from the crown of his head to the soles of his feet with syphilis.

Venereal diseases are the result generally, not of providential misfortune, as other inflictions are, but of voluntary indulgence in vice, and are self-inflicted. And for this valid reason such venereal patients have not the same natural claim upon your sympathy as other patients. Get a just fee in all cases of *merited* venereal disease before you begin treatment; then stick to the patient until he is cured. He is not likely to change from you to another after he has paid you, and if his case proceeds slowly he cannot then suspect that you are purposely running a big bill on him, or delaying the cure on account of his being a good-pay patient, as he might do if he were paying you a dollar or two a visit.

Most men think they cannot have constitutional syphilis unless they have detected a terrible chancre at the beginning. You will often have difficulty in making persons who have not

detected a primary sore believe their ailment is syphilis. Some men will actually gape and stare, scan and quiz you, when you tell them they have the p-x, as if they thought you a quack or an impostor trying to scare money out of them. If you can show such a patient a fac-simile of his chancre, roseola, or mucous patches in your illustrated text-books on venereal diseases, or even read to him a description of them, it will awaken him to his actual condition and guard him against either neglecting the cure of his case or infecting others.

When you are certain that your diagnosis of syphilis is correct, look the patient in the eye, and with a manner that shows you speak the solid truth from knowledge, tell him that in your opinion he has genuine syphilis, and be careful not to be browbeaten into taking charge of the case for a trifling fee. It is a grave disease, and the responsibility and worry of the medical attendant are often very great and very protracted; therefore, the fee for attending it should *never* be nominal.

You can broach the fee question to any patient with a private disease by remarking immediately after making your first examination, "Well, I see what your case is, and am willing to take charge of it and give you my best services, *if my terms will suit you.*" This will compel him to ask you what your terms are, and will give you an opportunity to tell him. Or, if you regard the services which will be required as very valuable, whilst it is apparent that he thinks the reverse, if you will begin with the remark, "Ah! I fear I would charge you more than you would be willing to pay," this also will compel him to question you upon the subject, and that too in a somewhat more favorable frame of mind for your purpose.

Some people believe the law compels you to attend any one who chooses to send for you. *It does not*; you have a right to refuse for any reason that is satisfactory to yourself, but public opinion would angrily condemn you if you were simply, on account of fees, to refuse to attend an urgent case where humanity should prompt you to go. If you are "*too busy*," or "*not well*

enough," or have another duty to perform *equally as urgent*, this will generally prove sufficient to protect you against argument or criticism. But "*I'm just at dinner,*" "*I'm too tired,*" or "*I need sleep,*" or "*I am afraid I will be dragged into court as a witness,*" etc., look like a hard and vulgar indifference, and are not accepted by the public as sufficient reasons for refusing to go to a case, and should never be offered. What business has a physician to be at dinner! What right has he to be tired while he is yet able to crawl, or still has strength enough to think a thought, or to hold a pen, when any one gives a beck or call!

A few persons also believe there is some law or rule that prevents a physician from attending his own wife and children, and other near kinsmen, when they are sick. This belief has been created by the fact that some esteemed brother-physician is generally intrusted with such cases through a fear, in the physician's anxious mind, that personal interest in ones so near and dear to him might warp his judgment, or in the event of fatal issue might leave a deep and lasting regret in his mind that this, that, or the other line of treatment was not pursued instead of that which was.

After your work is done you will often have to use this, that, or the other stratagem to get your fees. You should not only send your bill to a patient at the proper time, but if you do not hear from him within a reasonable while thereafter emphasize it by sending another, with the same date, etc., as the first, marked "duplicate" or "3d bill," "4th bill," as the case may be; for he may not have received the first, or may have thrown it aside with a Tra-la-la-la! or may be neglecting it in the hope that you will let it sleep till it is forgotten or out of date.

A very *effective* plan to use with a certain slow class of patients, when you are in need of money, is to learn the date at which you will have a note or bill to pay, or when you will have to raise money for any other special purpose, and to write about two weeks before that period and inform them briefly that you will have a *special* need for money at the time you name,

and ask them to come and pay you on or before that date. Most worthy people will exert themselves to comply. You can in this way approach both your best and your worst patients, and some that you cannot successfully approach for money in any other way. Asking in this way, moreover, shows that you do not want simply to get it out of their hands into yours, but that you ask for it because you happen to need it.

Another plan, good to pursue with those who habitually throw bills aside and neglect to pay them, is to send their bills some day when you are in need of funds, with a brief note asking them to pay that day, and tell your urgent reasons for asking. Even though they pay you nothing then, knowing that they have disappointed you in your emergency will make them feel impelled to pay you something the next time they call on you for services.

By letting your prompt-paying patients know in some way or other at the visit preceding the final one that your next visit will be the last, it will serve as a gentle hint and give them time to prepare, and will greatly increase your chances of getting your bill paid *cash* at the last visit. Convalescents from severe cases who are told to visit you at your office after they are again able to walk out, in order to let you see how they are getting along, are very apt to broach the subject of settling, and either pay, or make some definite promise before leaving.

You cannot put all kinds of bills on the same footing; there is *one* class of patients whose bills had better be sent by mail, *another* to whom they had better be taken by your collector, *another* where you had better deliver them yourself, and *a few* prompt-pay patients with whom it is preferable to wait till they ask for them. Try to gain as much benefit as possible from a study of this fact.

Items and charges had better never be set forth on a bill, unless specially asked for. They often dissatisfy people, and lead to criticisms and disputes that would not arise did not the items furnish a pretext. Assume the position that those who

confide in you sufficiently to put their lives and their secrets in your keeping should feel sufficient confidence and gratitude to permit you to say what value you place on your services to them. A physician's bill that gives the *items* is apt to be disputed, or criticised, unless it is unjustly small. Bills that simply state the *total* amount, or amount due for services since date of last bill, are much more likely to be paid without dispute. The items of every bill should, however, be carefully kept on your book, that the charges may be verified if requisite.

It is well to insist on giving receipts to people when they pay you money, even though they should deem it unnecessary. Compelling every one who pays to take a receipt, not only prevents subsequent disputes, but also assists in keeping up a regular business form between you.

Avoid avarice in its various forms: meanness, oppression, cruelty, etc. If you were to shave too closely in money matters, to hold watches, jewelry, or other articles as security for the payment of your fees, or to compel their owners to pawn or sell them, or to charge interest on bills, because not promptly paid, or to be unreasonable (Shylock) or too vigorous in your efforts to collect bills from any one, it would not only be wrong, but would be very apt to injure your reputation, and create prejudices and hostility against you that time could not blot out.

For the same reason it is, as a rule, better not to charge for certificates of sickness furnished your regular patients to enable them to draw benefits from beneficial societies, or for certificates of vaccination given to school-children, etc. These are personal favors, differing from cases in which a fee is proper.

It will seldom pay you to sue people, even if you should in equity gain the case. It is unwise for you or any other physician to begin litigation to enforce your claims except under very aggravating circumstances, or to maintain your reputation or self-respect. Physicians who frequently go to law to recover fees generally lose more in the end than the yield, by exciting prejudice and making enemies. You should never resort to

compulsory measures with any one whose failure to pay is due to honest poverty. While naturally seeking to get good patients, who can and will pay for your services, be also willing to do your share of charity for the virtuous poor at all times, but the necessity of earning a living should, of course, make you careful not to let that kind of people crowd out your pay practice.

It will usually be wiser not to send a bill for the trouble of going to cases of sudden death, drowning, suicide, persons found dead, murder, etc., in which the victim is dead before you reach him, or in emergency calls, where another physician reaches the patient and takes charge before you arrive, or in other cases where your services and efforts are not called into action, or are brief or nominal or clearly useless, as a bill under such circumstances is generally not only not paid, but is harshly criticised. If, however, grateful people volunteer to pay you for your trouble, *take* whatever is right.

In obstinate and invincible maladies, such as hopeless cases of cancer, phthisis, aneurism, etc., which, after going the rounds of the profession, consult you in the last stages, with the hope of getting a new pair of lungs or having other miracles performed, or merely to see whether you can possibly do anything for them, you had better deal candidly with them and frankly acknowledge that you can do but little or nothing, and decline the fee *even if tendered*.

It is usually better to make *no charge* for ordinary or trifling advice incidentally given to patients when they call to pay their bill, or to persons for whom you happen to prescribe in public places, where you are *not* pursuing your functions as a physician. Such exactions would, to say the least, risk unpleasant remembrance and harsh criticism. Every physician sometimes writes prescriptions under circumstances where, even though he be technically entitled to compensation, *his own* interests forbid his making a charge, or even accepting a fee when tendered.

Never make a charge where the fee would come from another physician's pocket; every physician attends his professional

brethren and their families gratis. Some also attend clergymen and their families without charge, especially those with whom they have church relations, and those who receive salaries so meagre as to make the payment of medical fees a hardship. Where a clergyman is in the receipt of a liberal salary, and his calls on you are frequent or onerous, I know of nothing in ethics to forbid your accepting from him a fee voluntarily tendered. Many of our best physicians make it a rule to charge half fees to their own spiritual advisers; that is, they make out the bills for the full amount and receipt them upon payment of half the sum. Their influence, if properly directed, cancels the remainder.

Never oppress any one by exorbitant fees. Nearly every one depends on his physician's unwatched honesty. Be especially fair in your charges against estates, and in all other cases where unusual circumstances place the debtor at your mercy. These opportunities will fully test whether true honesty has a seat in your heart. When you are in doubt what to charge, look around you, then upward, then make out your bill at such figures as will show clean hands, morally, as well as antiseptically. Even-handed justice is the basis of all lasting reputation.

Great injury is inflicted on our entire profession when Dr. Bigclip or Dr. Windfall or any other of our guild charges those whom chance has placed in his power a fee so large or extortionate as to cause great gossip or newspaper notice of it.

When you and a professional brother do each a portion of the work in cases of accident, confinement, etc., a very fair plan is to agree to charge a joint fee and divide it. When you receive such a joint fee, go at the earliest possible moment and divide every dollar, fairly and squarely, with your fellow-worker, on whatever basis you have agreed upon.

When another physician is called to a case of yours, during your absence, not only thank him at the first opportunity, but also insist on his sending his bill for whatever services he has rendered. No one can be expected to work under such

circumstances without fee. His kindness to you consists in having responded to the call.

Never acknowledge or work under the job-lot fee-table of any association or company, *unless* it be in harmony with the regular professional fee-table of your community.

A fee-table should never be extravagantly high on one hand, or meanly low on the other, and should always allow a reduction if the patient's circumstances require; and should also allow attendance on the moneyless poor gratis.

Humanity requires you (as God's instrument) to go with railroad velocity to all cases of sudden emergency, accidents, etc., in which the life or limb of a fellow-being is in jeopardy, without regard to the prospect or non-prospect of a fee. You should do various things for the sake of charity; among these is to give relief to any one injured, or in great pain or distress, regardless of fees. At such times regard only MAN; show no distinction between rich and poor, high and low, but think only of your manly duty to humanity. The good Samaritan succored the wounded man by the wayside, took him to an inn, and provided for his immediate necessities. You, as a physician, should, for humanity's sake, go and bind up wounds, mitigate pains, and relieve suffering in all cases of emergency. After this is done, further attendance is, of course, optional, and you are really no more bound to continue to attend him gratuitously than the baker is to give away his bread to the hungry for nothing, or the tailor is to give away his clothes to the ragged.

It is your duty to raise your voice in the profession against the fearful abuse of medical charities by the people at the various free special dispensaries, and low-fee hospitals, college clinics, and church infirmaries, which, of late, under the great plea of *charity*, attract not only aching beggars and the poverty-stricken sick, but also thousands of stingy impostors and miserly drones, who are *abundantly able to pay* for medical services; besides, offering a refuge in their rainy day to the lazy and vicious, against which, such, consequently, need not provide by industry,

sobriety, and economy. Make a person a pauper in one thing and he is apt to degenerate and become worthless in many.

No member of the profession—and the same may be said of pharmacists and physicians who keep drug stores and prescribe over their counters—has, in the spirit of common justice, a right to give professional services to the public without fee, except to the moneyless poor (to whom they should be given, in the holy name of charity, as freely as the air they breathe); for, even though there may be no loss thereby to him personally, it has a pauperizing tendency on them, and is taking bread from the mouths of others by monopolizing practice that would otherwise fall into their hands, and to that extent it is robbing the profession at large of its legitimate emoluments. For an individual to advertise gratuitous attendance on the poor at his office, or at certain times, or under certain conditions, is unprofessional.

Thousands of young and deserving sons of Æsculapius have been, of late, cheated out of their living by so-called "*Special*" Charities, carried on chiefly in the interest of individuals, or coteries, who, to foster reputation in their specialties, and to keep out rivals, treat *everybody* that applies, the rich, the poor, and the intermediate class, whether entitled to the benefits of its charity or not, without the slightest regard to the interest of other medical men. The ultimate result of this state of things will be either that the profession will, in self-defense, be compelled to organize *self-preservation associations*, or that individual physicians will take up the case and resolve neither to turn over cases to nor to call into consultation any specialist, professor, or surgeon who continues to render gratuitous service to those who are able to pay for it. The latter course would probably influence the transgressors strongly.

Probably a considerable proportion of those who are able to pay for services, who impose on these institutions, would be exposed to the public and debarred from doing so by the prominent display of some such sign as the following: "This Dispensary is for the moneyless poor only."

Never slight the worthy poor who are under the iron heel of poverty and need medical attendance. To the poor, life and health are everything; their very poverty and lack of comforts make them more likely to get sick and to suffer more in sickness than the rich, and kindness to them should be as broad as God's earth. Besides, there are none so poor but that they may amply repay your services by their earnest "God bless you, Doctor," and their genuine, lasting gratitude.

Physicians render more unpaid services than any other class of people in the world. "The poor," said Boerhaave, "are my best patients. God will be their paymaster." But even in doing charity you must discriminate. There seem to be three classes of the poor—the Lord's poor, the devil's poor, and the poor devils. The first and last are worthy objects of every physician's attention, and you should lose no opportunity to give relief to their distress. The less you have to do with the other class (*the devil's poor*), and the less health and strength you waste on them, the better for you; but you will be compelled to attend more than you choose of the lowest and meanest victims of vice, intemperance, and sensual indulgence—perhaps a curse to their families and a nuisance to the neighborhood—some for God's sake, and some on account of their relationship to your more fortunate and provident patients.

Found your idea of Christian duty, and of doing charity, on the fifth, sixth, and seventh chapters of Matthew and the thirteenth chapter of First Corinthians, and you cannot go far astray.

"Prompt payments fully appreciated," is a very useful maxim to have printed on the margin of your bills; it is truthful, and gives thanks to those who pay promptly. To those who do not it serves as a neat admonition.

The size of the house does not always show the size of the owner's honesty. You will find that honesty and dishonesty are not confined to any one nationality or to any station in life, but that there are many very good men and many very bad ones alike

among the rich and poor, the white and black. You will mount many a marble step, pull many a silver door-bell, and walk over many a velvet carpet for well-housed, sumptuously fed, fashionably clothed, dangling watch-seal, diamond-studded patients, who will prove fraudulent in the superlative degree, and you will get many a willing fee from some coarser and rougher, who make no great pretensions and possess but little save their honest hearts. Indeed, the demands of fashion are now so great that many people with moderate incomes, anxious to appear better off than they really are, habitually slight their physicians in order to help keep up appearances. You will see many a man bowed down with debt and despondency, while his trinketed wife and dazzling daughters flutter around as fine as peacocks, owing everybody and paying nobody. Indeed, tricky, double-dealing women will sometimes actually intercept your bills and make it impossible for you to ask their husbands for money, unless you resort to strategy and get your bills delivered by your messenger directly to the latter; and will even then do everything they can to postpone or entirely prevent payment.

Families will occasionally conceal from the person who is to pay your bill the true amount of services you have rendered or the full number of visits you have paid, and thereby lead him to think you have charged very high or even overcharged for the services. Be ready promptly to correct such errors.

The most unsatisfactory and the most troublesome kind of patients physicians have to contend with are the *unprincipled, thorough-bred tricksters*, who cheat everybody that gives them a chance, and consider it no wrong at all to swindle physicians, and would not cross their fingers to keep us all from going to the almshouse. You will be fortunate if you have tact enough to escape having anything to do with those whom you know to belong to this class. It is better mildly but firmly to decline to take patients who can but will not pay, without assigning any reason except "*too busy,*" or "*I'd rather you would get some one else,*" than to have to contend with them about your fee

after your work is done, and maybe, after all, you get neither fees nor thanks.

Have your wits about you and tell habitual delinquents, and hard customers who have plenty of money to smoke expensive cigars, go to places of amusement, buy beer, or fill the brandy bottle, or to furnish their houses like palaces, or to follow the follies of fashion, but *none* to pay the physician—when they come, with assumed lamentations, to make their bills larger—that they are already as largely indebted to you as you can afford to let them be, but that you are perfectly willing to go and serve them again, *after* they pay you what they already owe you, or a reasonable part of it, or, if they will pay you for the new services cash at each visit. This attitude will bring them to some action, or at least indicate to you the probable prospect.

You will encounter many a person who, although quite amiable during your attendance, will prove very different when your bill is presented. Allow no ground for finding fault with your manner of presenting it. It is a useful precaution to inclose every enveloped bill sent by mail or messenger in a half-sheet of blank paper, to prevent prying custodians from peering through the envelope and recognizing its contents.

In spite of all, were you a Solomon and an Angel combined, many patients will meanly quit you when you send your bill or ask for your fee, no difference how or when you do it.

When possible, have the bills presented directly to the financially-responsible party, or the real head of the family, and say nothing at all about them to the other members of the household.

A moderately successful practitioner has about two thousand persons who call him *their* customary physician (fully three hundred of whom are moneyless, or bad pay); whenever any one of these has a mental or physical ailment, he must share it by head-work, and hand-work, and heart-work. He must be bold as a lion with one patient, as patient as an ox with another, and as gentle as a lamb with the next. Self-sacrificing,

his own aches and pains must go unnoticed. Being the slave of the sick public he must also face contagion and inhale noxious vapors, encounter the filthiest kind of filth and the worst of all stinks, and perform many distasteful and disagreeable and disgusting duties. He must endure all temperatures,—August suns and December blasts,—drowned with the rain and choked by the dust he must trudge, at noon or midnight; while others are resting or refreshed with sleep and oblivious to care he must go; must be with families at all seasons, in death and recovery, of sorrow and joy. A soldier may serve his whole term without smelling powder or even getting within long range of danger. A physician is in continual danger, and when, like a wild tornado, the swift, gaunt, ghastly, withering epidemic begins its work of death, no difference how great the danger, he must depend on Providence, and, from pure love of humanity, take his life in his own hands and stand (like Aaron) between the living and the dead, to fight the monster, in filthy and ill-ventilated localities, while thousands are falling around him, and other terror-stricken thousands are fleeing for their lives! He must have an eye like an eagle's, a heart like a lion's, and a hand like a lady's,—must combine all good qualities, and appear the perfection of each to all men, and, heaven knows! he deserves far better treatment, and a much more comfortable support than he receives.

Some one has divided man's life into four periods, and called the first twenty years the period of preparation,—from twenty to forty the period of struggle,—from forty to sixty the period of victory,—and after sixty, rest. Not so with the physician, his struggle lasts (if he is able to walk or hold a pen) until his life ends.

Computed by the ten-hour system the busy physician does no less than five hundred days' work a year, loses his sleep and meals, and has to serve many masters at any hour from sunrise to sunrise. Every year, measuring by work and care, the average practitioner has three years of brainwork and mental

strain, has to endure all kinds of criticism, does more charity, and then lets his accounts, against those who are able to pay, run longer than any other person in the whole community.

The trades and common occupations are learned in three or four years; perfection in them is soon reached, and the balance of life is simply a routine employment; not so with us, for in medicine the law is progress, perfection is never reached, and study and mental exertion are never done.

The fact that a physician must keep up appearances, and that many make their visits with gloved hands and in stylish carriages, is regarded, by unreasoning persons, as evidence that ours is a path of ease, a bed of roses; that we ride around during bank-hours, prescribe for a few select patients, receive dollars by wholesale, and soon get rich enough to retire and live on the interest; which is a great, a very great, mistake. On the contrary, every older physician knows that owing to the difficult collections, and the large proportion of the poor, the practice of medicine is not an Eldorado, or a money-making profession, and that it is almost impossible to get rich by the practice of medicine, unless it be a celebrated surgeon, commanding great fees; or here and there a fashionable favorite, who is lucky enough to attend groups of patients who have copious and open purses; or, through a money-making specialty, commanding fancy fees. In fact, I know of no legitimate business in which the same amount of capital laid out, and labor, industry, and prudence exercised, that would not be likely to prove much more lucrative.

The income of the most successful physicians is far below what is commonly imagined. Besides, ours is not a long-lived profession, and many a conscientious, able, and worthy physician dies, and, instead of leaving an Aladdin's lamp, leaves those dependent upon him poor and helpless, unless he has acquired money otherwise than by his practice.

After his death, a physician's outstanding bills are rarely collectable. Many a one with a large practice dies, and his

estate is found to be not worth administering on. According to Dr. Jarvis' tables, the average of the lives of physicians is fifty-six years. If you began practice at twenty-four, your active-life prospect will be thirty-two years, and from a thousand to fifteen hundred dollars will represent your average yearly income.

Now were you (through God's mercy) to practice these thirty-two years without losing a single day, and collect (say) eight dollars every day of the time, you would receive but \$93,440. Deduct from that amount your expenses for yourself and your family, your horses, carriages, books, periodicals, and instruments; your taxes, insurance, and a multitude of other items for the whole thirty-two years (11,680 days), and then, so far from being rich, even after this long and active life of usefulness, in this most important and honorable profession; after a whole life-time of scientific work, mental toil, and slavery to our unrelenting taskmaster, The Sick Public; from the days of the dirty, unwholesome dissecting-rooms through all life's phases to old age; with not even the 1564 Sabbaths to call your own,—you would have but little, very little, left to support you after you naturally reach the down-hill of life, or are broken down in health and faculties deteriorated, and in need of a physician yourself, through worry, anxiety, and fatigue in the discharge of your duty.

The physician is, as a rule, so poor a business man that if he collects money enough to meet his necessities he is not troubled about the balance. The author had a friend (an excellent physician), who had no regular business habits, and was so neglectful of his fees that he kept no systematic accounts whatever; the result was that his easy, careless terms, together with his skill, made him unusually popular, the love of which gave him more business than he could do justice to, more reputation than he could sustain, and kept him overworked day and night till, at the end of fourteen years, the incessant fatigue, exposure, and anxiety of a harassing practice broke him down and he died, almost, as it were, by suicide, leaving his loved

wife and dear children moneyless, with nothing except penury and regret at his foolish self-sacrifice, improvidence, and lack of business system. What sane physician would follow such an example!

One would suppose that physicians, whose lives are spent in preventing and curing disease in others, might themselves claim exemption from disease and decay, and attain unusual longevity; but not so; we, too, are mortal, and bear no charmed lives, but, having a perpetual wear and tear of body and mind, suffer sickness, are deprived of health, pay the natural debt, and fill an early grave fully as often as other men.

If your death would leave your loved ones otherwise unprovided for, it would be wise to provide for them by an assurance on your life, which can be gotten and maintained at a small cost.

Try to put away part of your income for a rainy day or old age. No one knows what ill-luck may overtake him during life, or how dire may sometime be his need of money; it is the dollars saved during the first years of practice that roll up into future competence.

A good, honest collector, one who has proper discretion and tact enough to wake up hard customers and get money on the installment or other plan from delinquent and dilatory debtors without irritating them and making you active enemies, will be very useful, and is quite necessary if you are too high-spirited to allow a direct transfer of your remuneration from old friends, or lady patients, or if you have no time or are a poor collector yourself. Having only business transactions with patients, his interviews with them are *business exclusively*, and he can persevere in his efforts to collect to a degree which you would find unpleasant or humiliating. Many really honest people are too poor to pay large debts, and were you to allow what they owe you to accumulate from time to time into a large bill, they could not pay it to you even if they wished, and you would actually place them in a dilemma. Having a collector prevents this and

keeps your financial department in a good condition. It also stimulates those who are habitually slow in paying, and sifts out the fraudulent before they run their bills very high.

You should have some specific agreement with your collector, not only regarding his rate of percentage for collecting, but also regarding the conditions under which he is to claim it. Among other things, stipulate that he is to make full returns to you at least once a week, that he is to have no percentage on money paid directly to you by those whom he has not visited for thirty days, unless you have at their request stopped him from going; and that he is to receive nothing on bills placed in his hands if the parties come and pay them before he has delivered their bills; in fact, nothing on any bill which he does not in some way assist in collecting.

It is wise to post your books, make out bills, settle with your collector, and, in fact, to conduct all the features of your pecuniary department as much out of public sight as possible, that the public may know little or nothing about you except as a medical attendant.

If you adopt some special shade or color for your bills, it will not only make them easy to find when patients mingle them with others, but will also remind those who are remiss or tardy in paying the debt every time the color arrests their attention, and may, by constantly reminding them, actually secure or accelerate payment.

The publication of lists (black-lists) of the names of fraudulent patients among physicians practicing in the same section is mutually profitable, as it often prevents the unprincipled who could pay if they wished from systematically imposing on a succession of physicians, and coerces them into retaining and paying some one. Of course, the worthy poor and the unfortunate who are visibly unable to pay should always be omitted from these lists.

A good way to get up "The Physicians' Mutual Protection Association" is to have a meeting of the physicians of your sec-

tion, and after organizing appoint a Publication Committee, to which every member shall hand a list of the names, occupations, and addresses of all who have owed them bills *unjustly long*.

All these names should be alphabetically arranged and published, in a small, plain, cloth-bound "Reference Book," one copy for each member. Also, have to accompany each book a *separate* printed slip, containing the names of each physician who has given a list, with the number given to him by the committee placed before his name:—

1. Dr. John Allen,
2. Dr. Henry Blair,
3. Dr. William Curry, etc.;

these slips to be kept sacredly private, for the use of their owners only. Suppose Dr. James Shaw is No. 16 and Dr. Thomas Wilson is No. 31 on the slip or key. We find among the delinquents the name of Samuel Adams, No. 127 N. Bond Street, with 16 behind it. This, of course, shows that Samuel Adams has been unjustly slow in paying No. 16 (Dr. Shaw) a bill that he owes. If 16 and 31 both appear behind his name, it shows that he is in bad standing with both Drs. Shaw and Wilson, and has been reported by both. The object of such an association should be, *not to forbid* any one who chooses to attend to delinquents from doing so, but simply to point them out, so that any one may either decline to attend them, or do so with his eyes open.

The list of names in the book should, for obvious reasons, follow some such mild title as:—

"BUFFALO, N. Y., January 1, 1891.

"THE FOLLOWING IS A LIST of persons who have been indebted to various physicians *unjustly long*:—

"Adams, Samuel, No. 12 N. Bond Street, 16.

"Bowman, Daniel, No. 179 W. Biddle Street, 23, 44."

Every few years a new volume should be gotten up and issued.

CHAPTER XII.

The physician must, like the diplomatist, tread softly."—*Macness*.

BE alert, observant and apprehensive, and never exhibit surprise at any possible event growing out of sickness. You will be supposed to foreknow and expect all conceivable things relating to disease, its dangers and its terminations. Even when death has occurred to some one under your treatment unexpectedly, do not let your manner or language indicate that you were entirely ignorant of its possibility, or that you consider yourself to blame.

When you have cases in which there is danger of rapid or sudden death, beware of ordering chloral, opiates, or other potent drugs in such a manner as to create a belief that they have caused or hastened death (manslaughter). Circumstances may even make it wise at times not to write any prescription at all, but simply to order this or that remedy under its common name, that, its harmless nature and appropriate character being understood by all, no blame can be attached to you or your medicines.

When any one under your treatment dies unexpectedly or mysteriously, or shortly after the use of some new means that you have directed, or after beginning some new remedy, or shortly after you have performed some operation, or just after you have pronounced him better, or in any other way that could possibly expose you to unjust censure, it is better bravely to visit his remains without delay, so as to learn about the death, to discover what attitude the friends assume toward you, and to meet their criticisms by explanations, etc. On such occasions be self-possessed, and, if need be, explain and defend your course and your treatment. By doing this you can anticipate evil reports by the disappointed or censorious household, and

suppress or shape them before they are extensively circulated by agitated relatives and friends.

Dropping in for the purpose of preparing and giving to the family the death certificate affords a good chance for an interview.

When you are called to a case of sudden death the utmost composure of mind and manner is of great importance; use discretion and prudent reserve, and never assume an oracular or prophetic air, or express any opinion of the cause in any such case (but show a determination to neither form nor deliver one), until you have calmly and coolly collected and weighed all the circumstances. The possibility of death being due to embolism, or paralysis of the heart, or to syncope, or pulmonary apoplexy, or other disease of the heart, or lungs, or brain, or to poison, violence or suicide, should be carefully weighed before you express any opinion. If you rush in with a flurry, neglect this precaution, and christen the disease according to your first-born opinion, further developments in the case may prove it to be some other affection well known to the laity, and expose you either as a butt for pleasantry and ridicule, to deep mortification or strong censure.

If you are called to a case of sudden death where violence is suspected, or to which you are summoned by the coroner, be careful to note everything connected with the corpse and its surroundings, and, where a post-mortem is required, the condition of the viscera, every one of which should be carefully examined before giving an opinion as to the cause of death. Your notes should be taken by yourself or an assistant at the time, stating the year, day of the month and hour, and should be in non-technical language, enumerating first the facts of the case, and then giving your comments and interpretation of them. These notes should be preserved, as you will be allowed to read them in court, if called there, in order to *refresh* your memory, though not wholly to rely on them. If the cause is suspected to have been poison, be careful to tie the stomach at both ends

before its removal, and keep it and its contents in cleaned, sealed vessels under your own eye and custody, till a chemical analysis can be made. If a person is dying from violence (poison or wounds), when called to him, inform him of the fact, and if he volunteers a statement of the circumstances causing his injuries, or in regard to his assailants, take his words down at once in his exact language, as such a statement will be received in court as if made under oath, provided the person makes it under the belief that he is about to die of his injuries.

The mottled, reddish or livid patches, and the purplish-black discolorations which appear on bodies shortly after death occasion a great deal of talk and exaggeration among the laity, and are often cited as evidence of the malignant or putrefactive nature of the death sickness, or as proof of ante-mortem violence—while really due to post-mortem contraction of the walls of the arteries, which squeeze the greater part of their blood into the veins, through whose flaccid coats a portion of its separated coloring matter escapes into the surrounding tissues, creating the appearance mentioned. The escaped fluid tends gradually to collect by the law of gravity in the most dependent parts of the body, as the back of the neck, trunk and limbs, thus leaving the higher parts clear and wax-like in appearance.

You can always distinguish these post-mortem appearances from bruises inflicted during life, by making an incision into them. If post-mortem, you will find the blood stain superficial and not involving the tissues beneath, but the contrary if due to violence during life. In the latter case, moreover, they cannot be removed by pressure or change in the position of the body.

The popular belief is that if a sudden death begins at the heart there must have been a pre-existing heart disease, and the family physician is often reproached for not having discovered it during the patient's life-time. Explain that the healthiest heart may suddenly become paralyzed or mechanically occluded (embolism) and sudden death result. Bear in mind that the ordinary

termination of organic heart disease is not sudden but very slow death, preceded by dropsy, inability to lie down, etc.; in fact, with the exception of cases of aortic stenosis, or regurgitation, or fatty degeneration, there are few if any forms of organic heart disease that cause sudden death. Of course, syncope, from mental emotion or physical exhaustion, if not promptly and properly met, may cause sudden death, even when the heart is entirely free from disease.

A belief that stout, healthy people endure accidents, operations, accouchements, diseases, etc., better than weaker, complaining people is another popular error. The truth is the latter are schooled to pain, to disordered functions, lack of exercise, etc., and when they have to endure afflictions they are not so far from their usual condition as the former, and have not so much strength to be perverted into morbid action, and are in most cases very much more favorable patients. Plethoric systems bear depletion by blood-letting, purgation, etc., badly, because their circulation is accustomed to a certain degree of tension and fullness, anything short of which causes disturbance of the different functions. The loss of a few ounces of blood will sometimes cause a plethoric man to faint, while a thinner one might have lost that quantity without injury.

Old persons seldom bear surgical operations well, especially if they have any disease of the urinary apparatus. Make it a rule *always* to examine the condition of their urine before operating. If any such patients die from shock, narcosis, or hemorrhage, or after your steel-edged interference with their harmless growths or deformities, or with ailments which they have endured for years with only a certain amount of inconvenience, you will probably be strongly censured and accused of having operated simply for the expected fee, or to show your terrible energy, or your smooth and rapid dexterity in surgery.

You are not expected to set aside the laws of nature, and will seldom be censured for a fatal issue in the diseases of the aged, and never in those of hard drinkers, or in cases where you

have given an unfavorable prognosis from the first. On the other hand, if a woman dies in confinement you will be cuss'd and discussed, and if there is any possible chance to blame you it will be done, for the reason that bringing forth children is unlike disease. Child-bearing is designed by nature to increase and not to diminish the number of our race; therefore death in labor, which is a physiological function, or during the lying-in, which is a physiological state, seems to be against nature and excites the wonder and criticism of everybody.

Wretched patients who are suffering acutely, perhaps afflicted with painful, incurable diseases, and the miserable, despondent melancholiacs who are a hopeless burden to themselves and to others, will occasionally almost ask,

“Is there no smooth descent, no gentler way—
To mingle kindly with our fellow-clay?”

and entreat you from the depths of earnestness to give them something to cause death and put them out of the (to them) weary, weary, weary world. Likewise, friends of those who are writhing and groaning with sufferings from which recovery is impossible will also sometimes hint at or even openly request that you give the patient a sleeping potion from which he will never awake.

In many such cases you will agree that were God to release the poor wretch from his miserable sufferings it would be a blessing; yet with this aspect of the case you have nothing to do. In refusing such solicitations, let your argument be that human life is sacred, and that no man has a right to say another's life is useless; also that since a person has no right to end his own existence, he cannot delegate such a right to another, and, even if he could, you would be the wrong person to ask, since your province, as a physician, in the great drama of life is to prolong life, not to shorten it.

So sacred is human life that were you to perform craniotomy and the child be still alive when born, or should you deliver a

monster unfit for earth, you have no right to extinguish life in either.

Many cases admit but gradually of a diagnosis and prognosis. In accidents obscure as to nature or degree, and in cases of sudden illness, when you are pressed to say whether you think the case is dangerous, or likely to be of long duration, choose your language deliberately and give only indefinite answers, until you see whether any graver affection is hidden behind the present symptoms, whether new symptoms will develop, whether the system will react, and whether there will be a response to the remedies used. During the progress of such cases be careful to school your features and your manner, that people may not read your perplexities, surprises, and uncertainties, and either force consultations on you or, from lack of confidence, entirely displace you. Therefore, in giving a diagnosis or prognosis, you should use the plainest (English) language and as concisely as possible, and, whenever it is necessary to repeat it, adhere as closely as possible to the same phraseology.

In cases of accident and injury to people found in an insensible condition, although you may strongly suspect this to be due to drunkenness, have the presence of mind not to guess, but to give a *provisional* opinion only, until they return to a sober state. It is better to say, "He is certainly comatose; whether his insensibility is due to alcohol, or to other causes affecting the brain, it is at this time impossible for any one to say."

Never pronounce that an injured limb is "only sprained," and order a liniment, with assurances that it will be all right in a few days, until you are positive that it is not fractured or dislocated or the continued pain and swelling may carry him to some more cautious physician, who will discover the truth, to his great honor and your great shame. A great many of your brethren have been caught in this trap.

Bear in mind that death following an injury does not always mean that it resulted from the injury.

It is well when called to cases of burns, cuts, lacerations,

fractures, bites, etc., to *mention incidentally* the possibility of erysipelas, septicæmia, lock-jaw, etc., and of deformity, or permanent impairment, or whatever other unpleasant results may be reasonably feared, that the parties may know that you are awake to all the possibilities and probabilities of the case. Regarding burns, remember that the gravity of a case is due less to its depth than to the number of square inches involved.

In the course of your professional career you will meet humanity in all its aspects and phases, and your patients will differ greatly in the amount of complaint which they will make in detailing their subjective symptoms to you. Some who are naturally stoical and apathetic will fall into the error of *understating* their true condition, fearing that a fuller statement may alarm their friends, or lead you to think their case serious and prescribe for them much strong medicine, or cause you to pay them many visits. Such patients will sometimes die almost without giving a sign. Others, again, of a hysterical or nervous temperament, fearing that you may not consider them as sick as they really are, will, in detailing their symptoms, *magnify* every detail and seek in every way to impress you and others with an exaggerated idea of the intensity of their sufferings and the gravity of their condition. One of the many advantages which one's regular medical attendant has over other physicians is his familiarity with these peculiarities of temperament, with the extent of the vocabulary each of his patients employs, and with the amount of precision which each uses in answering questions and in describing his sufferings. A gilt-edged society lady and a hod-carrier, a lawyer, a backwoodsman, a school-miss, a straight-laced old maid, a sailor, and a girlish dude would each use a different kind of language to express the same symptoms.

In spite of your best endeavors, you will often be criticised or upbraided for your lack of foresight regarding the recovery or death of patients. The ability to estimate the vital resistance in each case, by the look, visage, voice, attitude, movements, and general appearance of the patient, is necessary to the perfection

of your skill as a physician. It is something apart from your diagnosis (pathological and therapeutical), and few attain it.

The truth is that life is a *different* quantity in different people: one man will scratch his finger with a pin and die, another will get both legs cut off and live, and you will usually have no other way to judge a patient's prospect of recovery from either of the twenty-four hundred different maladies that afflict mankind than by the *average* human standard. You will sometimes have cases which will baffle every method of calculation, and surprise you by their having a great deal *less* than the *average* tenacity of life, and others by having a great deal *more* than the average; and no matter how careful you are, you cannot, with our present knowledge, accurately and unfailingly prognosticate the endurance power of every patient.

To illustrate what is meant:—

HEALTH,	0.	{	1st.
			2d.
			3d.
CLASSES,			4th.
			5th.
			6th.
			7th.

Suppose the above seven figures to represent the various degrees of mankind's ability to endure sickness and injury, and that the fourth figure represents the average extent of human endurance power: some patients, then, will actually succumb and die like sheep if the first degree is passed, some if the second is touched, others can endure to the third, and so on, while still others have tenacity of life enough to recover after going as low as the fifth, or even the sixth degree. Now, if you could penetrate each patient's vital recesses and measure with the rule and the compass his assimilation and innervation, absorption and secretion, reproduction and decay, sensation,

motion, and reflex action, and the total of *his* endurance power, and could see at what point *his* possibility of recovery ends and *his* dissolution begins, you could solve the great problem of life, and make the strength of its web a matter of mathematical certainty; there would then be fewer unanswerable hows and whys, and you would seldom, if ever, be reproached for unpredicted terminations. This neither you nor any other mortal at present can do, but you can prepare yourself on all points, and must in every case keep your eyes and ears, mind and heart wide open, and make anatomy and physiology your grammar and dictionary, and the study of pathology your crowning study; also make live and vigorous use of all the teachings of experience, and avail yourself fully of every therapeutical aid offered to you by medical science.

Disease and death are parts of the plan of creation. Disease daily afflicts millions of earth's children in every clime, while death (on his pale horse) is busy from pole to pole. Fear of the former and dread of the latter are parts of human nature, and these (fear and dread) cause mankind everywhere to employ physicians: the prince in his palace, the peasant in his cottage, and the beggar in his hovel; the citizen in his mansion, the laborer in his shanty, and the felon in his dungeon; the millionaire and the penniless; the prince and the conqueror; the lord and the serf; the sailor on the pathless ocean and the soldier on the tented field; the purple of authority, the ermine of rank, and the rags of squalor; the man of religion, the man of law, and the man of science; the Christian, the Jew, and the Pagan; the pale-faced Caucasian, the painted Feejee, and the oily savage on the burning plains of Africa; the tattooed, naked, fierce, and brutal New Zealander, and the sinewy savage of our own far west; those in the blood-chilling Arctic regions, and those in the pestilential swamps and jungles of the tropics; man, man, man! sick and suffering man, everywhere turns to our guild for relief, yea, we stand at the gates of life as humanity enters the world, and at the gates of death as it goes out of it, and the children of

Adam everywhere, at noon and midnight, from helpless infancy to old age, in dread of the sick-bed and the death-bed, the hearse and the grave, turn their eyes and their hearts TO THE PHYSICIAN whenever sickness seizes or death threatens to hurl *the spear that strikes but once.*

Humanity's reliance on you as a physician skilled to heal their wounds and cure their diseases naturally brings you in contact, on one side, with mankind's greatest, most vital interests, and on the other with the great science and glorious art of medicine, and makes your power in your sphere almost monarchical. You will wield influence over husbands, wives, children, and servants, and lay down laws to govern each, and be obeyed almost as implicitly as though you were Julius Cæsar or the Czar of Russia.

Bear, therefore, the greatness of your trust, and the responsibility and glory of your almost divine mission, ever in your mind. Remember at all times that every phase of your conduct, every word you utter, every look, every nod of your head, tremble of your tongue, quiver of your lips, wink of your eye, and shrug of your shoulders, will be observed and considered. Therefore, strive to make your manner and your methods as faultless as possible. Also keep your lamps trimmed and your oil ready, and observe punctuality and system in attending all who place themselves under your care, and strive to do the greatest absolute good for each and every one of your patients, that you may merit to be called A MODEL PHYSICIAN.

Thus, my professional brothers, I would attempt to show that the more closely we study the moral and mental peculiarities of the various classes who make up the community, the more clearly we will see that the practice of medicine has a peculiar and complex environment, and that WE SHOULD MAKE SKILL IN PREVENTING, RELIEVING, AND CURING DISEASE OUR CENTRAL THOUGHT AND OUR CHIEF RELIANCE, AND, AS MEN AND BROTHERS,

SHOULD DISCHARGE EACH AND EVERY DUTY TO OUR GREAT MASTER'S ENTIRE FAMILY WITH FIDELITY AND HONOR; and further, that we must also possess professional tact and business sagacity if we would succeed in the profession to the fullest extent that lies in us, and create for ourselves corresponding spheres of usefulness in the world.

In conclusion: *If this little book causes you to see THE GREAT PATH OF DUTY more clearly, and to follow it more bravely, more faithfully, and more successfully, it will accomplish the chief object that prompted me to write A BOOK ON THE PHYSICIAN HIMSELF.*

D. W. C.

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