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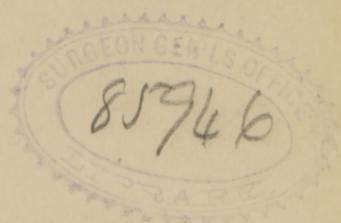
TO

THE STRICTLY SCIENTIFIC.

BY

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THIS LITTLE WORK
IS RESPECTFULLY DEDICATED TO
PROFESSOR AUSTIN FLINT, SENIOR,
IN ADMIRATION
OF HIS VARIOUS CONTRIBUTIONS
TO SCIENTIFIC MEDICINE,
AND OF HIS
UNTIRING DEVOTION TO THE WELFARE
OF OUR PROFESSION.

P R E F A C E .

OBSERVATION has impressed the author with the belief that an essay on PERSONAL QUESTIONS IN MEDICAL PRACTICE, would be of decided benefit to numerous members of the profession. He has therefore, with diffidence, attempted the duty, and jotted down the following thoughts as they suggested themselves to him in the course of a busy life, and now publishes them in the hope that they may at least awaken attention to this circle of subjects in the minds of his professional brethren.

The entire work has been written in the form of a reply to a question, for the purpose of making what is said, appear more direct and personal to the reader.

D. W. CATHELL, M. D.

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THE PHYSICIAN HIMSELF

AND

What he should add to the Strictly
Scientific.

PROFESSIONAL Tact and Business Sagacity are as necessary to the physician, as the mariner's compass is to the navigator. 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 gotten 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 for practice that never comes.

Were such a physician to ask, What shall I add to the strictly scientific, to make my success in practice more certain, more rapid, and more complete? I should advise him as follows:

You will find that intellect, genius, temperance, correct personal habits, and other excellent qualities, will all fail unless you add ambition, self-reliance and aggressiveness to them.

You should, above all else, strive to start promptly on the road to success; for, unless you let the people know you are about, make some mark, and get a reputation and a practice in your first six or eight years, the probabilities are that you never will.

It is better not to enter into partnership with other physicians. Partners are usually not equally matched in industry, tact, &c., and are not equally liked by the public, and the union does not generally prove as beneficial or as satisfactory as expected, and consequently partnerships rarely continue long. Above all else, never ally yourself with any other doctor except as an equal. Julius Caesar said, "I had rather be the first man in a village than the second man in a great city."

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 defective ambition or distrust of your own acquirements.

Remember, in making your selection, that a doctor cannot rely on his near neighbors for patronage; people in his immediate neighborhood may never employ him, while some farther away would have no one else. It is risky for a beginner to locate too near a group of popular, energetic physicians, lest their superior advantages and established reputations might keep him dwarfed for too long a time.

If possible, have an office that is not used for a family parlor or any other purpose. Show aesthetic cultiva-

tion in its arrangement, and make it look fresh, neat, clean and scientific. Flowers, either in bouquets or growing, are pleasing to every eye, and denote culture and refined taste on the part of the physician and those about him.

It is proper and advisable to display your library, microscope and other aids to precision; also your diplomas, certificates of society membership, pictures of eminent professional friends and teachers, anatomical plates, or anything else that has associations in your mind; but it is better to show such only as have relation to you as a student or as a physician. Professional relics and keepsakes whose history is connected with your medical studies, such as the human skeleton, either entire or in parts, pathological or anatomical specimens, and mementos of your dissections, are both appropriate and useful. A cabinet of minerals is also in good taste. Let no sharks' heads, impaled butterflies, miniature ships, stuffed birds, or anything else be seen, that will place you in any other light before patients than that of a physician. Endeavor to lead them to think of you as a physician only.

Display neither political nor religious emblems, portraits, etc., about your office; these relate to your personal sentiments, while your office is a public place for every class of people, and no matter what kind of partisan pictures you might display, they would surely be repugnant to some.

Have your office lighted punctually every evening, at the proper hour, and in all other respects let it show attention and system.

Do not allow the ladies of the family to lounge about your office, read your books, answer the office bell, etc., least it repel patients. Both messengers and patients prefer to meet either the doctor or his servant instead of ladies. You should respect public opinion in this and all other just subjects of criticism.

A physician is judged by the company he keeps. Avoid associating with those who are "under a cloud," or are notoriously deficient, or whose hopes and ambitions are blighted. Let your associations be as far as possible with professional brethren, and other people of genuine worth. Prefer to spend your idle hours in your office, or at the drug stores, or with other doctors at the medical library, instead of lounging around club rooms, cigar stores, billiard parlors, barber shops, etc. No ordinary man ever conceived a more exalted opinion of a professional man by fraternizing with him at such places.

Be cordial with all kinds of patients, but do not hand-shake and harmonize with them unreservedly; undue familiarity shears many juniors of much of their prestige. Never become so familiar as to enter any patient's 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 soiling contact.

What shall I say of debauchery with harlots and association with concubines ? Of drinking and of gambling ? My dear sir, if you have entered either of these

roads, turn from it at once, for either will blast your career, will be fatal to every ambition. Virtue alone will withstand your critics.

Do not induce young men to study medicine, as there are already three doctors where one is required. Besides, either their success or failure may work an injury to yourself. It is not usually either profitable or advisable to take office students, they are necessarily in your way and divert your mind from other duties; but if you should do so, charge them for the privilege, not less than the usual fee of \$100 per annum.

Do not let your office be a lounging place or a smoking room for horse-jockeys, dog-fanciers, gamesters, swaggerers, politicians, coxcombs, and others whose time hangs heavily on their hands. The public looks upon physicians as being singled out and set apart, and worthy of an esteem not accorded to such people, or to persons engaged in the ordinary business of life; the conversation of such companions is not believed to be in harmony with a meritorious physician's mind, it destroys public faith or prevents its growth, and on no profession does faith have such influence as on ours. Every circumstance in your manner, appearance, conversation, habits, etc., will be closely observed and criticised, more especially in the early years of your career. The public takes cognizance of a great many things regarding medical men that were not considered in the green-room.

In getting signs, remember that a doctor has signs, 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 daytime, 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 outside sign 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.

Unless there is danger of your being confounded with some other doctor 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, dress making, painting and glazing, boarding, etc., in company with yours.

It is unprofessional to put where you graduated and how long you have practised, 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. 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., 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, you can accomplish doubly as much, with less hurry and more satisfaction to all. Have on a little sign over your slate, "In leaving an order 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-quarters by three inches make a good size. It is also necessary to keep a supply of small and neat blank bills, envelopes and paper, with your name and address printed on them. Blank forms for use in giving certificates to sick members of societies, etc., are very useful. Printed professional certificates look much better and give more satisfaction than written ones.

A speaking-tube from your outside office door to your bedroom is of the greatest utility for night calls. The telephone is also both a luxury and a necessity.

When you start 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.

Record the full name, occupation, and residence of every new patient; 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 become very great. Never neglect to make memoranda of office consultations, payments, etc., in your visiting list with a lead pencil, until you get an opportunity to write them in ink. When a transient patient pays his bill cash, so as to make it unnecessary to transfer it 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.

Have a copy of the fee table framed and hung in a semi-prominent position in your office, that you may refer patients to it whenever occasion requires. Also, have a small, neat sign, with "Office Consultation from \$1 to \$10," posted in some semi-prominent place in your office. It will show your sign and tell your charge; it will also remind those who really forget to pay, of that fact, and will put less honest people in a dilemma. You can, when necessary, point to it and ask for your fee, and let them 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 towards 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 skilful enough to attend ten dollar cases.

Cultivate office practice; for it is a fertile source of reputation and of cash fees. Try to benefit and satisfy every patient that comes there, for each will give you either a good or a bad name.

Keep a small case of medicines at your office, representing the most frequently used articles of the pharmacopœia, especially during the first years of practice; this will familiarize you with their appearance, odor, miscibility, taste, and other characteristics, and also enable you to get fees from some who can appreciate advice and medicine combined, but who cannot appreciate advice alone. Also, for another reason By keeping cathartic pills, aromatic spirits of ammonia, lime water, morphia granules, etc., you can, by sending a remedy by the messenger, save yourself many a tramp at night, during storms, on Sundays, great holidays, at odd hours, &c., 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 prerogative, however, tends to consume valuable time, and to dwarf you in other ways, and does not pay. Besides, it would engender the criticism and enmity of neighboring druggists.

When you are summoned to confinements, colics, accidents, etc., if possible go immediately. Then if you are too late you will be blameless, and neither be chagrined nor responsible. When you cannot go at once, it is much more satisfactory to your patient if you send a remedy for use till you can go, than to send a prescription; to send a prescription in such cases seems more

as if you do not care to attend, or as if they were on your secondary list, and if the case does not eventuate favorably, you may be severely criticised.

If, at your office, and elsewhere, you make use of instruments of precision—the stethoscope, ophthalmoscope, laryngoscope, the clinical thermometer, magnifying glass, microscope, urinary analysis, etc., they will not only assist you in diagnosis, etc., but will also aid you greatly in curing people by heightening their confidence in you and enlisting their co-operation.

Always carry with you a good clinical thermometer, a female catheter, a bistoury, a hypodermic syringe, a pair of small forceps, a stick of lunar caustic, a penknife, &c., for ready use. Wooden tooth-picks and wooden cigar-lighters are very handy for making mops, applying caustics, etc. Being inexpensive, they can be thrown away after being used, instead of being kept for further use, as must be done with expensive articles

Avoid syphilitic inoculation, septecemia, etc., in making vaginal and other examinations. Cosmoline and vasoline answer very well, they both keep for years. Get a pound can of either, and keep it in your office for anointing your fingers, instruments, etc. Be cautious and never immerse an abraded finger in vaginal or other suspicious fluids; if your preferable hand is abraded, use the other.

You should have a special receptacle in your office for cast-off dressings of gonorrhœa, syphilis, septic ulcers, etc., which, when they accumulate sufficiently, should be burned.

You should live comfortably for the sake of being comfortable, and rest as much as possible on Sundays

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.

Take care to be neat in your personal appearance ; above all else, wear a clean shirt and a clean collar ; for, if you dress well, people will employ you more readily, accord you more confidence—expect a larger bill, and will pay it more willingly.

You never heard of a bank swindler, or a confidence man, or a gambler, or a counterfeiter, or 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 dress and manners of gentlemen. Now if genteel dress and polished manners 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 a lofty profession. Clean hands, polished boots, neat cuffs, gloves, fashionable clothing, cane, sun umbrella, all indicate gentility.

Do not, however, be a leader in frivolous fashions, as though your aesthetic cultivation had run away with everything else ; nor display glaring neckties, flashy breastpins, or any other peculiarity that indicates a "swell." Even though you are poor, let it be genteel poverty, for a physician's dress, manners and bearing should all agree with his dignified calling. The neglect

of neatness of dress and want of polite, refined manners might cause you to be shunned and criticised. You will see some whose heads are comparatively empty, succeed almost entirely by attention to dress and affable manners, while many much better qualified will fail by reason of defects in these apparently trivial matters.

Avoid double callings. Divorce medicine from everything else—from the drug business, from giving public readings, singings, poetry, concerts, from base-ball, rowing, etc., because the public cannot appreciate you, or any one else, in two dissimilar characters. Although it may seem paradoxical, even reputation as a surgeon or as a specialist, militates decidedly against reputation in other departments. The public in general believes a surgeon is good only for cutting, that a specialist is good only for his specialty, &c.

Hesitate even to take the office of vaccine physician, coroner, or city dispensary physician, sanitary inspector, etc., in a section where you expect to practise in future. 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 speedier success.

Politics, especially during a doctor's early professional career, even when honorably pursued, are ruinous to his prospect and put a thousand roaring lions in his way; to take them up later, when his medical reputation is

already extensive, militates against him but does not entirely ruin him. If honorable politics injure thus, how much worse are ward demagoguery and wirepulling at primary meetings. You could make ten friends and ten dollars by medicine while you were making one of either by politics, besides escaping many anxious hours and bitter disappointments. You will find that attending patients gotten promiscuously from every direction, because they have faith in you as a doctor, will in the long run pay you better than attending to anything else.

You will also find that society, church, political and other special groups of patients gotten because they are affiliated with you, rather than through appreciation of your merits as a physician, are neither very profitable nor very constant.

You should get a respectable-looking horse and carriage, as soon as circumstances will possibly justify. A team is not only a source of health and enjoyment, in the beginning of practice, but it shows your practice is growing, and any one can ride into a full practice much quicker than he can walk into one. Besides, the unknowing public infer that one who rides must have had extensive experience and a successful practice, else he could not afford it.

A riding doctor has several advantages over the one who walks; he gets a rest while riding from one patient to another, and can concentrate his mind more fully on his case while riding than if walking; when he reaches his patient he is in proper mental and physical condition to begin his duties, while the walking M. D. arrives tired and in need of rest. Another is, he can salute persons as his

carriage meets them and ride on, whereas were he on foot he might be compelled to stop, parley and lose valuable time with convalescent patients, old friends, etc.

Never let a bony horse and seedy or unsuitable kind of carriage, stand in front of your office for hours at a time, as if to advertise both your proverty and your 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 carry you to as many patients as you can attend.

It is perfectly proper to attract attention to yourself by all legitimate means, but careful observation will convince you that driving ostentatious double teams, or having liveried drivers, odd shaped or odd colored vehicles, closed carriage, conspicuous running-gear, or blazed-faced, curious looking horses or ponies, habitually driving as though the devil were in chase, and attempting to read a book as the carriage jolts along, also affecting odd style hats, long hair, heavy canes, etc., all generally fail in their object, and are looked upon by many as signs of a small mind or weak head, and actually bring the one who affects them into ridicule and disrespect. Strictly avoid ostentation and every peculiarity of manner, dress, office arrangement, etc., calculated to excite either ridicule or contempt. On the contrary, if you are shame-faced, diffident, lacking in aggressiveness, or deficient in tact, you will never prosper until these disadvantages are overcome.

It is customary and proper to give notice of removals, recovery from long sickness, return from long journeys,

etc., in the newspapers, but it is not creditable to announce your entrance into practice, or to advertise yourself in newspapers, or to placard barber shops, hotels, etc. Puffing yourself, your cases, your apparatus or your skill, or winking at being puffed, is 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. Do nothing to gain popular favor that does not accord with both the letter and the 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 hide the real motive or to turn aside ridicule.

Never deserve 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 doctor to trick his way along, than to work it along. Determine that in your effort you will do nothing that is criminal, nothing that will not stand every test, nothing for which you would hesitate to sue for your fee if necessary—nothing that you cannot approve of, with your hand on your heart, and your face turned upwards.

If you are conscious of any merit above mediocrity, if you are ahead of your brethren, let mere matters of display remain secondary, while your merit is made the more prominent. This is more durable, less expensive, and more in harmony with the views of sensible people. Do not hesitate, however, to embrace every accidental or natural advantage in practice, if ethical and legal.

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, or other non-professional 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 reputation is a large part of a doctor's capital.

It is very natural to expect your medical neighbors to pay you a friendly visit after you locate, whether acquainted or not; but if they fail to do so, it should not be construed as ill-will, for it may not accord with the position of doubt concerning your being regular, etc., which they, for the time being occupy. True men are sometimes very slow to fraternize. Competitive practice does not necessitate enmity; but self-preservation is the first law of nature, and when it is endangered, every human bosom feels the same impulse.

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 established doctors dislike to see interlopers gain a foothold in their section, and effect an entrance into their families.

It is in fact almost natural for an established M. D. to regret the advent of another medical aspirant; and

some are sensitive and hypercritical towards every new-comer to a degree bordering on monomania, because the new one, in coming, must exert a perturbing effect on the professional business of those already established. His coming makes more workers, and if he is skilful, actually makes less sickness; because rivalry stimulates each 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, dislocated bones, sore legs, of rheumatism, or diseases of any kind, than before the new one came. He must therefore draw his share of the loaves and fishes, from the others.

There has been of late years a disproportionate annual addition to our already overcrowded profession, and the colleges of the United States, are still turning them out at the rate of more than 2000 a year, without counting the readymade M. D.'s gotten by immigration.

There are now in every community, probably, three or four doctors where one is really needed. Canada has one M. D. 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, while we of the United States, blessed in physicians as in everything else, have, counting both regulars and irregulars, one for every 600. Druggists in proportion. If there were only twice as many as needed, it would be wholesome, and allow the public a choice, but, with such an excess, many worthy ones must necessarily

languish, and those who do flourish must do so by great skill, great tact and great industry.

There is a very great difference between the case of an additional physician starting in a community or neighborhood, and an additional person in almost any other business. The demand for other things can be increased, but the demand for doctors is limited, so that a new doctor must create his practice out of that taken from other M. D.'s. Every patient the newcomer adds to his list, must be diverted from that of a rival, and of course the rival does not like it; for there is a little human nature still left in a man, even though he has studied medicine. The older M. D.'s are therefore naturally very apt to be watchful of, if not captious towards their new rival, and when they see him crowding himself in, much like we see anyone do in an already crowded street-car, animosities and feuds are apt to arise. There is a proverbial rancor about medical antagonisms and medical hatred: avoid them as far as lies in your power. Courteous rivalry of doctors is advantageous to the public, because it creates a spirit of emulation, and compels each to try to be skilful and successful in practice.

The medical door—and the window too—is open, wide open, to every kind, and all kinds have entered; and you will be unusually lucky if you encounter none who are maliciously antagonistic. You will not only meet Dr. Willing, Dr. Fair, and Dr. Bland; but Dr. Cynic, Dr. Sneerer, Dr. Crusty and Dr. Broiler may be encountered. Let your conduct be fair and square on all occasions. Let it be felt that you are incapable of any dishonorable act. Never

begin making reprisals, nor enter into a wordy war with a rival; also avoid all innuendoes, and sarcastic remarks to the laity about rivals who have offended you, and resolve that you will remain a gentleman even under provocation, whether others do or not. Observe the Golden Rule, and 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, expect exact justice from 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 adversaries with evil eyes and lying tongues.

Although you cannot stop people's tongues nor their evil talk about you, yet you must look out that nothing is allowed to blast your reputation for honorable conduct. Charges against your skill, unless very gross and damaging, had better be left unnoticed; even though it reaches your ears that some person has said he has no faith in you, and would not call you to attend a sick kitten, etc., etc., such talk need not disturb your equanimity—remember that such remarks are not personal, but simply expressions of lack of faith in you professionally. Such things are said about every physician in the world, and are quite different from personal libels—such as charges of being a drunkard, or an adulterer, or an abortionist.

Be circumspect in boasting of the number of cases you have, of your wonderful cures, or of the surprisingly large

amount of your collections. All such things are apt to create envy, disbelief, criticism and other hurtful results. Also avoid telling from house to house how busy you are, and of your numerous bad cases—as if, to swell your own importance. Indeed, it is best to relate nothing at all to laymen about any case but the one before you; to do so will not enhance you any, and if you really have extra cases and extra skill, people will be sure to find it out in other ways.

You will require a variety of talents, for you must commune with every kind of people. Acuteness in adapting yourself to all classes is a very useful quality, and one in which most physicians are very deficient, in which none are perfect.

In addition to medical learning, you should strive to possess a large acquaintance with metaphysics, ethics, political economy, and general literature, that you may sustain the reputation for liberal learning naturally accorded to all physicians by the public.

A good preliminary education is a mighty element in the professional struggle; and if yours is defective at the time of entering the field of medicine, the deficiency should be made up as fully as possible. But I doubt the wisdom of frittering away precious time on educational frivolities after practice is begun, nor is it wise to give special attention to collateral sciences whilst imperfect in medicine proper. Simultaneous attention to many subjects would naturally divide and distract your mind. Whatever studies you do undertake, should be pursued till accomplished.

The plan of forcing themselves to pursue certain fixed aims tenaciously, constitutes the peculiarity of most physicians 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; afterwards, 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.

If you have not had the advantages of Latin in your education, you should not fail to employ a good Latin scholar to teach you; you can get one at a nominal cost by advertising in any daily paper; he can, with the aid of a grammar and a dictionary, teach you, in a short time, sufficient about Latin to enable you to write prescriptions, etc., correctly, and thereby lift you above a feeling of deficiency in this important particular. Besides, ability to write your prescriptions in correct Latin, naturally assists in creating respect, or rather, in preventing unfriendly criticism and disrespect for you in the minds of your fellow physicians, the druggists, and other critics.

In using Latin names of medicines, and the names of diseases, muscles, etc., be consistent. Adopt either the English or the Continental pronunciation, but whichever you adopt, be consistent and utter it properly. Many people actually believe we write prescriptions in Latin to conceal the ingredients from them. The true intent is, of

course, to give every article a specific title, that mistakes of meaning may not occur between the prescriber and compounder. Besides, prescriptions written in Latin can be read by the scholars of every nation. Latin is not only more accurate, but has become highly respectable by long usage. A rudimentary knowledge of the Greek is also useful.

An acquaintance with the German language is not only pleasurable and a source of professional improvement that costs but little money, but it will assist you greatly with the Germans, among whom you will find many of your most honest and grateful patients. Determine to get at least a smattering of German early in your career.

You will find that many foreigners prefer an American physician who can speak their language, to those who have come here from their own country; because, being a native, they know he has spent his whole lifetime here, and they believe that has made him more familiar with the diseases that exist in our climate, and with the modifying influence of our seasons, diet, etc.

Accustom yourself to write in a good, neat, clear hand. Write every prescription as though critics were to judge you by it: principal ingredients first, adjunct next, and vehicle 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.

Strictly avoid incompatibles, both chemical and physiological. It is better to use a single remedy, or, if two

are indicated, to alternate them, unless you know they are compatible.

Be careful that abbreviations of names, manner of writing quantities, etc., leave no room for mistake.

Remember that skill in practice consists not only in diagnosis, prognosis, and ordering medicine, but is the unit of all the powers that the doctor legitimately brings into the management of cases. In other words, the skilful 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 warm sentiments, 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, credulity, resolution, will, and other psychological aids be your constant levers, for they may each at times exercise legitimate power. It is not length of time in practice, but study and reflection that teach the use of these. If you cannot read the book of human nature correctly, if you cannot unite knowledge of physic with a knowledge of mankind, with a knowledge of the hidden springs and 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 it, you will not be apt to lose either it, or the practice it ensures, as long

as you are sober, decent and discreet in conduct, and have the physical health to endure your labors.

A pure, virtuous mind is a great gift and a great lever. When elopements, seductions, confinements or abortions, or the scandal about Dr.—, or Rev.—, the ignobleness of the pedigree of this or that one, are being talked of, you should have a still or, at least, a virtuous, prudent tongue; all you say on such subjects will surely be compounded and retailed, and its result will be a permanent injury to you. The position of the gossiping doctor has ever been a very bad one, and he is not unfrequently called to account. Remember, while in contact with scandalmongers, to take care and, if possible, keep the conversation on general or abstract subjects, instead of descanting upon individuals and private affairs.

Notice the never-failing advantage that refined people with pure minds, 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 doctor as the exhibition of an impure mind. School yourself to avoid every impropriety of manner. Chasten every thought, and purify every word, and measure every phase of your deportment, if you hope to succeed fully, especially if gynecology and obstetrics are part of your ambition. A lewd-minded physician who indulge sin coarse ambiguities and vulgar jokes about the sexes, is sure to be shunned, and the reason therefor sure to be made the subject of gossip, and passed from one to another, till it reaches the purest and best of the community. Thinkers regard such doc-

tors (and rightfully so) as being far worse than those who drink, cheat and swear.

If your manners and words are of the kind that win and conciliate, instead of repelling children, it will be fortunate, and will put money into your pocket that might have gone to some homeopath. Fondling, kissing, and dallying, with people's children, however, are liable to be misconstrued and should be avoided.

A cold, cheerless manner toward patients, or an isolation of himself from them socially, failure to recognize would-be-friends on the streets and elsewhere, destroys all warmth towards a doctor, and usually causes their possessor to fail to inspire faith; and any doctor who cannot in some way, inspire faith in himself, cannot succeed. The reputation of being a "very nice man" is even more potent with many than skill. To be affable and skilful too, makes a very strong combination. If one is especially polished and moderately well versed in medicine, his politeness will do him a great deal more of good with the public than special acquaintance with histology, embryology, and other laboratory extras.

Cheerfulness is also a fountain that is never failing in its influence. Medicine, contrary to the general belief, is not a gloomy, morose profession, but a cheerful one. While allaying pain, curing some poor wretches, and relieving others in body and mind, you will fully realize the great good your profession enables you to do, and will naturally feel happy and satisfied with yourself, and with your life-work, and this will make you cheerful.

The art of keeping hope and confidence alive in the bosom of the patient and of his friends, is a great one;

an easy, cheerful, soothing manner is a power that will nearly always infuse tranquillity and repose into your patient's mind.

To be quick to see and understand your duty, as if possessed of intuitive skill, is one of the strongest points you can have. People invariably applaud boldness,—indeed, when followed by success, a bold, prompt act often leads almost to idolatry.

Study to acquire an acceptable and professional manner of approaching the sick, and to take leave of them with equal skill. There is an art in entering the sick one's room, with a calm, earnest manner that shows an anxiety to learn your patient's condition—making the necessary examination and then departing with a cheerful self-satisfied manner that inspires confidence on the part of the patient 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 walk, the movements, the language and the gestures of some doctors are pleasing ; of others, rude, harsh and repulsive to the sick.

A brusque manner is bad for a doctor, unless sustained by unquestionable skill or reputation. A gentle, urbane but firm, manner is suitable to the largest part of the community. Remember that an unfeeling, or dry, or stiff, or rude, or abrupt manner is quite different from the philosophic composure acquired by constant attendance on the sick and suffering. The former is brutal and unprofessional, the latter is essential to enable you to weigh correctly and manage skilfully.

If you have any genuine idiosyncrasy, it will be noticed, and will aid you greatly ; but never assume one,

as the counterfeit is easily detected by all sensible men and women. Act your own character everywhere, and at all times. Besides being ridiculous, a doctor who assumes a fictitious or borrowed manner, must be either wrong in his heart, or weak in his head.

If you have the gift of fluency, or sweetness of manner, or a never-failing stock of politeness, or a bold way of cutting the Gordian knots so often encountered, it will help you. If, on the contrary, there is any necessary aid that you lack, study and practise constantly to acquire it.

Flexibility of manner, self-command, quick discernment, address, and ability to adapt yourself to the ever-changing phases of medical practice, are great necessities; the lady in her boudoir and the hod carrier, the beer-seller and the clergyman, the aged and the young should each find in you his ideal:—seek to become perfect in this power of adjusting yourself.

You will find it comparatively easy to get practice among the moneyless poor, and relatively hard to get it among the wealthier classes. You will readily get practice among the moneyless, because you can devote more time, and fix your attention on their ailments more anxiously, than could be reasonably expected of those engaged in extensive practice, and any special interest shown them is observed and appreciated. Your reputation will probably begin in alleys and back streets, where it will extend much more rapidly than in comfortable quarters; but no difference whether in mansion, cottage or hovel, every patient you attend, white or black, rich or poor, will aid in shaping public opinion by giving you either a good or a bad name.

Ability to communicate your opinion of a case to the inquiring friends of the sick one, in well chosen, proper language, is a quality so useful that you must practise to acquire it.

Act toward patients so as to remove all dread of your visits; avoid a solemn and formal or funereal manner, as it would give rise to dread of you, especially if you accompanied it with a corresponding mode of dress; if your air and movements are naturally awkward, or funeral-like, set them off by cheerfulness, suitable dress, etc.

When you visit a patient, neither tarry long enough to become a bore and compel people to wish 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, is another very strong faith-inspiring quality. To assure a sufferer that you will take the same interest in him as though he were your "own brother," or as if she were your "own sister," or attend their child as if it were "your own sister's," or will watch the sick one like an eagle watches its young, and similar terse expressions of sincere sympathy, and interest, inspire wonderful confidence, and are often quoted long after the doctor has used them. Whoever has any such manner, naturally, will not, can not fail to get devoted patients, who would willingly accept it even though they knew his skill was far below mediocrity.

After a patient convalesces, or when it is not necessary to attend him daily, if, when you are in his neighbor-

hood, 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 the 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, not only gives you very necessary information as to the patient's condition, but satisfies him and everybody else of your solicitude.

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 poor disease-ridden creatures are curable, but require more care and attention than older doctors, whose time is absorbed by numerous acute cases, can possibly devote to them. If you persevere with them until a cure is effected, you will immediately gain a host of warm admirers who will magnify and herald you forth on every occasion, as being doubly skilful; and even though you receive little, or no reward in the shape of money, you will augment your fame, and acquire valuable stock in the bank of experience. Such cases will school you in the art of reasoning and comparing, and will otherwise greatly benefit you. Attending the servants of the rich and pampered, however, who are sick at their service place, will not improve your reputation much; at any rate, not nearly so much as attending the same class of people at their own homes or on their own account.

People who couple you professionally with their servants, are apt to form a low opinion of your status and of your variety of patients.

Neither will you find it very satisfactory to attend those 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, and send for you, because they prefer you to all others, will be your best patients.

You are not obliged to assume charge of any one, or to engage to attend a woman in confinement, or any other case against your wish; but, after doing so, you are legally responsible to attend, and to attend properly, even though it might be a charity or "never pay" patient. You may, however, relinquish any case by giving 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 definite and uncomplicated; the therapeutics more clearly indicated, and the response of their system is generally more prompt. With the wealthy and pampered, on the other hand, there is often such a concatenation of unrelated or chronic symptoms, or they are described in such a diluted or exaggerated tone, that it is difficult to judge which symptom is most important. Remember, that attending the poor, and hospital patients, sailors, sol-

diers, etc., where there are but two classes, the really sick, and the malingerers, is apt to give a rough and ready habit of believing every patient either very sick or that there is but little or nothing the matter, and of prescribing too actively and too crudely to suit the squeamish people with indefinite ailments, so often encountered in private practice, and to feel contempt for the foibles of patients with frivolous complaints. Indeed, hospital practice is so different from private, that but few members of our profession shine conspicuous as practitioners in both spheres. We also see the same illustrated at college and in medical societies; the best medical orators and most fluent debaters are not always the best practitioners, because the two fields are quite different. Theory is one thing, practice another.

It is your duty to familiarize yourself with the Code of Ethics at the very threshold of your professional career, and never to violate either its letter or its spirit, but always scrupulously observe both towards all regular graduates practising as regular physicians. But remember that you are neither required, nor allowed, to extend their favoring provisions to any one practising *contrary* to the cherished truths that guide the regular profession, no difference who, or what, he is.

I am not sure that the medical profession of any country but ours, has a code of written ethics. Here, the very nature of society requires that physicians shall have some system of written ethics, to define their duties and regulate their conduct towards each other and the public. Even were there no written rules at all, the vast majority of medical men, actuated by a lofty

professional spirit, striving to do right instead of wrong, would naturally conform themselves to the rules of justice, as nearly as their conscience could decide, and 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 he might conclude differently from his neighbors, or might be found differing in opinion only from some captious rival, with whom an honorable agreement would be impossible. The absence of rules for our government, would also leave it possible for such as have the power, to carry on a regular grab system, regardless of right or wrong, toward their professional brethren, and still claim to be honorable physicians, and those aggrieved would have nothing to appeal to, 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 every physician towards those around him.

Dr. Thomas Percival, an English physician, in a small book published in London in 1807, proposed a code of ethics, which, excepting a few alterations made necessary by the advance of medical science, is the identical code adopted by the American Medical Association in 1847, which from then until now, has governed our whole profession throughout this broad land. All physicians are supposed to have studied this code, and every one is supposed to be familiar with its requirements. The claim which it has upon you, rests not upon any demand for personal friendship for your professional brethren, but because it is founded on the broad basis of

equal rights, and equal privileges to every member of the profession, and stands like a lighthouse, to guide and direct all who wish to sail in the honorable course.

This code of ethics is the oracle to which you can resort and learn what things justice allows, and what it prohibits; and it is to a very great extent, these lofty ethics, that elevate the medical profession in our land so far above common avocations, and give its brotherhood esteem and honorable standing everywhere. By its justness, this code remains as fresh and beautiful to-day, as when Percival penned it seventy-five years ago, and if you faithfully observe it, you can truthfully exclaim, "I feel within me a peace above all earthly dignities, a clear and quiet conscience."

In our land this code is the balance-wheel that regulates all professional action, and no one, neither the eminent ones of the profession bedecked with honors and titles, nor the beginner in the ranks, can openly ignore it without overthrowing that which is vital to his standing among medical men. If you desire to act unfairly towards your brethren, this code will compel you to do the evil biddings of your heart 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 you encroach upon in an unprofessional manner, will feel himself justified in fighting you 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.

When called to attend a case previously under the care of another doctor, especially if the patient and friends are dissatisfied with his treatment, or if it is likely to prove fatal, do not involve him 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 sick one or his enquiring friends, that your duty is *with the future, not with the past*. 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 your predecessor at all, unless you can speak clearly to his advantage. As a rule, the less you remark about the previous treatment the better.

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

To take a mean advantage of any one you have superseded, besides being wrong, would engender a professional hornet, who in retaliation would watch with a malignant eye and sting fiercely wherever opportunity offered. 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 is unjustly assailed. Indeed, to fail to defend the reputation of an absent professional brother when justice demands it, is ignoble, unprofessional, and implies a quasi-sanction of the libel.

Do not captiously follow up every trifling infringement, difficulty or apparent contradiction; a certain amount of jarring and clashing in a profession like ours is unavoidable. Allow liberally for this, school your feelings, bury caption in the ocean of oblivion, and maintain your friendly attitude towards all fairly disposed neighbors. Unless you do this, many questions will arise that cannot be adjusted by the Code, and you will become involved in useless, rancorous and endless controversies, reprisals, etc. Friendly offices are daily performed by physicians for one another, and go far, very far, toward neutralizing the ruffles and stings which the very nature of our profession makes possible.

Be careful not to run into any other doctor's practice, and never attempt unjustly to retain any one to whom you are called in an emergency; if you are in doubt whether you were coolly chosen, or only taken in the emergency, ask the direct question. If another was their choice, surrender the patient to him on his arrival. Circumstances may even require you to have the former attendant sent for, either to take the case or for consultation. If your conduct towards other physicians in these matters is invariably honorable and just, it will be discovered in due time, and will make your road pleasant, and if you ever do unwittingly infringe, all will feel that it is through mistake and not intentional. Keep above all doubtful expedients that relate to

getting patients and profits. Be also extremely discreet and chary of visiting patients under the care of other doctors, even for social purposes, as it is a frequent cause of suspicion and contention.

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

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 can select any physician he prefers, but after making a selection and the one selected has taken charge, if, for any reason whatever he wants to change, he must follow the established form in doing so. If there are any hard thoughts against the other doctor or unpleasant scenes with him, the patient and his friends must have them, not you.

Be chary of taking cases in families into which you have ever been called to consult, more especially if you were called at the other doctor's suggestion, for the displaced doctor, chagrined at his displacement, will be apt to scan every feature of the change, and if he has any basis at all, will conclude that instead of obeying the golden rule, you have ungenerously elbowed him out.

You will often be called to a patient, and upon going, find he is under the care of some other doctor, and will

of course, refuse to attend, but you will almost surely be urged just to look at the patient, and tell what you think, or to prescribe for him. Unless a great emergency exists, you should positively refuse to do either; if you do consent it should be done for the attending doctor, and you should leave a note telling him what you have done. You should never suggest that an attending physician be discharged so that you may be employed.

Ethics are less stringent in office practice, and with out-door patients, than in regular family practice; some of the most eminent, prescribe for every out-door patient that presents himself, without regard to who has been attending, or where, or when.

In spite of ethics you will see much to condemn; 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 so anonymously, or in whispers; anonymous and covert attacks are cowardly.

Be punctilious in your endeavors to give every one justice. If you err at all in this respect, let it be in liberality. 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 defence. In no case use any but pure virus, and be ever ready to defend its purity with proof, if any one you vaccinate has misfortune with it.

Do not begin the unjust custom of vaccinating the child gratis in cases where you have officiated at its birth, as is the custom 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 takes in but a small proportion of those it is tried upon, and the charge is for the trial.

You should, of course, make no extra charge for repeating primary vaccinations till they take, no difference how long the interval between the trials—also, make but one charge for any person who has revaccination attempted no difference how often, if during the same epidemic or 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 many people. A vaccine scar merely shows that vaccination took properly—not that it still protects.

Be very cautious how you go out of your way to persuade people to let you remove warts, extract tumors, destroy nevi, efface tatoo marks, and to do other minor surgical operations gratis, with assurances of success, etc. There is always a remote possibility of serious or fatal sequelæ, 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 calls for.

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. Look out that this wisdom does not come too late, or cost you too much.

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 your bill gives your position, and raises an issue that checkmates theirs. *Do not fail to charge the maximum fee in all such cases.*

Every principle of honor and duty forbids you even to think of lending yourself as a medical cat's-paw in unjust malpractice suits against other physicians. These so-called "medical experts" often excite disgust and indignation at the sophisticated attitudes they assume when they join hands with bad people and attempt to mulct a physician, or to clear a criminal from legal responsibility on the plea of "insanity" or other wicked absurdity gotten up to make money, or defeat justice.

Steer clear of all practice and all 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 another, a positive reward—you will feel the approval of your own conscience.

When circumstances require you to prescribe for females with delayed menses, where pregnancy is probably or possibly the cause, it is better, instead of giving a Latinized prescription, to order some suitable simple thing, such as hop tea, tincture of valerian, or wine of iron, under its common English name.

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 strenuously denies having had carnal intercourse. Erroneously to pronounce her pregnant, might blast her whole future and call down maledictions on you; if on the contrary, you too quickly declare her "not pregnant," 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.

When you are importuned to produce abortion, on the plea of saving the poor girl's character, or to prevent the child's father from being disgraced, or to prevent her sister's heart from being broken, or her father from finding it out and committing murder, or to avert the shame that would fall on the family, or the church scandal, etc., etc.; or to limit the number of children for married people who already have as many as they want, or for ladies who assert that they are too sickly to have

children, or that their sucking child is too young to be weaned, etc., you should meet them with a refusal as cold as ice, as pure as snow : and never even seem to entertain the proposition. If they are too importunate and refuse to take "no" for an answer, get indignant.

How could any one but a fool be induced to take the burden from another's shoulders to his own, by doing a crimson crime ; to violate both his conscience and the law ; to risk exposure, social and professional ruin and the penitentiary, by putting himself into any one's guilty power, whether as a favor, or for a paltry fee ?

Unmarried negresses and low females who fear they are pregnant, will occasionally 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, and opinion, and advice, and that it must be paid whether your advice agrees with their wishes or not. After settling the fee question, study their case and give them your opinion and advice. If you doubt the existence of pregnancy, and give any medicine to women who believe themselves pregnant, order it under its plain English name, instead of giving a regular prescription, and tell them verbally how to take it. By avoiding concealment regarding the nature of the remedies you give, you will escape the suspicion or charge of giving abortifacients.

Never carry away or keep chloroform, ergot, splints, instruments, unused medicines, etc., that patients have

paid for, without an agreement with them to that effect ; also never partake of a sick man's wine or liquor ; to do such things, would not only lay you open to criticism, but even to the most mortifying charges if a rupture of friendship should ever occur—in fact, with such things to fortify them, people would be more apt 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, of births that result from clandestine marriage, or from bastardy, etc., 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.

Identify yourself with the profession in all public medical matters, at Medical Conventions, at Medical Meetings called to pay tributes of respect to deceased medical brethren, at those held to consider public dangers, epidemics, hygiene, etc.

The practice of medicine isolates doctors from one another much more than one would suppose. Physicians daily pass and repass each other without a look or nod—although fellow-workers in the profession and well known to each other by sight or reputation, to whom acquaintanceship would be mutually agreeable and beneficial. They must remain as strangers for years, unless accident brings them together.

Join the Medical Societies of your neighborhood ; organization does good, both to the profession and to the individuals. Friction of mind against mind in amicable

discussion liberalizes and enlarges the minds of all and acts as leaven to the entire profession. Nowhere else can you study the styles of different doctors, and learn the secrets of each one's success, or non-success so fully as at medical meetings. There, each contributes to the instruction and intellectual recreation of the others. There, you can meet your neighbor on common ground, experience and opinion can be compared by face-to-face discussion, and each be benefited; there, rivalries, dissensions and controversies can be softened, and professional friendships be formed; there, you can measure the height and depth of your medical contemporaries, distinguish between pigmies and athletes, between giants and dwarfs; there, you can estimate the influence of many undefinable excellencies in some, and discover and learn to avoid the imperfections of others,—and in many other respects learn effectually to separate the chaff from the wheat.

Of course, Medical Societies are neither a specific for personal deficiencies nor a panacea for all professional sores—spending a few hours among honorable physicians once a week, will not make a willing doer of evil into a professional Chesterfield, or give him the polish and value of refined gold, or lend him a conscience like Milton's, but it does serve as an intellectual and social exchange, where, besides the individual benefits accruing to the members, a genuine professional spirit is generated that constantly tends to minimize all that is unprofessional.

Never oppose the admission of any 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 the benefit of all regular physicians, and for the good of mankind, and it would be unjust to 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. But always remember that when you have nothing worth offering, silence is your law—do not break it; if you have anything to say, say it, then sit down. In speaking, take care neither to abandon your medical vocabulary for the vernacular, nor let your professional manner degenerate. Remember there, as elsewhere, that there is nothing infallible. That a doctor must school his prejudices and be open to conviction,—those who can brook no opinion that does not accord with their own, are usually hot-headed, rash and indiscreet, and very unsafe guides. There is no mode of practice and no remedy for any disease that has not been the subject of obstinate dispute, and every new announcement brings the whole medical world into collision, 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 doctors, just as trades unions and other working men's organizations do. Be careful to correct this error on all suitable occasions, and to inform them that medical societies exist not for selfish purposes, but chiefly for scientific objects.

Keep up your medical studies, or what you formerly acquired will rapidly become misty and glide from you. Without study, the details of cases and symptoms of many diseases wear out of one's memory in three or four years, indeed the mind does not often bring back the details of a case for comparison after two or three years have elapsed, unless it is extremely unique.

In consulting journals and text books, remember that practice found successful in your own climate or region, is usually more reliable to follow, than if observed in other climates or other countries.

Avoid old medical works as guides in the progressive branches. Recent investigations make recent text books necessary. Subscribe to as many medical journals as you can read and can afford to pay for. Read them carefully so as to keep abreast of the times, 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 owners or their goods. As a rule you will find that statements involving therapeutics, found in the latest text books, are more mature and more reliable than articles in journals, which are often founded on the unconfirmed experience of a single individual.

Never publish weak or trifling medical articles, as whatever one writes is supposed to be a mirror of his own mind. When you write anything for the journals, give your article a proper title, avoid diffuseness and use no far-fetched quotations from foreign languages unless followed immediately by translation; for unless it is some stale, hackneyed term, the average reader will

probably be forced either to pass it over unsolved, or take down his dusty quotation book or his schoolboy grammar. Pity those who are either so ignorant, on the one hand, and those who are so high flown on the other, that they cannot express themselves in their mother tongue.

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 do not attempt to carry the metric equivalents in their minds, and might pass your effusion without getting the information you wished to convey.

Note all remarkable cases; but never report or publish any that are not truly novel, unless they present some curious or very unusual 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 empty word building, old things said in a new form. You should contribute original work, and new ideas, if any. Be as brief and logical as justice to your subject will allow and, for the printer's sake, prepare it so as to require but little if any revision.

When you write essays or monographs, use for convenience sake the smallest size white note paper; its

smallness will enable you to handle it easily in writing, altering and re-writing pages, which you can carry and preserve much better than if large.

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 before it goes to press.

When you publish anything do not follow the custom of suffixing to your name a long tail, consisting of all the titles and honors whether strong or weak, that you can rake together, with half a dozen etc's; such an enumeration is in bad taste and excites the ridicule of discerning people. 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 own town, street, and number, is more modest and equally as useful.

Take care that book agents do not induce you by their fluency into subscribing to works you have but little or no use for.

Pay your honest debts punctually, even though you are 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, or carriages, or feed, or clothes, or still worse, luxuries, for rent, servants' wages, etc., cannot fail to set the tongue of scandal to wagging freely and injuriously. You will have to pay your debts anyhow, and will be paying all the time, and had better be paying those just due, than to be paying those that should have been paid a month* or a year ago.

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 borrow apparatus, instruments, etc., from one doctor or patient, to lend to another; if necessary, introduce the parties, and let the borrower do the borrowing on his own responsibility.

Do not squirt tobacco-juice around you at your visits, or have your breath reeking with its fumes, or with those of cloves, cardamom, alcohol, dead beer, etc., or you will unavoidably invite criticism, and create revulsion towards you.

Appearing in your shirt sleeves, wearing rough creaking boots, or carpentering, painting, or showing other out-of-place talent, or chewing, smoking, sky-larking, etc., will show weakness, diminish your halo, 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. You may secure faith in spite of these, but usually, such things tend decidedly to decrease it.

Drunkenness may be tolerated in doctors who are fully established in practice, because attachments had been formed, and their talents had become known previous to the formation of the habit; but it is fatal to the prospects of a beginner.

An excellent course is to avoid intoxicating drinks yourself, and let others do as they think best. If it is known that you never drink, it will be of immense advantage to your reputation; but, urging temperance, on all occasions, or being a member of temperance, of secret, or of beneficial societies, will not aid much in the acquire-

ment of desirable business ; indeed, the best practice you can have, is the quiet family business that you will attract by faithful endeavors to do your best in mixed practice.

Temperance, total abstinence, prohibition, and other sumptuary crusades, will be apt to recoil on your head if you make yourself prominent in them. Pushing matters of a partisan nature is not your function, and you cannot become officious in them without engendering rancorous enemies. You had better leave all such matters 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 be first in your mind.

Presents from fond or grateful patients, or very liberal ones, etc., although flattering, will almost invariably lead to confusion or to a breaking up of the legitimate pecuniary relation between the giver and yourself, to such a degree that it cannot be fully restored. Probably every practitioner can recall numerous instances in which presents of game, or fruit, or cigars, or wine, whips, canes, or new hats, have proven exceedingly expensive. When you foresee such a result, be guarded.

A good rule is to decline all presents 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 in business it will rarely continue satisfactory, it often engenders disagreements, and will almost always result in your getting only about half as

much for your services, as if you had avoided entanglement and dealt on a money basis. It is decidedly better to avoid all such involvements, and let those for whom you work, pay you in money, you in turn doing likewise. Avoid these and everything else that tends to blur your business rules.

Preserve a proper degree of gravity and dignity on all occasions, frivolous conduct, vulgar jokes, great levity and undue familiarity are unprofessional and breed contempt, scandal, etc. Freeze off all attempts to "Hallo Doc!" or to pass the limit of propriety in any way with you. Give every one his proper title and exact the same respect in return. Do not understand me to condemn good-natured pleasantry; congeniality, if manly, is often appropriate, and sometimes actually serves as a tonic to a patient's drooping spirits. If you wear a cheerful mien it will be healthy to you, and sunshine to your patients.

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 doctors, is really not their being unmarried, but their youthfulness. To marry with an eye to business only, would be apt to entail expenses, responsibilities, etc., 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 marriage, by entering into it from other considerations than love and congeniality.

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 and eradicate your defects and faults; and to give prominence to your good qualities.

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

No one can succeed fully without the favorable opinion of the maids and matrons he meets in the sick room. The females of every family have a potent voice in selecting the family physician. I have often thought the secret why so many truly scientific aspirants fail to get practice, is that their manner and acquirements do not appeal to the female mind.

You must not rely strongly on social influence for getting practice. 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 are dormant and do not influence the choice of a doctor. No member of any family circle will be spared if any human power can save; and 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 doctor 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 sentimental and the unchaste,—past all whose unprofessional demeanor proves them to be either unripe or unsuited

to a stewardship so solemn, 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 lever.

You will find that at times of sudden sickness and alarm in families, there is a peculiar openness to strong impressions. Kindness shown then is doubly appreciated. Indifference or coldness on the contrary, may then sever attachments and end friendships that have existed between the doctor and a family for years, in as many moments. Many a young doctor secures a good family permanently by kindness and assiduous attention in cases of colic, convulsions and accident; also by devoted attention in cases of typhoid, scarlatina, etc.

There is a certain fact that 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 doctor, your days and hours will be incessantly occupied with a medley of important cases, and the lapse of time will consequently be almost magical.

You should seek proper relaxations and amusements while the age for enjoying them remains; many doctors foolishly postpone all relaxation from one time to another, intending to take it easy and see pleasure when they get older, and thus forego seeking enjoyments till they lose all taste for them, till they know nothing and are fit for nothing but to work in the doctor's hard, slavish treadmill for life. A little leisure is a great blessing. An occasional day's sport, or a summer trip or an

evening at a convivial gathering, or at the theatre, etc., will act as seasoning to your labors, will break the monotony, afford diversion, and actually make you more philosophical and a better doctor.

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

When you assume charge of a case for a doctor, 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 doctor has been taken sick; 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, merely add it to what is already being done. This does not reflect so harshly.

Give the right hand of fellowship to every regular, honorable physician, no matter what his misfortunes or how great his deficiencies; on the other hand, refuse it to all irregulars, no matter how great their acquirements, their reputation, or their pomp.

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

Be polite and considerate 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. Resolve that you will cultivate it as long as you live.

Always feel and show respect for your seniors in practice. You may excel the older M. D.'s, in the dogmatic, and in severely scientific and technical points, but they have an experience, and an intuitive forecast of the necessities and the results of cases, that far outweigh mere book knowledge, and make them better logicians, and much better practitioners. Because knowledge gotten from observation and experience is more like part of one's very nature, than that gotten from any other source, and is fixed indelibly on both his senses and his reason. Remember that although younger doctors indulge more in scientific extras than older ones, yet that the art of curing disease owes more to common sense bedside experience, than to anything else.

When you have been a doctor long enough to make your patients feel that you alone 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 family constitution. You will find that "knowing people's constitutions" is a powerful lever.

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

Experience and skill are what the public seek in a physician; they are very important and the public know it—you should carefully try to appear possessed of both. Of course all have aftersight, but foresight is what is needed—experience will enable you each year to foresee many events with increased clearness, and if you compel yourself to be a faithful worker and good observer, 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 epilepsy, tonsillitis, tuberculous meningitis, cerebral softening, malarial diseases, membranous croup, phthisis, tuberculosis, Bright's disease, the various heart diseases, typhoid fever, scrofula, erysipelas, whooping-cough, dysentery, calculi, hip disease, and a host of other afflictions that are sure to confront you, and you will know how to shape your diagnosis and prognosis in each, far better than your juniors.

In addition to the great advantage the older physicians have over the younger ones, from increased ability to foresee the probable degree and duration of

grave cases, and to give concerning them truer opinions from the beginning, they can from experience recognize cases that are dubious, or likely to prove very slow and tedious, thereby saving themselves from much anxiety and blame. Of course, these advantages advance their reputation, and enable them to carry cases and retain confidence much better than younger physicians can. This is the chief reason why the practice of medicine becomes relatively easier every year. You will find that after you have practised twelve or fifteen years; after you have forgotten much of your technical knowledge,—which was probably greater at graduation than it ever will be again,—your experience will be invaluable to you, and will often serve you where **nothing** else can. This self-attained knowledge is the kind that makes the public always prefer the older physicians and distrust the younger ones.

Make post-mortem examinations, and scientific use of your opportunities whenever proper cases present themselves. Experiments that require vivisections, etc., would not, however, add much to your reputation, as such things are supposed to have been studied 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, but it entails a tremendous loss of time. If you ever get so overflowed with business, that time is precious with you, it will cease to pay, and it may become necessary to shut it off, to get time for office patients, meals, sleep, etc., or at least to limit your engagements to attend cases, as far as possible. It is a wearing branch of practice, one that is full of care and responsibility. You will occasionally be engaged for a case, and after being kept in suspense for weeks or months, will learn that the labor occurred, a midwife or granny was sent for instead of you, and the excuse will be that everything occurred in such a hurry that they could not wait, or some other equally lame plea will be presented.

Although obstetrical cases lead to other family practice, you will find, after you get into full practice that the fees for midwifery are, on account of loss of time, of sleep, etc., proportionately more meagre than in any other department of practice.

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

You will often be called to do ugly work for midwives who are stuck in bad cases, and for the sufferer's sake you should never refuse to go.

You will be mortified to learn that it is now gener-

ally understood in many communities that every midwife has her regular medical satellites, who, for the prospective fees have bargained to go whenever she calls them, to do her complicated work. Pregnant women will sometimes even want to make a one-sided 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 never bargain with anybody beforehand to play second fiddle to a midwife—she to take the fee, and the eclat, if there is no trouble, you to take the care and responsibility, for a nominal fee if there is.

In every confinement case, after delivering the child, be careful to call its mother's attention to the lump in her own abdomen, and inform her that it is 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 does not pay pecuniarily, and is an injustice to both physician and patient. Everyone should have a family physician within reasonable calling distance. A few far-off patients will waste more time, break down more horseflesh, and use up more carriages, and harass and expose you to bad weather more than all the balance of your practice.

Keep your practice down to a number you can properly attend; you can do this by sending your bills promptly, circumscribing your bailiwick, cutting off obstetrical engagements, 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, etc., the plea of "*too busy*," is the least open to criticism and over-persuasion of any you can assign.

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

It is always safer, as well as more modest, in giving your opinion, to say, "I believe thus and so," or "In my opinion, etc."

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 practising medicine, you will see and understand many sins and blemishes of which you must appear oblivious.

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, from the doctor 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.

Take care that your reputation for attending 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 propor-

tion of courtezans or bruisers, does not give you the name of having a "Fancy Practice."

When you scold, or find fault with patients or their attendants, preface 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.

You will find it much more pleasant to practise in some families than in others: some families will constantly give you intelligent co-operation, and will make charitable allowance for all your short-comings 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 if, in attending them, you were on trial for your life. Remember this, and like a philosopher, make it a rule never to worry about anything at all you cannot help.

Be guarded against asking private questions before persons not in the patient's confidence, unless they are clearly entitled to hear them; request all such to leave the room before asking. Be doubly cautious in this respect when your patient is a female and the questions refer to marriage, or menstruation, pregnancy, lactation, uterine affections, constipation or other delicate subjects.

Do not allow indiscreet patients to go about over-praising you, and speaking of you as a pet, etc. Inordinate praise, no difference from whom, is apt to arouse a corresponding dislike on the part of those who deem the praise either extravagant or misplaced,—such in-

judicious praise will almost surely react against you, and might even arouse the angriest jealousy 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.

As a rule, it is better in the family group to lend attention at your visits, chiefly to the conversation of the husband, instead of the wife, and to address your opinions, explanations, and remarks to him or whoever is at the head of those 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 may get dissatisfied and create trouble.

The public love to see a doctor appear to know things intuitively, and you must study and practise to be quick in diagnosis, and ever ready in the treatment of the ordinary cases that will constitute nine-tenths of your practice.

Remember this: Everyone likes to believe that the doctor is treating him by a regular plan, instead of firing at random, more especially in diseases that are believed to depend on the blood, or on a diathesis.

In visiting, banish all else from your mind, and no difference 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, instead of digressing 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 either 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 prognosticating 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 the practice of medicine is that it is not founded on science, therefore it lacks the element of certainty.

Do not get insulted at the foibles and infirmities of the sick. Bear with the rude treatment you will occasionally receive from hysterical, peevish or low-spirited patients, and do not take anything a sick or silly person says, as an insult, unless you believe it is deliberately 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 means we cannot always attain perfect results, nor give complete satisfaction, and some of those you have served most faithfully, and who you think will never change, will surprise and shock you by turning against you and loudly decrying you. Bear the possibility of this ever in mind, and while making your relations with your friends and patients cordial, frank and free, always avoid all secrets, confessions, etc., that would put you into their power.

To be over assiduous in paying visits when no sufficient cause is apparent, or to be too deferential and over-attentive 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.

If you adopt the habit of presenting your photograph, etc., 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, it may be charge that you have mistreated them, killed their child, crippled their wife, or done something else equally horrible. Many who would hold your picture above all soiling associations 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.

When urgent necessity or danger requires it, you may do the most menial work, for a patient; but unless these exist, pulling off your coat or collar, administering injections, giving baths, swaddling new-born babes, nursing the sick, etc., will not comport with your dignity, and may suggest that you lack proper self-respect.

A patient who is improving, will be satisfied by 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 blurred, obscure, or in the initial stages, be cautious in expressing any other than a tentative opinion; but in cases where you can safely do so, give a frank, free diagnosis and prognosis that express your full opinion. Speaking your opinion candidly, will compel you to analyze closely, will discipline your judgment, and compel you to study your cases and formulate opinions, instead of lumping your cases and becoming a mere routinist.

Remember that the art of medicine does not enable you, or any one else, to diagnosticate any of the eruptive fevers positively, till its 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, or cupping, or mustard, or rubbing, or baths, or poultices, or 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 for being alarmed at what appear to be trifling ailments—indeed, you should never joke, talk frivolously or laugh about your patients or their sickness, either in their presence or elsewhere, and never taunt them about the trifling nature of their disease. Some people will laugh off such a criticism, while secretly they feel hurt and resolve never to have you again. Another reason is that trifling ailments sometimes become serious, and their becoming so 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 science, and life is not a definite quantity. When pressed to tell whether any case of sickness is dangerous, reply promptly, "Of course it is, all sickness is dangerous." Also remind them that you do not keep the book of life, that your will and God's will may differ, and that you have long ago ceased to assure people that sickness of any kind is not dangerous, or might not end in death; and then tell them what you think of the case in point; even in doing this, do not fail to leave yourself a little margin for uncertainties.

In giving death certificates in mania-a-potu, syphilis, abortion, etc., never yield to importunities and substitute other pleasant sounding titles that risk putting you in a false position. In giving certificates it is best to certify "In my opinion," etc., which no one can dispute.

Be exceedingly cautious in giving certificates of insanity for committing patients to an insane asylum, distinguish between the truly insane as contemplated by law, and those who are not 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.

You are legally as well as morally bound to vaccinate a person after engaging to do so. Besides the harsh criticism it will generate, a suit for damages may follow if you neglect it, and the patient ever gets small pox.

Never conceal the presence of a contagious disease from those around, who are liable to contract it, or you may encounter the condemnation of the whole community.

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 see 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, etc., or that you are even attending any contagious disease, or you will be credited with giving whatever cases occur among those you tell. If your practice is so full of such cases that you must tell it to somebody, tell the health authorities; if the public good requires it, inform them anyhow.

After visiting contagious diseases, always 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, 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 the dead must not be allowed to kill the living.

Never use a tongue depressor indiscriminately. For besides the disgust patients feel towards having an instrument, that has been used on everybody, put into their throats, 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 it is better to ask the nurse for a clean spoon. At the office an ivory paper-folder answers very well, is not disgusting, and is easily kept clean.

Do not lend yourself too freely to other physicians and surgeons ; never make a habit of playing second fiddle by giving chloroform, etc., in *surgical* cases. There is a great difference between giving assistance in medical and in surgical cases. If you visit a *medical* case with another doctor, you will be regarded as a consultant, and as being at least equal or even superior to him ; besides, a fee may await you. If, on the contrary, you go and do some *secondary* part in a *surgical* case, you will be looked upon as a lesser light to the one you assist ; and you will take a position of neither honor, nor profit, and will reap nothing but responsibility. Do not

habitually play the part of utility-man, or unpaid assistant to any one except to your father or preceptor; servility and obsequiousness will never advance you, either in the community or in the profession.

Preaching morals to patients seldom does any good, but you can often exert the greatest influence upon patients who go to excess in chewing, smoking, drinking, singing, excessive dancing, late hours, carousing, etc. Your injunctions regarding the four last named, if properly given, will frequently be strictly obeyed.

The various quack bitters advertised and guaranteed to be "a wonderful discovery," are almost invariably some vile compound of bad rum, or bad whiskey, and are the origin of much drunkenness; you should show 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. When drinkers tell you that they intend to 'swear off' for a definite period, advise them instead of swearing off, to swear 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.

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, pious, sensible clergyman are sometimes more useful to a patient than medicine; and even where death is near and inevitable, resignation often takes the place of fear when the sick one is skilfully informed of

the probability of death. In fact, when cheered by religion, many show as little regret upon learning that they will probably die, as a traveller does when about to start on a pleasant journey.

When called to attend cases of angina pectoris, aneurism, organic heart disease, desperate wounds, injuries, apoplexy and other diseases that create liability to sudden death, caution and prudence may require you to conceal the danger of death from the patient, lest he give up all hope, and be injured by terror and fear; but be sure to give, privately, proper warning to the ones most interested. Allow no one to sink away and die without making that 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; also take care to banish from them the fear of hydrophobia, lockjaw, etc., because some very young children fully realize the meaning of death, and such talk would terrify them. Also use the proper caution about patients who seem to be sleeping or drunk, or semi-comatose, etc.

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 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 find patients almost in the toils of death, while all around think, till you tell them differently, that he is getting better.

You should never attempt to thrust either your religious beliefs or disbeliefs, or your political tenets, etc., upon patients who hold opposite views. It is really no part of your duty to administer to the religious cravings of the sick. Every sect has teachers of its own, to whom you must leave the spiritual. 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 sick one.

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. You will see many a poor, sick, woe-worn, despondent and broken-hearted wretch, calmed in mind and 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, he becomes willing or even anxious for the hour of departure.

The automatic, seemingly anxious movements, unconsciously made by 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 had kindly drawn the veil of unconsciousness around the dying one, and that he is not suffering. The dying struggle is painless to the unconscious patient, but is awfully painful and harrowing to all who stand at the bedside and witness it.

When attending in Catholic families, be doubly cautious to warn the immediate friends of danger, that the sick one 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.

Catholicity 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 sick one has recovered and shortly afterwards 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.

Be careful to inform the family of the sick person if there is danger of the patient's becoming unconscious in the course of his illness, so that the clergy may be called, and the sick one's 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, "Beloved child, I baptize thee in the Name of the Father," precisely at the word "Father" *pour* a small portion of the water upon the child's head; continue, "And of the Son," at the word "Son" *pour* another small portion; again continue, "And of the Holy Ghost," and at the word "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 they have observed the full form and

accurate language. If they have 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 "Beloved child, if thou art not already baptized, I baptize thee," etc.

If in a midwifery case the child 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 the child is born dead, you will not readily be forgiven.

Remember that it is better for a person 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 summon friends, make wills, etc. In adults with almost any sickness, you can safely predict death in a few days, at furthest, after the pulse has gradually increased to 160.

Be careful to exhibit proper gravity when attending serious cases. If a very ill sane adult really wishes to know

whether he is likely to die, and asks you the plain question, answer him frankly and truthfully, but if possible, answer him in bland terms, so as not to appall him and take away all hope. 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. Of course you must not, you cannot, put falsehood in the place of truth, even when talking to the sick and dying, for you cannot sacrifice principle or truth for expediency under any circumstances. But tell it in a proper manner.

You will find but few who have the mental fortitude to enjoy the remainder of life after they are formally told their case is permanent, or incurable; and you should be cautious, and not unjustifiably cut off all hope even from those afflicted with Tuberculosis, Cancer, Bright's Disease, etc., where death approaches slowly like a creeping shadow, till in their last stages, as persons with those diseases have plenty of time, while sinking away, gradually to realize their fate.

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

The white and the black, the rich and the poor, the courtesan, the outlaw, the swaggering rowdy, and the reprobate, will all be represented in your practice. Attend anybody if you must, but, seek to avoid disreputable places and persons; they are more likely to be a curse than a blessing. Remember always that such people respect no doctor who does not 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, but also the mental.

You have a perfect right to relinquish attendance on a case when you think your interest or your reputation requires it; when you do so, let your withdrawal be fully understood. 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 afterwards desert, or neglect them.

Be exceedingly cautious about taking patients to be visited clandestinely, or having married women or young females consult you secretly at your office; also of attending a patient for a disease under pretence that it is something else, in order to shield or deceive friends or relatives.

Do not over-visit your patients. Excessive attention and numerous visits are rarely appreciated. If you can 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 them 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 will be criticised and your bill may be disputed.

Some well-to-do, or over-sollicitous people, form an exception to this rule, and insist on your visiting them frequently, 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 one who will have to pay the bill, of the reason and expense of the extra visits, and get his acquiescence.

During these frequent visits you should maintain a strictly professional attitude; unless you do so, they will certainly lose confidence, after which you will be shorn of your influence and reckoned a mere cipher.

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, and also take care neither to expose a want of memory nor a lack of interest. Where you to ask a patient, "what kind of medicine did I give you last?" he, and his friends would notice it instantly and think you either felt but little interest in his case or had a dangerous lack of memory.

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

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.

Be specially careful never to over-visit patients with trifling injuries, uncomplicated cases of measles, mumps whooping-cough, chicken pox, etc. People observe and criticise a doctor's course in all such cases, and if he

seems over-attentive they are apt to believe he is nursing 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 diseases.

Bringing out the eruption is one of nature's processes in measles, scarlatina, small pox, etc., and 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.

The terms Scarlatina and Scarlet Rash are now in every body's mouth, and are spoken of by the laity as harmless affections; there is no such disease as scarlet rash, and these terms always refer either to Scarlet fever or Rotheln, and unless people are made to understand this, great harm may ensue.

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 afterwards 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 it is even better to commence the internal treatment eight or ten days before beginning the local.

There is also a popular expectation of evil, and a popular readiness to blame the doctor, if any new symptom appears after he suddenly arrests, or cures diarrheas, chronic discharges, bleedings, etc.

Many people suppose boils and various eruptions to be healthy; even if they were, most people will agree that some other mode of health is decidedly preferable. This belief is probably founded on the fact that during convalescence from certain serious diseases, a series of boils often appears, seemingly from a revival of the energies, the vital forces of the system, from the depressing influence of the disease. Their coming, being coincident with reorganization and returning health, probably occasions the belief that boils and health go together.

Do not be biassed too quickly or strongly in new theories based on physiological, microscopical or chemical experiments. If you abandon the practical branches of medicine for histology, post-mortem phenomena, and refined diagnostics, your usefulness as a physician will almost surely diminish. I do not refer to teachers and experimenters who have hospital and laboratory facilities, and who do not look to their practice for support. Your most useful studies, as a practitioner will be hygiene and the art of treating diseases with success.

Try to make your address and manner such that patients will not hesitate to impart to you their secrets. One of the greatest drawbacks to many doctors is, that they do not inspire complete confidence, and patients neither intrust them with the secrets of their ignorance,

folly or their wickedness, nor employ them in afflictions that create hesitation or shame.

Do not let your wife or anyone else know your professional secrets, nor the private details of your cases, even though they are not secrets; nothing is more mortifying or hurtful to the feelings of patients, than to hear that the details of their cases are being whispered about as coming from the doctor or those he has told. If you allow yourself to fall into the habit of speaking too freely of ordinary affections, or submit to be indiscriminately interviewed concerning your patients, your very silence in disreputable cases will betray them. The credit of whole families and the character of its individual members will sometimes be at stake, and unless you shut your eyes and do not see too much, also your mouth, and don't say too much; it may ruin them and involve you. You will be allowed to see people in a very different light from that by which other people view them. The community see one another with a veil over their moral and physical afflictions, over their blasted hopes and the sorrows that flow from love and hatred, their poverty and their crimes, their vexations and their solitudes; *you* will see them with the veil lifted, and will become the repository of all kinds of moral and physical secrets. Observe reticence at your visits, and do not mention the private affairs of anybody from house to house. Seal your lips to the fact that patients have, or ever had, venereal diseases, hemorrhoids, fistula, ruptures, leucorrhœa, constipation, or that abortions, private operations, etc., have taken place; or that any one takes anodynes or liquor, 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 anyone without their consent. Your ears will hear and your eyes will see many things that illustrate the moral and physical infirmities of poor fallen humanity, but in the midst of all you must have a silent tongue.

In prescribing medicines for the sick it is better to use a limited number of remedies with whose uses and powers you are fully acquainted, than to employ a whole chaos of ill-understood ones.

When you order unusually heavy doses of opiates, etc., take care either to write the quantity out in full instead of using the common signs, or to underscore both name and quantity. It is safer also to put the names of heavy dose patients on their prescriptions. When you order morphia, etc., in unusually heavy doses, it is also well to have it made into pills or 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 persons whose business exposes them to get their medicines wet or wasted, direct them to be put in bottles instead of paper boxes.

A placebo or tentative remedy should, as a rule, be small and easy to take. A very good form is to purchase a pound box of No. 35 unmedicated homeopathic globules, which cost but 35c., and immerse one half of

them in fluid ext. of belladonna, and the other half in compound tinc. of iodine, for twenty minutes, then roll them about on a newspaper till all surplus fluid is absorbed, then let them dry; after which they can be put into bottles, with a small quantity of powdered cinnamon in one bottle, and powdered liquorice root in the other, to prevent agglutination; these can either be given as globules, or put between paper, crushed, and given as powders; they make cleanly, convenient placeboes for office use, and cost so near nothing, and a pound will last so long, that you can afford to give them away and charge such patients for advice only. They will suit almost any case requiring a placebo. Be careful to keep a straight face and to give minute directions concerning the manner and time of using remedies intended simply to amuse people who are morbid on the subject of health, and you will do them double good.

You will find that your placeboes not only amuse and satisfy people, but you will be surprised to hear that some full-of-faith persons are chanting your praise and are actually willing to swear that they are cured of one or another awful thing by them; cheated into health by globules, or tea-spoonful doses of flavored water, or liquorice powder, as if by a charm; some who seem to be magically benefited by a tea-spoonful of—nothing—will actually thank you for saving their lives. What a sad comment on the discerning power of the nineteenth century! what a sad comment on medicine! what a gold mine for quackery!

Never prescribe bread pills: it is not right to make a patient pay for bogus medicine; besides, if you can-

not devise some placebo more professional than bread pills, you must have an unusual paucity of resources. Moreover, were a patient to discover that he had been paying for such an insipid cheat as bread pills, he would naturally feel victimized and indignant.

The vast majority of people are now sensible enough to take medicine only when sickness demands it, and even then not too much; but taking 'a little medicine for clearing the constitution in the spring of the year,' still has patrons; and the cathartics and other depleting remedies are still popular with the few who cling to the old *forty years ago* craze for purging, sweating, vomiting, &c.

These people always want to see and feel, promptly and fully, the action of medicines, and think they could scarcely live a month without pills, salts, etc. Consequently this class often purge themselves entirely too often. Remember that when nature is depended on, the bowels ought to act daily, or at least act 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 faeces 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 so often as the natural though partial evacuation. For any adult who cannot have an evacuation without the aid of medicine, purgatives given 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 either repel them, or prevent your enjoying the necessary esteem.

Many people are naturally capricious and fickle, and no matter how earnestly any one tries to serve and satisfy them, they will change about from one to another. Others are more true and will stick to you through everything, good or bad, with surprising tenacity. You should, however, always found your hope of being retained, upon deserving it. Do not set your heart or faith upon the continuance of the patronage of any one, for you will many a time be replaced by those you know to be far below you in everything that unites to make a good physician; sometimes you will be unexpectedly and unjustly dropped out of a family, and the most ignorant or shallow fellow in the whole section, or an old lady, or a homeopath whose very name strikes you with disgust, will be called to supersede you, and you may have to bear the reflection, and the wrong, without showing the slightest chagrin.

Ability promptly to detect loss of confidence or dissatisfaction with either yourself or your remedies, is one of the acquirements that you must seek to possess.

When you are ungratefully dismissed from a case, especially if it is to make room for an irregular doctor, do not appear willing to be thrown aside in such a manner, but make it known in a gentlemanly way, that dismissing you thus, wounds your sensibilities, and that such action necessarily casts undeserved reflection on you, and does your reputation a very great injury. Such a protest will secure for you greater respect and will counteract the injury better than if you submit without protesting.

Whenever dismissed from a case, consider attentively the combination that conspired, and how you might have averted it, that you may gain additional familiarity with the art of managing and retaining patients.

Some people, indeed, whole families who will almost idolize you as long as you are lucky, and have neither unfortunate cases nor deaths in their families, will turn as rudely and maliciously against you as soon as either occurs—as if you kept the book of life, and controlled the hand of God.

In acutely painful cases, active, even heroic doses of morphia or other potent medicines are often required, and must be given promptly, but care must be taken that the total amount given is not sufficient to poison the patient. A certain gentleman had cholera morbus; a physician was called who prescribed for him twelve opium pills, one to be taken every six hours. He was entirely too slow in his therapeutics; for long before the time to take the second pill had arrived, the soul of that pain-racked sufferer had taken its flight to a land where doctors are unknown, and six hour intervals never occur. Avoid his error and never leave great long intervals between the doses for patients suffering acute pain.

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

When danger of rapid or sudden death is imminent, beware of ordering medicines that might be charged with killing. It is even occasionally wise to order the medicine under its simple name, so that, its nature being

understood, you may not risk being charged with poisoning.

When any one under your treatment dies unexpectedly, or mysteriously, or shortly after the use of some new means 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, to learn about the death, discover what attitude the friends assume towards you, 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 so you can anticipate evil reports, and shape or dispute them, before they are extensively circulated.

The laity expect you to examine your patient at every visit. 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 difference what your case is, be sure to attend to these and all other evident or special duties, at every visit.

Whenever symptoms make it possible 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 a tumor or an aneurism exists, or anything else which overlooked might sacrifice the patient, or disgrace you if discovered by some one else, you should always make a thorough examination, and it would even do no harm to let it be known for what you are searching.

Never ask a question without a basis, but be careful to ask every question necessary 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 the approach of death, etc., not only protects the doctor, but gives him eclat if he recognizes and points them out, before the patient or friends detect them.

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

Even after a patient with an acute disease of a kind that is at all curable, is unable to swallow, or if food taken into the stomach is not assimilated, continue your efforts with inunctions of cod liver oil, or of glycerine and quinia—rectal alimentation, etc., until he is either better or the breath is out of his body.

Never speak of anything you do for a patient as an experiment; everybody, everywhere, is opposed to doctors "trying experiments" on them or theirs; for the same reason it is not discreet to give certain patients the sample bottle of new pharmaceuticals 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 fracture, or of smallpox, or of hernia, or of anything else, you ever attended.

You should keep a reference book for recording particularly good remedies, prescriptions for stubborn diseases, etc., also a case book for recording the date, diagnosis, treatment, etc., of unusually important cases.

Nothing impresses a patient who has a complicated, or long-standing disease with a fuller conviction that you are interested in him, and that you intend to try to do him good, than to know that you keep a regular record of his case.

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

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

You will have to foresee thousands of snags that lie in the professional field to catch the unwary. When in doubt whether duty requires you to do this, or that, or not to do it, remember that the sin of omission is apparently not as great as the sin of commission.

Summon professional assistance in all ugly fractures, etc., where you think there is the least danger of an ugly termination, and of being blamed or sued for the result. Having assistance not only divides the responsibility, but also makes one a teller of truth for the other, and prevents causeless suits for malpractice. Remember that when a fracture, or dislocation, or a disfiguring wound, or accident of any kind, recovers with deformity or disability, there is danger of its being ever after exhibited as a monument to reflect injuriously on the medical attendant's reputation for life. Therefore, the responsibility had better be divided. In this respect

medical and surgical practice differ—the results of sickness usually disappear, while those of surgery remain.

Always take the precaution to listen to the heart's action immediately before administering anesthetics, both for the patient's protection and your own. When possible, have another M. D. present whenever you produce anesthesia in anybody, more especially if the patient is a female. Also, have a third person present at all sexual examinations of females, to prevent scandal, and to disprove possible hallucinations regarding either improper words or deeds.

If you have the ability to control your temper, and to maintain a cool philosophic composure under the thousand provocations given to doctors, it will give you great advantage over those who cannot, and will generally redound greatly to your credit.

Expertness in detecting and escaping 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, the bad, the silly, the tattlers, the fraudulent, etc. But while peace should be your motto, it is your duty to society, and to the laws, to expose and bring abortionists and unprincipled quacks and heartless vampires, whether acting under cover of a diploma or not, to justice whenever you meet proof of their wicked work.

Tact and nice discernment in establishing and maintaining a proper attitude towards nurses and other attendants on the sick, is a valuable gift that will prevent or counteract possible machinations. To give attendants credit on proper occasions for faithfulness, is not only

just and gratifying to them, but makes firm friends of them, and encourages them to do their best.

Midwives and doctorwomen often exert a malign influence, and tell tales, or circulate falsehoods about doctors, that must be noticed and thwarted according to the necessities of the case.

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

Scandal-mongers and malicious liars will often lie in ambush for you, and must be checkmated by the most available means; to judge what is best to do, is sometimes a great puzzle.

In serious or strange cases, and in such as engender great public excitement, if you indulge in confidential or semi-confidential whispers to the rabble, it will often give rise to misrepresentation or even to total perversion of what you really do say or mean. Be ever on the alert for this danger. If necessary, give your opinion to the proper ones in writing to prevent its misconstruction.

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

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, he ties your hands and keeps you from doing it. If, however, he will not, or cannot do exactly as you wish, 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 whims or weaknesses, and modify or alter your therapeutics to such things as he can and will do. This you can do good-naturedly without fully yielding to him or compromising your authority or your dignity. The wishes, prejudices, and errors of peculiar patients must be studied, and to a certain extent respected.

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 indications they have noticed. 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 might in some cases even humor a whim, and sanction the use of their harmless domestic remedies, saffron tea, plasters, onions to the feet, etc., in conjunction with your more reliable agents.

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

It will be a trying ordeal when you jar against an "old lady with an infallible salve," good for anything, from mosquito bites up to elephantiasis. You will find her so full of faith in herself, and in her salve, that neither reason nor ridicule can shake it. Be very fair and urbane with her, but if you indiscreetly concede to her remedy any recognition beyond its actual merits, or take her into partnership in the treatment of any case, you will make a big mistake, and fill her as full of conceit, and of mischief, too, as the sea is of water.

Hypochondriacs and various other kinds of bores, will sometimes tax your patience and ingenuity when you have neither time to waste nor disposition to be rude; some of these you will have to freeze out by chilling coldness in their reception. If you tell them when they come in that time is 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, "*This is my busy day.*"

When you are to be a witness in a grave court case, firmly refuse to give the opposing counsel, or any one else, either a verbal or written statement of your opinion of the case, or of what your testimony will be; dispute their right to question you. If you are weak in this respect, you may actually aid them to distort your statement from its proper meaning, or to rebut it on the witness stand, and thus bring both justice and yourself to grief. Firmly, but courteously inform them that they can find out all you know on the witness-stand.

There is no creed, or clan, 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 representatives have done this so often of late, that the public have us for a jest, and believe from our kaleidoscopic contradictions that our boasted science of medicine is worse than guess-work.

To rid yourself of undesirable would-be patients, will be one of the most difficult dilemmas that confront you. "*Too busy to attend,*" is probably the most unassailable of all pleas.

When you receive calls to cases that, from any cause you cannot or will not attend, notify them to get some one else, 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 he needs you, 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.

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 patients or their wise-acre friends, who will challenge you to controversy, and presume to discuss your diagnosis and your remedies

with you. Most of these are as full of doubts, beliefs and theories as a lemon is of acid,—foreknowing and prejudging all you do, frequently thwarting your every effort,—possibly drawing the curtain aside after you go, and exposing to everybody things that should properly remain your professional secrets. If you write a prescription for gonorrhoea or cough, or almost any other ailment, many a presumptuous patient or his friend will read it to you and actually comment or argue on it. You will be often harassed by such meddlers, and compelled to resort to various expedients, to satisfy or foil them, and avoid collision with their whims and prejudices. In fact, the good effects of mystery, hope, expectation, and will-power are of late almost entirely lost to regular physicians, from this cause, and all special confidence is sapped, and all you can expect in many cases is the gross physiological action of your medicines; and prejudice and fear, actually do much to thwart even that. You must constantly study the use of psychological aids and try to compel your patient's will to assist you.

The presence of sick-room critics will also often, either impair, or destroy, your usefulness by diverting your mind and lessening your concentration. Consciousness of being under criticism will unavoidably shear you of a portion of your usefulness.

To set unused medicines aside and order others so as not to shake confidence, requires a great deal of clever management; patients will rarely complain of the price of medicines that are taken, but they will observe the waste, and criticise you when you set half-filled bottles

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 put aside is very rarely again indicated. When you do 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 as if you misjudged in prescribing.

Never prescribe large quantities; 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.

It is better not to leave your directions about medicine, food, etc., with the patient, but with whoever is in charge.

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

You will occasionally encounter patients who have been kept in anxiety and terror for months or years, by the trick of some greedy, hyena-like quack, or the error of some novice who has pronounced them syphilitic when in fact they have really never had even a single symptom of that disease.

It is torment enough for those who really have constitutional syphilis, to go through life filled with remorse for the past, and fear for the future, without adding spurious cases. When examination proves that the

case before you is not true syphilis, it is your highest duty to give proof by text-book and explanation, till you fully banish the error from your patient's mind.

You will be sure to cause unreasonable, cruel fear and distress in the minds of those whose chests you examine, if you tell them of "a slight deposit in the apex," "an abnormal resonance," or a "bruit de diable," "rales," "a palpitation," "a disordered rhythm" or other, to them, ominous jargon. 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.

God only knows how many young women in our land are now tormented with apparitions of "womb complaint," which have no existence except in this or that doctor's imagination—young women that, had their minds never been fixed on womb complaints, would have lived a lifetime without even thinking of having a womb.

The chief reason why there are so many doubtful 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 doctor'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" and is told, whether correctly or incorrectly, that her womb "is turned," or, "is down," "ulcerated," 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 doctor, she natu-

rally submits to the manipulations, and to the monetary exactions, of whoever has made that examination. If there is a wretch meaner than all others in the sight of God, it must be the doctor who would exaggerate his opinion, and terrify the sick simply for dollars and cents.

It is also a cruelty 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. *You* know a man's liver or his lungs, or his heart, may be deranged this week and well next—but many of the public think if any of these organs are affected in any way, it is necessarily permanent, and it gives them permanent anxiety. Many people are at this moment living in as great anxiety as though a sword was suspended over them by a hair, because told long ago that such and such an organ was affected, without explanation being given of its functional or temporary character. 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 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.

You will also have patients lacking in the salt of wisdom, who come tormented with evil forebodings over conditions that are either imaginary or perfectly natural; some, because they have discovered their left testicle hangs lower than the right, or because their scrotum stays contracted, or relaxed; others, terribly alarmed

because they have in examining themselves, discovered the little odoriferous glands on the back portion of their glans penis and imagine them to be chancres or cancers; others because either fear of disease, or of blackmail, or of bastardy, or moral accusation, has thwarted their attempts to couple with loose women, and led them to imagine they are 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, or defect, or fear. Remember in all such cases, to charge your *full fee*, even though you write no prescription. In these cases, the charge is for giving valuable information and satisfaction.

Be careful to warn all such cases against the curse of falling into the hands of quacks, "friends of erring youth," etc., and tell them of the mischief such people entail on their victim's health, and of their unscrupulous voracity for money.

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

You will be often consulted by true syphilitics who wish information regarding the results if they were to marry. Never promise certain immunity against future outbreaks; and do not sanction their marriage unless it has been at least three years since they caught their syphilis, and not even then unless they have been free from outbreaks for at least two years. 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 is at your office, do not digress by showing him the toy steamboat you are making, nor by telling him the latest news, or the history of the cigar you are smoking, or of the newspaper you are reading, or of the cane you are twirling. If *he* diverts the conversation from his case, bring him back to it at the first opportunity.

Never recommend sexual intercourse as a remedy for self-pollution, nocturnal emissions, spermatorrhœa, hypochondriasis, or acne.

If such people risk syphilis, gonorrhœa, bastardy or exposure, or 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.

Remember that night emissions recurring occasionally in young men, partake of the nature of an overflow, 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 not half as destructive as commonly supposed; when the habit is stopped, its results are usually quickly recovered from.

Consumptive females whose blood-making 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 blood-making power. When such appeal to you to restore their menses, you must explain why they have ceased, and that they will never again menstruate till their health and blood-making 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. If quinia does no specific good for the daily fever of a weakly or broken-down person, you should suspicion that it may be hectic, instead of 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 his relative's disease was part of his law of development, and was in his charter of life, it should indeed excite serious fears in all who have 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 hereditary law does not apply. Those whose father or mother, or sister or brother died from phthisis, the sequence of bad hygiene, pneumonia, etc., are not thereby compromised, as that variety is not hereditary, unless their father had it at the time he begot them, or their mother had it during pregnancy or nursing.

One person in every seven firmly believes he has either heart disease or consumption. You will find that the management of those who really have either, is one of the most delicate questions in practice. No wonder the mind dreads consumption, for it is humanity's great destroyer. It loves to scourge the young, the beautiful, the gentle, and the gifted, and this portion of every community is selected for its most intractable and fatal forms. When your opinion is invoked in these cases, do not examine 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.

Over-cautious people often make the mistake of believing that to put on a double quantity of clothing in cold or windy weather, will secure them from all danger of taking cold, whereas colds may not only be caught through the body, but also through the mouth. No matter how warmly one is dressed, he must breathe whatever kind of air is around him. May it not be that most cases of pneumonia, pleurisy, bronchitis, croup, tonsillitis, and other throat and lung affections are caught in breathing?

Valetudinarians almost invariably dress too warmly, and in their anxiety to protect 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 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 a person has more resisting power while awake than during sleep. 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 contract catarrhal pneumonia or rheumatism. It will devolve 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 before a register that is pouring out a volume of choke-dry air, while the inmates are blissfully believing it is tempering the element they breathe. A very large wet towel, or folded sheet hung before the opening, is much more effective.

Many new-born 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 plenty of clothes are put on a babe, they are a sufficient protection; whereas, if the little babe—whose heat-

generating power is naturally very feeble—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 it. Ice is put into woolen 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 much longer. Take care that the new-born 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 electricity; it is therefore well to have all *hand-fed babes* nestled to some one's bare breast at intervals of a few hours, in exact imitation of those that suck.

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 to instantly 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 touch a child's gums, except when these evils are present.

“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.

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.

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 warm rooms; also when it is occasioned in well people by copious perspiration during warm weather, frequently causes alarm and induces groundless fear that they have kidney disease. Explain to them how the skin and kidneys vary the activity of each other, and that it makes but little difference if the urine is scanty 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, to fluidize the contents of the bowels and compel the intruder to travel the entire length of the alimentary canal alone, instead of allowing the fecal 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 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, it risks being communicated. If the dog is killed under the mere suspicion of having hydrophobia, the disproof of the disease is made impossible, and the bitten one and his friends are left to all the terrors of uncertainty.

There exists a popular prejudice against damp houses, leaky roofs, night air, etc., which is probably carried entirely too far. Dampness is of course inimical to health when mould, absence of light, or other unfavorable, disease-producing elements are added to it; but neither life on board of vessels, nor in moist situations, nor the presence of dampness, as in rainy weather, are in themselves unhealthful.

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

You will find that remembrance of the names of children and of patients you see but rarely, and 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 child-

ren take it easily," knowing from experience that an attempt to give pills or bitter doses to refractory or puny children, means a fight and a failure.

Never ask the age of a patient but once during attendance on his case. Also take care neither to ask any question twice at the same visit, nor to do anything else that would indicate either abstraction or incompetence.

You will find that you will inspire more faith in a prescription if you begin to write it immediately after receiving, to some important question, an answer, that your manner shows is what you expected.

Probably one of the greatest fortes you could possess, is the power of discovering who are the *ruling spirits* in a family, and securing their faith and keeping them satisfied with you and your treatment.

In admitting or excluding visitors to the sick, manage it so as to engender no personal enemies; also endeavor to acquire expertness in answering their questions about your cases.

As a purgative after confinement, many physicians order simples, castor oil, seidlitz powders, etc., instead of writing regular 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 strong mysterious purgative caused her sickness; and if she happen to die, you will be *blessed*.

A great and almost universal mistake that *regular* physicians make is, to think that when people send for doctors they send solely to have medicines given. Many people are much more anxious to get an opinion of the nature and tendency of their case, than to begin a regular course of medicine.

Every minute spent in studying 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 doctors, and one of the chief reasons why they do not assist their brethren to supersede pleasant quackery faster, is, that having their attention riveted on their cases, and being anxious to get the specific physiological effects of medicine quickly and fully, they too often give them in crude forms, forgetting that the majority of sick people are fastidious, and have tastes and likes and dislikes that must be respected.

Endeavor 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 quackery or fancy nonsense.

Keep ever in your mind that many people seem to be two-thirds spiritual and one-third animal, and that others seem to be but one-third spiritual and two-thirds animal, between which are all intermediate kinds. If you attempt to treat all these alike you will certainly fail. The mental management of the sick is often more

difficult than the physical. A close study of mental therapeutics is one of the necessities that the regular profession is still extremely deficient in. Irregulars give a mere placebo or useless agent, which faith on the part of the patient potentizes. Remember, that Dr. Diet, Dr. Quiet, Dr. Hope and Dr. Faith are four excellent assistants whose aid you should constantly invoke. Dr. Time is also, in some cases, very necessary, but he is slow and unreliable, and unless Dr. Aidwell is called in to assist, occasionally permits a patient to sink into his coffin instead of restoring him.

Many regular physicians give valuable, true remedies, and seem to despise the aid of Faith, Mystery, Expectation and Hope. They must learn to depend more upon the aid of hygiene, diet, and mental impressions in simple cases, and less on large, crude doses of medicine.

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

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, and depend on hygiene, diet, nursing, etc., at least for a while.

Avoid as far as possible the use of medicine that must be taken 'through a tube,' that must be kept 'in a cool place,' or in 'a dark place'; on which 'no water

must be taken,' or that the druggist must label 'poison,' especially with doubters and medicine-haters.

Some people will not send for you till they are truly ill, for fear you will throw them into bed or salivate them, or bring them woe, 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 cannot stop. Disarm all such people by the assurance that their fears are groundless.

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 give them either sulphate of cinchona, 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. We know that it is really an almost harmless *vegetable* product that acts on malarial poisoning, not by great strength, but through its antidotal influence, just as water, an agent, harmless enough to drink, will subdue fire.

Malaria is usually contracted at night, but many people are not aware of the fact that it can also be caught in the daytime, and should be put on their guard.

Novel remedies often assist the cure through mental influences; for proof, look at the liver pads, tractors, amulets, charms and dozens of other ideal remedies in vogue, that 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.

In prescribing, and even in speaking of medicines, you should use officinal names instead of popular titles, unless there is some special reason for using a synonym.

Keep yourself fully informed concerning dietetics and hygienics; also regarding the various health trips and summer resorts: familiarize yourself also with the constituents and peculiarities of the various mineral waters and of the uses of each; of the comparative advantages of seaside and mountain trips, and of the classes of invalids to be benefited by one or the other, for these matters belong strictly to the province of medicine, and it is particularly desirable to understand them, because they are subjects that concern the better and more desirable classes of patients, with whom you will often have to make medication, hygiene, medicinal waters, trips, &c., go hand in hand.

The belief that taking water or ice is dangerous in fever, is still very general. People are wonderfully slow in recognizing 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.

When you are busy and wish to make a short visit, do not tell the patient so, but begin promptly to ask the necessary questions, and do not let the conversation digress from his case till you have learned all that is necessary. If the subject of the weather is broached, answer as if you were considering it only in reference to its influence on the patient, and 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 that, if you do depart promptly, he will not feel that your hurry has caused any inattention to his case.

It will often vex you, when you are busy and time is precious, to be kept waiting below stairs while the people prim and prepare to receive you in the sick room with as much prudery as if the surroundings, instead of the patient, were the object of your visit. Show every one the respect due to rank and sex, but let such people know that your time is too precious to waste.

Never assign as a reason for being habitually late in visiting a patient that you are over-busy. Every one wants a physician who is in active experience and engrossed in practice, but no one is willing to be habitually slighted. 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 generally find them prepared to see you without detention or flurry.

It is very important always to ask to see the 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 either not been filled, or to remedies that have either been thrown out of the window, or emptied into the garbage-box, and you will be the victim of a never-to-be-forgotten joke.

School yourself to avoid crude therapeutic and cultivate conservative remedies instead of radical ones. Throw gross physic to the dogs. Fame for not being heroic and not giving much strong medicine, is a splendid item in a physician's reputation, one that might almost be adopted as a corner-stone. Of course, when 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 an indefinite medley.

It is proper to teach patients the laws of hygiene, and facts that relate to sanitary protection, that they may preserve their health; but it is neither just nor wise to teach any but medical students the secrets of our art. Especially avoid giving self-sufficient people therapeutical points that they can thereafter resort to and ignore the doctor. If you do, they will soon imagine they know as much about medicine as you do, and not only take your bread from you, but will make hobbies of what you teach them, and trifle with them till, in bad cases, the patient's disease is fatally seated. It is not your duty to cheat either yourself or other doctors out of legitimate practice by supplying this one and that one with a pharmacopœia for general use. If compelled to give people remedies under a simple form, study to do so in such a way as not to increase their self-conceit and make them feel that they know enough to 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 abuse such orders, and to try to teach every one, similarly afflicted, how to doctor 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.

Do not patronize any of the pharmaceutical catch-pennies that are now flooding our land. Resolve never to prescribe a proprietary remedy or one covered by a trade-mark; it is better to avoid the use of all ready-put-up remedies, whether trade-mark, proprietary or quack, whether advertised to the profession or to the public, whether the so-called formula is 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, 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 physician, requires you to avoid prescribing or telling of preparations that patients can afterwards snap their fingers in your face and renew as often as they please.

Endeavor to have your prescriptions labelled so as to prevent indiscriminate renewal, as well as to prevent

mistakes in their administration ; when they are very important, have the name of the patient put on the label.

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 best of all ways 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 to, nor answer questions while writing prescriptions.

Never write a prescription carelessly. Cultivate the habit of scrutinizing 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 one, but not till you have looked and seen that it is as intended.

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 some 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 7, 12, 5 and 10 o'clock daily."

Neither alarm your patients nor their friends, nor risk the dangers of the chloral or 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 aether, he will probably adopt the habit; if he does, you will surely and *deservedly* incur the blame. If suffering people have any chance at all to blame their bad habits or their enslavement on you, they will rarely fail to do so.

Remember, when giving directions in regard to doses, that teaspoons vary greatly in size. A teaspoon should hold sixty drops of water. By dropping sixty drops of water in a wineglass and marking this with a strip of paper pasted on its outside, a patient can save much trouble and uncertainty in cases where medicine is to be taken for any length of time. A graduated tumbler or medicine glass is however more convenient and precise. A minim is a definite quantity, a drop is not; therefore, in prescribing potent fluids, order minims instead of drops.

Never turn your cases over to "*specialists*" unless they have features which render it an actual duty to do so. If you refer every case of eye disease to the oculists, every uterine case to the gynecologists, ear cases to the aurists, surgical to surgeons, and so on throughout the list, you will lessen your own scope, and soon lose all familiarity with the affections that specialists treat, and

will degenerate into a mere distributor of cases, a medical adviser instead of a medical attendant—studying everybody's interest except your own, and making reputation for them out of that which sinks your own individuality and destroys your own fame. A good rule is this : whenever a case 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 entirely over to him. Timidity and infallibility are both bad traits in a doctor, 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 you—besides, it secures your graceful retirement from the case.

Ask for a consultation in all cases where you think either the patient's interest or a division of the responsibility demands it. When from any cause you see necessity for one arising, try to anticipate the family by being the first to propose it. When you have bad surgical and other cases among your personal friends or relatives, or severe cases 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 im-

pressed if the result is not good, it is especially necessary and wise to have a consultation, so as to satisfy them, and at the same time relieve yourself of too much direct personal responsibility.

If possible, always have physicians selected as Consultants, who will add to your efforts by exhibiting 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 for the patients' welfare, and for your own reputation.

In your consultations you will often feel great anxiety and suspense while you are waiting to see whether the consulting physician will be fair towards you in the case, or whether he will shrewdly expose your deficiencies to a few, to be told to many, till you are killed in the estimation of all to whom the case is related. To the honor of our profession be it said, the vast majority of its older members are not only punctilious, but really kind to the deserving on these occasions.

A radical change of diagnosis or of treatment, as the result of a first consultation, often naturally impresses upon the laity that the previous diagnosis or treatment has been either faulty, or actually wrong, and as a rule no material change should either be proposed or allowed *at that time*, unless some real necessity requires it. As a rule, the fewer apparent changes resulting from a first consultation, the better for the regular attendant's reputation; especially if he is a *young* doctor.

When a consulting physician is designated and called at your request, you should see that the payment of

his fees is not neglected; you might with propriety broach the subject before he quits, to those who are to pay the bill. 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 would then be for the maximum amount. His relations to the case suppose him to be thinking of its scientific and therapeutical aspects, and not of his fees. You can, in such a case, speak much more plainly for your brother physician called at your instance, than you could for yourself. Prompt payment of the consultant's fee will sometimes even bring about a more prompt payment of your own.

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 people 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.

Be punctual to the moment in keeping consultation engagements. You have no right to waste another's time in that way; besides, it is constraining and anything but pleasant for one physician to be kept idly waiting for another at the place for consulting.

When you consult with other doctors, whether in your cases or not, it is right to charge the same amount for your services as the consultants charge for theirs—

you lose as much or more time than they do at each consultation, your reputation is equally or more involved than theirs, and there is no reason why your fee should not be equal to theirs.

In dispensing with the consulting physician when his services are no longer necessary, take care to make him feel that it is done amicably.

A patient has a legal right to dismiss you from a case, 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 retire from it is your only alternative.

Remember that you have the right to refuse to consult with any one you deem unprofessional, or unsuitable to the case, also 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 a one is pressed upon you, you have a perfect right to retire. Fortunately, such dilemmas are very rare.

Neither refuse to consult with foreign physicians, with doctresses, nor with colored doctors, provided they are regular practitioners, nor even with undergraduates if they are advancing in the regular line towards their M. D. You have no moral right to turn your back on sick and suffering humanity, by refusing to add your knowledge and skill to that of *any* honorable person whose professional acquirements and tenets give him a right to work in the professional field. It is not only unmanly to throw obstacles in the path of the

less favored, but such a spirit is wholly incompatible with the objects of our art, and at variance with the spirit of science, which is cosmopolitan and knows neither caste, pride nor prejudice, and has no bounds except those of truth and honor. But your love of these twin virtues, *truth* and *honor*, will prevent you from ever entertaining a thought of consulting with Eclectics, Homeopathists, Hydropathists, or other irregular practitioners, under the specious plea of duty to humanity. Let their retirement be the prime consideration under which you assume charge.

Be exact in everything that relates to consultation. Let them always be formal and strictly private; consult within a room; exchange thoughts in an undertone, and out of the sight and the hearing of eavesdroppers. Never allow any one to be present at a consultation except the doctors engaged in it.

Remember that consultations are called for the purpose of deciding for the *future*, not to criticise 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.

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.

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.

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 do so, and that too without charge.

Avoid decrying and ridiculing medicine to the laity, and boasting of your own and the general ignorance of disease and of remedies; and suppress all other fulsome confessions. When a physician speaks thus, he means it *relatively* only, means to say that medicine is not an exact science; but the public cannot appreciate the sense in which such confessions are made, and they work an ounce of harm to the doctor who makes them, and a pound of harm to the profession at large. Because all who hear or read them conclude that medical practice is only a tissue of uncertainty and confusion, and ever after either do not employ physicians at all, or do so with utter distrust.

The truth is, physicians are 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*, but are plainly due either to the *doctor's* bad judgment or to his ignorance. The fact is, all physicians know of very nearly the same remedies, but skill in curing with them consists in selecting the proper one,

in proportioning the dose, judging the time, etc., just as different persons essaying to paint will exhibit different degrees of success, one attaining wonderful skill, another reaching mediocrity, while a third fails in his attempts and quits in disgust; this difference in result being due not to a difference in the material or colors at the command of each, but in the more or less excellent judgment and tact shown by each in selecting and using them.

Ability to determine accurately the condition of a patient, and to conceive and to do the right thing for him at the right time, is the essence of skill, and is the chief difference between successful and unsuccessful doctors, and is the great secret why the prescriptions of some medical men are much more valuable than those of some others.

A proper use of medicines, instead of a wholesale renunciation of them, is a leading characteristic of a good physician. When you hear of a doctor who wishes to be considered especially clear, or ahead of others, or extraordinarily fair in his opinions, boasting that he "does not believe in drugs," "depends on nature," etc., you can safely conclude that in his zeal to become a medical philosopher, he has either 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; or, does the farmer lose his faith in agriculture because droughts and grasshoppers 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 or any other malarial fever take its course without drugs? Or who would let the syphilitic and other poisons develop or progress unattended? Is there a graduate anywhere who confesses he can do *nothing* for pain or for fever, for nervous complaints, for digestive affections, or chest diseases; nothing for the circulation or delirium, or insomnia, headache, epilepsy, hysteria, gout, neuralgia, worms, colic, acidity, peritonitis, constipation, diarrhoea, anemia, scurvy, etc.?—If there is a doctor in the land 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 should at once, and forever, for conscience' sake, and for the sake of the afflicted, take down his sign, and no longer pretend to practise.

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. 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 than our predecessors did; but it is doubtful whether in real sicknesses we

have at all *lessened* the doses. You now give twelve or fifteen grains of quinia daily for the intermittent, where physicians formerly gave half an ounce or an ounce of crude bark containing but six or eight grains. You give the same dose of opium, or its representative, morphia, to-day when 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.

We of to-day know that three in every ten of those who send for doctors need no positive medication; and nine of the ten would get well sooner or later by proper hygiene and intelligent nursing and dieting, if there were not a doctor in the world; and we are naturally prescribing less and less. In children's diseases especially, we now, in many cases, trust almost entirely to nature and placebos, and see them get well from what look to be alarming conditions almost as if by magic.

The real secret, the very foundation, of the success of various systems of practice that have arisen within the last century, has been *nature's disease-limiting power*, and "*Allopathic*" adjuvants, adroitly interwoven with hobbies that have but little value except as advertisements. Homeopathy, the *ism* that Hahnemann created in 1796, got an extra start because it arose just when humoral pathology had satiated the world with crude remedies administered irrespective of form, taste, etc., and all were anxious for some change. It has become the chief delusion of our day, and has captivated many of those who, through disgust at our crude therapeutics, have joined *the opposition* and gone to an extreme reactionary limit. It has lasted much longer than it

would have done, had not the regular profession been so slow to give up crude forms, over medication, etc. Were any one to originate such a system to-day, it would be still-born.

You can neither endorse nor follow its nonsense and follies, but you also can follow the fashion 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. Aim earnestly to please every one's taste and ideas of medicine as far as compatible with his safety. Also, avoid over-drugging, and remember that those who have been most fond of medicine often become surfeited and undergo a complete revulsion against both medicine and doctors. How can this be wondered at when even too long a continuation of beefsteak or partridge or oysters, or other choice food, causes disgust and utter loathing even in well people?

You are bound, as if by an oath, to use your best judgment for every one who puts himself under your care, but neither the Code of Ethics nor the Code of Honor prevents you from sailing as near to every popular breeze as truth and justice will allow.

Unfortunately, when a case actually requires medication, you can make but little, if any, rational use of the so-called "*Homeopathic*" principles, which rest on the following foolish creed:—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 Hahnemannism is supposed to stand; an *essential* triune, an *inseparable* unit. Violation of any one of these principles by the faithful is a confessed rejection of the whole.

You will observe that this creed is exactly two-thirds delusion;—that the first and second postulates are sophistical and should be rejected, and that the last is a rule that every rational medical man has recognized ever since the days of Methuselah, and cannot, in any sense, be monopolized by Homeopaths.

Contrary to what many unthinking people believe, this creed gives the Homeopaths perfect liberty to give an atom or an ounce of lime, salt, sugar, or anything else, at a dose, provided they proceed on the homeopathic principle of similars; and the *question* whether he, or you or any one else does or does not practise Homeopathy *does not* depend upon the size of the dose at all. They might give an ounce of a medicine in cases in which you would give but a grain. Their ounce would not make them *rational* physicians, nor your grain make you a homeopathist. Here is the true test: Were you to examine a patient and ask yourself, *What is the best treatment known in the world for a case like the one before me?* and give that, without regard to either creed or boundary, you would be practising rational medicine. If, on the contrary, you were to examine a case and ask yourself, *What would produce a totality of symptoms similar to these in a well person?* and prescribe whichever you thought would come nearest to doing so, you would be practising homeopathically. Now, I am confident

that if you practise forty years, you will never sit down by an ill man's bedside and ask yourself seriously, "What agent would produce a disease similar to this, or symptoms similar to these in a well person?" and attempt to deduce therefrom your line of treatment. And, to be more specific, I am also confident that you will never seriously entertain, much less follow, a system of medicine that, in seeking *similars*, arrives at Poison Oak as a remedy for Erysipelas, Arsenic as a remedy for Rheumatism, Croton Oil as a remedy for Cholera Infantum, Mercury for Mumps, Tartar Emetic for Typhoid-Pneumonia, Opium for Apoplexy, and a countless myriad more of utterly utter nonsense. Therefore take care to remember that no matter how small your dose, even though you prescribe only teaspoonful doses of *aqua pura*, or even let your patient smell an empty bottle, it will not be practising *homeopathically*.

You will find that nine out of ten of those who run after sugar powders and pellets, know absolutely nothing at all about the Hahnemannian principles, and take them themselves and give them to their families solely because they are dainty and easily taken.

Some of the unreasoning laity may think you are illiberal in refusing to fraternize with homeopaths and other irregular practitioners. Remember that the great principle which underlies our refusal is this: as lovers of *all truth*, we have no fixed, no unchangeable creed, but hail with delight every discovery, no matter by whom made, and take by the hand *any one* who is liberal enough to consecrate his life's labor to suffering humanity; but when we know that a certain person

circumscribes himself and practises a Botanical system *only*, or a Homeopathic system *only*, or a Hydropathic system *only*, or any other *one-idea* system *only*, and is so tied down to that, by his love, or his bigotry and prejudice, that he *denies* the truth and the usefulness of all other means of aiding suffering humanity, all rational physicians esteem him too illiberal to be a true physician, or for fellowship with those who profess to love *all truth*, and justly allow him to remain joined to his *exclusive* system.

Study the Organon of Medicine, by Samuel Hahnemann—Homeopathy Fairly Represented, by William Henderson, M. D.—Hull's Jahr—Hughes' Pharmacodynamics—Hale's New Remedies, and other leading Homeopathic productions, and you will then fully realize what an amazing folly Hahnemann started, and *why* we reject it, and will also see how men can mistake the workings of nature, and of faith and credulity, for the effects of—*nothing*—till their delusions completely pervert their reasoning powers.

Homeopathy would have been absorbed into rational medicine before we were born, *if* it had been worthy of absorption.

Nothing under heaven prevents you from doing whatever you think best for your patient; but if in so doing you adopt a narrow or foolish dogma, and prejudice your mind against all other ascertained truths, your partisanship will fetter you, abridge your usefulness, and make you unfit for fellowship in liberal medicine. Thus, when Vincent Priessnitz shut his eyes to everything but Hydropathy, and Samuel Hahnemann

tied himself to the Homeopathic notion, and rabidly denounced everything else, and Samuel Thompson threw away everything but Herbs, they circumscribed 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.”

Not a single department of medicine has yet reached scientific exactness, and possibly never will. *We*, legitimate 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” arise, if they contain any new or valuable truths, no difference how great or how small, we instantly incorporate them with the great mass to swell the records of rational medicine, so that the truths possessed by our profession to day form an aggregate of knowledge which, if put into one book, would make it thick enough actually to reach the skies.

The Homeopaths and all other irregulars cunningly sneer at the regular profession and style us “The Old School,” “Allopaths,” etc., to make it appear to the public that ours is but one of many systems, effete, good enough in its day, but now behind the times, etc. Their aim in doing this is to obtain the advantage of appearing to stand fully equal to us, just as in politics

we see Republicans versus Democrats. You know that nothing could be more false.

Remember that the title "Allopath" is applied to us by *our* enemies with sinister motives, and is both false and offensive, and is *not* recognized by regular physicians. Take care to disclaim it when any one applies it to you, whether done through enmity or ignorance.

An Allopathic physician would be one whose creed required him to substitute some other disease for the one he was called upon to treat. There is probably not an Allopathist in the world, and it is doubtful whether there ever was one.

When people ask you "what school you practise," answer them that you have no special creed and practise no particular school, but that, like the bee, you try to be *rational* and take the honey of truth wherever you find it.

Strange to say, the public, blinded by sophistry and swayed by false sentiment, invariably sides with the "new school" or the quack, or anybody else, whenever a contest arises between any of them and us. Even the newspapers, religious as well as secular, seem to delight in aiming sharp shafts at the regular profession by making invidious comparisons between its modes of practice and theirs—telling of their wonderful success, of their steady growth in public confidence, etc. Editorial and other authoritative productions are frequently written on our exclusiveness, our bigotry, etc.; our disagreements, too, are magnified, and reported in a sensational way, all *apparently* to decry us, and enhance the interests of irregulars and quacks.

'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 thrive on the quickening influence of mystery, the emotions, expectations, faith, hope, etc., while you, with your mind fixed on more tangible aids, neglect them far more than you should.

You will find that if a person happens to get better, even of an ordinary case, while under the care of an Irregular, or when taking a quack medicine, it will receive a thousand praises; if twenty get well by your remedies, it will scarcely excite a comment.

Many Irregulars have another source of éclat. They elevate what you would call a slight cold or a quinsy, into a "congestion of the lungs," or a "bronchial catarrh," or a "touch of pneumonia," "diphtheria," or "post-nasal catarrh." They dignify what you would call a disordered stomach into a "gastric affection," a wind colic into "borborygmus," etc., for the cure of which huge ailments they are fully credited and fully paid. There is a fellow in our section who manages his patrons so adroitly that he 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 two days—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 case gets tired of him and loses faith, the family is apt to desire a change of doctors, 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 doctor will feel *less hurt* if they dismiss him under the plea of trying “a different system” of doctoring, than on any other pretext.

Still another reason why Irregulars get patrons is this. They take care to announce that they cure by Mild Powers or Harmless Methods, instead of by painful or dangerous treatment, or bloody operations, or other *der-nier ressorts* that science teaches *us* to use—against all of which they have aroused much of the existing foolish prejudice and abhorrence.

So great, indeed, is the popular dread of what doctors *might do*, that in choosing an attendant from among Regular physicians, the nervous and the timid, who constitute *nine-tenths* of all the sick, are greatly inclined to shun all who treat heroically, and seek those who use moderate, even though less efficient, means.

Everybody wants a lucky, conservative doctor; therefore, a series of dystocias or of deaths in child-bed, or of surgical operations that fail, or of cases of any kind that eventuate unexpectedly ill, often injure the physician for years, by attaching to him—especially if he is a beginner—either charges of being blind to danger and to duty, or a *long-to-be-remembered* reputation for bad luck.

As rational liberal physicians, *we*, unlike the various “limited schools,” accept all truths, whether winnowed from past experience or discovered in our own days; and stand ready to receive and utilize any and every valuable discovery, no matter when, or by whom made. This explains why OURS IS A LIBERAL PROFESSION, and why the Physician takes rank with the Lawyer and the

Clergyman. This trio of professions was long ago styled "The Liberal Professions," because their devotees have, in all ages, pursued them as freemen, subject to no bonds except those of TRUTH. If at any time during your career, any sect, or school, arises, no difference how great or how humble its pretensions, if it has even one grain of wheat to a bushel of chaff, it is your duty to seize the grain of wheat and utilize it, and cast the chaff 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.

Homeopathy makes a specialty of poisoning the minds of its votaries, as with a virus, not only against the lancet, polypharmacy, and other needlessly active measures, but against *all* rational remedies; and inclines them to a morbid watchfulness over the minutiae of their health, which eventually makes them morbidly anxious, and fills their minds with a medley of imaginary and exaggerated afflictions that haunt them like Banquo's Ghost. You will often see perfectly healthy-bodied persons, who might have passed through life with scarce a thought of sickness, after adopting its follies, become borne down by numerous magnified symptoms, and constant indications for pellets and attenuations. We have a very wealthy, but very silly, lady in our section, who has become so imbued with it, that besides incessantly dosing herself with pellets, she actually plies her birds with them whenever they fail to sing, and her kittens when they fail to mew. Other devotees, as if to perfect the folly, have given them to turkeys, sheep, dogs, cows, chickens, horses and—geese.

Do not infer that a genuine Homeopathist may not be following Homeopathy 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 Homeopathists do no good, for they do a great deal of good ; but the good they do is *not* by *similars*, as has been proven by innumerable observers, but by the accompanying Hygienics, Dietetics, Faith, Expectation, etc., which would do equally as much were the similars left out, and atoms of taffy, or sawdust, or anything else, substituted, to give their patients room to exercise their faith, and *nature*, time and opportunity to do the work.

God help afflicted humanity, were genuine Homeopathy the medical man's only reliance in his struggles with disease. Think for a moment of a group of doctors entering the Lazar House depicted by Milton in *Paradise Lost*, to combat the afflictions of that Protean assemblage with genuine *similia similibus*. True, while ministering to mucous catarrhs, nervous headaches, palpitations, functional dyspepsia, tonsilitis, catarrhal croup, chorea, uncomplicated exanthemata and slighter affections that have a strong natural tendency to recovery, they might, with a little adroitness and the free use of adjuvants, make themselves appear like magicians : but when they approached maladies which, unless thwarted by the truest of medicines, have a tendency to overwhelm and destroy, they must know in their hearts that they would be like foolish soldiers who had abandoned their rifles and artillery, and with puny, valueless shotguns gone to trifle with powerful foes.

The truth is, if a man has a sickness in which the tendency is to death, medicines given on the principle of "*similia, similibus curantur*," will not, cannot avert that result; while some of the agents that experience and reason offer, and rational physicians use, might restore him.

The novelty of globulism, like spiritualism and mesmerism, aims at one of the strongest qualities of the human mind, a quality that we might utilize more fully—*the love of the wonderful*.

That other, that *truly Homeopathic* novelty, the *dynamization* of medicines, that they from the time of Hahnemann have talked so much about to the innocent, is simply a wonder-creating something made of nothing, whose chief use is to amuse the feeble. It bears about as much relation to the science of medicine as the kaleidoscope does to the science of Astronomy.

When chance brings you in contact with a genuine Homeopathist, if you believe him to be a gentleman, (true Homeopathists are usually very respectable and upright,) treat him exactly as you would any other gentleman, but ignore him *professionally*, and never allow yourself to fraternize with him in the management of a case. But, have nothing, emphatically nothing, to do with the Pseudo-Homeopaths, who masquerade as homeopaths by a display of Hahnemannic nonsense, just as ostrich hunters assume to be ostriches by dressing in that *wise* bird's feathers. Many of these fellows simulate the genuine by carrying awe-inspiring satchels, as guardedly as if an additional shake of the dynamizations they contain might still further increase their potency

and cause an explosion. Carefully search the satchel and the pockets of one of these *Fashionables*, and you will not only find the usual attenuations, triturations, tinctures, and globules; and Lehrman's, Durham's, Lentz's, and Finck's High Dynamizations ranging from the 800th away up to the terrific (nonsense that would not vary the ailments of a fly) potency of an 86,000th, but, search a little further and you will also find a full, a very full supply of Wm. R. Warner's, W. H. Schiefelin's, Sharp & Dohme's, and other varieties of sugar-coated granules of Morphia, Quinia, Arsenicum, Belladonna, Eleterium, Colocynth, etc. Be not startled if you also find a hypodermic syringe and a bottle of Magendie's Solution—damning witnesses of his lack of honesty, and of his lack of faith in what he professes. Respect every sincere believer in a false system, no difference how great his error, but, let the finger of scorn point for ever at each and every double-dealing hypocrite who vilifies and sneers at "*old school*" remedies while slyly using them *just as we do* in full doses, and crediting the good they do to Homeopathy!

There is also another class, much less numerous, thank heaven! than the last, who, chameleon-like, are all things to all men, who actually *offer* to practise any way people wish. These are not as bad as the last, for they are at least honest in their announcement. But what would you think 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 Moham-

medan philippic, or an out-and-out infidel harangue? Show a decent respect for the conscientious Homeopath, but shun both the *bogus* and the *any-way-you-please* fellows as you would the plagues of Egypt.

Remember that the law recognizes all kinds—Thompsonians and Eclectics, real Homeopaths and bogus Homeopaths, the Any-way-you-choose and the Hydropaths, Indian doctors and Midwives, precisely as it does the regular profession; and if you ever occupy an official position, you will have to recognize their certificates of death, vaccination, life insurance, &c., the same as those of legitimate physicians; in a word, you will have to recognize, officially, every person that the law recognizes. This necessity renders State Medical Laws and State Boards of Examiners, organized to break up quackery (?) and prevent malpractice (?), of *very* doubtful utility.

But few of the really sick who give these false and one-idea systems a trial, become converts. Many thinking people, persuaded into trying them, soon detect their fallacy, *their insufficiency*, and when true disease attacks them, they return to the blessings of rational medicine. Therefore be careful neither to banter, irritate, nor abandon people who are trying false systems, lest from combating them and forcing argument you *drive* them into these vagaries permanently. Should they even contend that the earth is three-cornered, or that Homeopathy has saved their lives, or that pumpkins grow on trees, do not combat them *too fiercely*. Pride of opinion, and determination not to be browbeaten into recantation, are unfortunate impulses to arouse, especially in silly people.

If, in condemning any irregular system, you will be careful not to denounce it with too much violence, and to confine your condemnation strictly to the abstract subject, as if from conscientious devotion to the truth ; and will avoid appearing anxious to excite hostility towards the individuals who practise them honestly, your reasoning will have a great deal more weight with the community, and will exert much greater influence.

You will occasionally be called again to families who strayed in disgust from regular medicine long ago, when bleeding, etc., were fashionable, who will be surprised to learn that you no longer bleed and salivate, as they imagined. If you are careful, most of these can be permanently reclaimed.

It is well to look into the principles of Mesmerism, Homeopathy, 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."

Bear in mind that competent medical men all over the world, in the interest of truth and of suffering humanity, investigate and test all so-called systems, both in hospital and private practice, when they arise, and the conjoined result gives us a true common-sense verdict ; and it is no more necessary for every succeeding generation to re-test every unreasonable medical vagary before rejecting it, than it is for every one to study Spiritualism and the Book of Mormon before condemning them.

Over-dosing, 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 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.

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 a grain of medicine, you will enter the road of wisdom. Handle all who have treacherous stomachs, and the fastidious, and the homeopathically inclined, with kid gloves. The recent great improvements in the forms and palatability of medicines offer you splendid opportunities to do this. Neither offend their eyes, their palates, nor their stomachs, and you will succeed where neglect of these precautions would cause failure; 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 during the night. Make free use of the elixirs, and the large line of sugar-coated granules of arsenious acid, corrosive sub-

limite, cannabis indica, nux vomica, morphia, podophyllin, strychnia, etc., now kept in every drug store, with such people.

Regular physicians are now rapidly conforming in trivial cases to the changed popular notion, and are giving more concentrated and more palatable forms of medicine, and are in consequence rapidly bringing vast numbers of the erring from the ranks of *isms* and *pathies* back to their faith in rational medicine.

When you have a patient who needs only a few drops of mint water, for mercy's sake do not violate common sense and force upon him an infusion of gentian or a large bottle of muriated tincture of iron and quinia, as if your chief aim were to *disgust* him. Give him nothing stronger or coarser than he needs, and leave the balance to nature. Chagrined homeopathists, and their partisans, will warmly assert that in doing these things you are working on homeopathic ground. But, although you will be catering to the popular taste, and giving *very bland* medicine, you will administer according to common sense, without regard to Similia, etc., and will be practising, not homeopathically, but rationally.

The smaller the means that seems 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 marvellously strange.

Carry a phial of sugar-coated morphia granules with you, and give a proper number of them as

soon as you reach cases in which great pain is a symptom. By so doing you can often 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. Morphia granules given thus become almost a substitute for the hypodermic syringe.

Be just and friendly towards every worthy druggist. Owing to the close relationship between pharmacy and medical practice, the pharmacists are your natural allies, and should receive your friendship and respect. Probably all physicians will agree that in the ranks of no profession can a greater proportion of gentlemen be found than in the pharmaceutical.

An excellent rule is strictly to avoid favoritism, and let all reliable druggists compete for your prescriptions, and for the family patronage 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 drug store; if a prescription is properly compounded, it makes but little difference by whom it is done, so he is honorable and reliable.

Do not deter your patients from patronizing a druggist 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 as a stepping-stone to get acquaintances and a practice as your antagonist or rival; but if you 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 be very apt, sooner or later, to regret it.

Independent of all other considerations, the practice of both Pharmacy and Medicine is too much for even the most intelligent of men, and one or the other is apt to be slighted ; and if your prescription falls into the hands of such parties, both you and your patient must take a great many risks.

There is not the slightest wrong in having your name on your prescription papers. But neither use a prescription paper that has your name printed in conjunction with that of any druggist, nor with any name except your own on it. If it contained the name of a druggist, it would naturally suggest collusion, or something else not complimentary ; if it contained some enterprising fellow's commercial puff, it would indicate very ordinary taste for you to use it. It is probably better always to write on good plain paper.

It would be wrong, *very wrong*, to receive from an apothecary, a percentage on your prescriptions as payment for sending them to his store ; for this reason : were you to accept such an offer, it would be robbing the purse of either the apothecary 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. On the other hand, if the druggist had more honesty than you, and allowed you to shear ten cents from his legitimate profit, because com-

pelled to do so or lose your influence, it would place you in a most contemptible position, and you would live in constant danger of an exposé, and an indignant public sentiment, that the strength of Hercules could not, and the angry God of Justice would not, subdue. You must live and must have fees to enable you to do so, but unless you obtain every cent honestly and honorably, you cannot escape the finger of scorn.

Never supply one or a few druggists with private formulæ that other druggists cannot understand, as it would at once suggest trickery. A still meaner device would be to have a private, a cheating, code for use between you and a druggist. Surely neither you nor any other honest person needs warning against such infamous systems of swindling as these, for any one who would resort to private codes or cipher prescriptions for money-getting, might be very properly classed with the Shylocks who accept a percentage on prescriptions, and the wretches who produce abortion.

The druggist, after compounding your prescription, has a natural and a legal right to retain it, as his voucher, but he has no right to repeat it without your consent.

The unauthorized renewal of prescriptions has often produced the opium, alcoholic, chloral, and other enslaving habits. We all know it is often unsafe for a person to take a medicine ordered for another, or even the same medicine at different times. Besides, how can Mr. B. conscientiously label the second quantity "take as directed by Dr. A.," when the doctor is not even aware of the renewal.

According to the present habit of many druggists, the unauthorized renewal of prescriptions probably outnumbers that of authorized renewals five to one.

Drug stores have become so numerous of late, and the radius from which each must draw its patronage is so small, that druggists, in order to exist, have either to charge very high for the medicines prescribed, or *substitute* inferior drugs; the result is, many people, to avoid what appear to them *exorbitant* prices, actually buy quack medicines, make home mixtures, wend their way to costless Homeopaths, or trust entirely to Nature, instead of paying for prescriptions, and then having to pay heavily to have them compounded. Drug bills have gradually grown greater and greater, till of late they almost eclipse the expense of medical attendance.

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 druggists, as they charge only *cost price* for bottles. A good way to decrease the cost of some prescriptions is, to avoid compelling patients to pay for inert 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 make what would naturally be a one ounce mixture, that would cost thirty-five cents, into three or four ounces by adding syrup, water, or other vehicle, so as to swell 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 to take them.

Another evil resulting from there being too many druggists for all to live by legitimate business, is that some, to make both ends meet, encroach on the domain of medical practice, usurp our province, and prescribe for every applicant that comes along whose case does not appear to be formidable, and thus build up a large office or store practice. Fully one-half of all diseases of imprudence are now seen and treated by druggists or their apprentices, before applying to physicians. Those whose complaints prove simple are, of course, cured like magic by the *four little pills* the druggist recommends, or by the liniment he devises, or by *his great fever-and-ague* mixture, &c.; and they, thinking that some terrible spell has been turned aside, laud the druggist to the skies, and advise all to go to—Doctor Pharmacy—instead of consulting a physician, with assurances that he is as good as the M. D., and a great deal cheaper.

Make it a point never to style a druggist, or a preacher, or any one else, "Doctor," unless he *is* a doctor.

Avoid praising any prescribing druggist to your patients, or people will, on your word, overestimate him and rely on his gratuitous advice, instead of on the doctor's, at least in all moderate cases.

Another, although less, evil is: if a patient's better sense carries him in the first place to a physician for advice, instead of to a druggist, there is every probability that he who takes the prescription to be compounded will be presented at the drug store with one or two quack almanacs, or advertising pictures, or that the bottle of medicine will be wrapped in some pushing

fellow's handbill. The druggists' co-operation as retailing agents for quack medicines is indispensable to quackery, and without it two-thirds of the quack remedies and proprietary trash that now curse our land would pine and perish.

You had better avoid all druggists whose presumption leads them to assume the rôle of physician. This of course does *not* refer to *emergencies* in which a druggist acts as a humanitarian. Medicines are the doctor's tools; a druggist may compound them, for all his life, and be an excellent pharmacist, and yet know no more about prescribing for the sick, properly, than making needles or scissors teaches the mechanic dressmaking, or making trowels and ploughs and chisels teaches the instrument-maker bricklaying, farming or carpentering.

Beware of *indiscreet* druggists, those who talk too freely, and those who converse, joke, etc., while compounding prescriptions, also those who put wrong directions or the wrong doctor'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 it were put up wrong, or in other ways show abstraction—lest they involve you in their errors. For such people be especially careful to dot every *i* and cross every *t* in your prescriptions.

If you believe on good authority that any druggist so far forgets himself as to make disparaging comments upon you or your prescriptions, or exhibits and decries them to Irregulars, laymen, or other doctors, or that he makes unauthorized substitutions, gives under-weight of expensive ingredients, or omits them altogether, or joins

with our enemies in reviling our profession and its imperfections, or has a medical protégé under his wing to whom he is endeavoring to direct customers for sinister purposes, or is guilty of any other grossly unprofessional conduct, you are justified in directing your patients to go elsewhere for medicines.

Willingness to give medical certificates is one of the universal weaknesses of mankind. The idea of being "an authority" and shining in type dazzles all classes. Many people could almost be inveigled 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 prompt and decided in refusing to give professional certificates to anything secret, and 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.

Be also chary in giving (un)professional certificates to any one on disputed or partisan questions, for they will affect the general professional interest as well as yours. When you give one, persons who happen to know you will regard its personal and not its professional significance, but every one else all over the land will notice your M. D. only. When 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 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 certificates from clergymen 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 preacher of Gospel truth who lends his name and the cloak of religion to assist wily charlatans and commercial sharpers to prey on the afflicted must be either a silly dupe or a cruel knave.

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 suffering humanity.

Quackery subsists almost entirely on credulity and ignorance, and it is your duty to expose it in every shape, and to save as many from its evils as you can. Whenever you meet it, lift its veil and show its unworthiness, and the harm it does. One of the greatest of all wonders is, that wisdom in law or in theology, or perfection in the sciences or skill in the arts, or acuteness—even brilliancy—in other departments of human knowledge, scarcely increases a man's reasoning powers a single jot in medical matters. Why a person may be one of the wisest of men in all else, and an easy, almost volunteer, prey to quacks and sophistical pretenders, as soon as sickness attacks him or his, is a curious enigma.

Whenever you are asked by proprietors and traveling agents, or tempted by glowing advertisements, highly colored certificates, etc., to prescribe semi-secret trademark pharmaceuticals, copyrighted medicines, and the various elixirs, restoratives, tonics, panaceas and other specialties with attractive *ideal* titles gotten up by crusading druggists, manufacturing pharmacists, pharmaceutical associations, etc., to catch the popular eye, and the popular dollar—think of the cunning cuckoo and how its little offspring gets possession of the whole nest,—and do not use them. Unless you have missed your profession, the United States Pharmacopeia and the Dispensary are certainly large enough to allow you to make *any* required combination, and you should follow this, the legitimate mode of prescribing, and let ready-made substitutes for medical attendance alone. 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 specify thus you would not only reflect on every other manufacturer, and cause a still greater popular distrust of our materia medica, but you would also put the compounder to additional trouble and expense: he might have half a dozen other varieties of the same article, and yet be compelled by your specification to get another. Besides, it almost invites substitution.

Do not, however, oppose any remedial agent, or any particular brand of anything on account of its having a monopoly, if that monopoly is owing to unusual skill or great perfection in its manufacture.

Patients think doctors 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, 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 druggist of over-charging.

Whenever you prescribe a remedy that is unusually expensive, such as Musk, Quinia, Oil of Erigeron, etc., take care to inform the patient of that fact, so that he will not be surprised when the druggist tells him how much he charges for it.

Notice particularly whether an apothecary 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 towards our profession; if you see that he is pushing the *quack* department, with quack proprietors' portraits hanging around, and his own name and influence used in hand-bills and almanacs as a vendor of nostrums, bitters, plasters, pads, etc., you may be sure that he is conducting his store on a *trade basis*, instead of a professional one, and you will do right to rigidly shun him.

Drugs 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 druggist who you conscientiously believe has 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 an unreliable druggist; but when you find it necessary to *ignore* any one for this reason, take care to do so in a discreet parliamentary manner, and 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, &c., 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 their 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 Quiniae Sulph., write Sulphatis Quin., etc., etc.

Take care to have all powerful remedies for external use labelled "for external use," or "not to be taken," which will not only prevent misunderstandings, but in case they are swallowed in mistake, it will save you from censure.

If the directions on the bottle indicate what a remedy is for; for instance, if you have it labelled "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 greater faith in its being a direct and proper remedy, and cause their minds to go with it, instead of against it.

You will notice that some druggists 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, 19-7-82, signifying that it is number 17,483, and that it was put up July 19th, 1882. 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 druggists would cheerfully make use of this system if they were aware how often it assists the physician.

It is well to request neighboring pharmacists always to inform you of any ambiguity or apparent mistake in your prescriptions before dispensing them.

Bear in mind that the druggist is only human, and that he, like every other person, requires some rest, 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, etc.,

on Sunday or during sleeping-hours, unless they are urgently needed.

You will, of course, attend the meritorious poor *free of charge*, and will applaud all who do likewise. "The poor," said Boerhaave, "are my best patients. God will be their paymaster." But it is your duty to raise your voice, in the profession, against the so-called Free Special Dispensaries that, under the great plea of *charity*, attract swarms of patients—among whom are many who are abundantly able to pay for medical services. Dozens of physicians in every city are of late cheated out of their living by so-called "*Special*" Charities, carried on in the interest of individuals or coteries, who treat *everybody* that applies, the rich, the poor and the intermediate, without the slightest regard to the interests of other medical men. Some of these places, instead of being for the really poor, seem to be mere nets, through whose meshes patients of small means may slip on the free plan, while those who are in comfortable circumstances are attracted there and then netted into somebody's private practice, and a fee expressed from them somewhat as roe are obtained from fish in artificial hatching.

Be on your guard against Instrument Makers and Dealers who meddle with surgical cases, and of Manufacturers of appliances for deformities, 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.

As a doctor, you will sustain two relations to your patients; first, that of a person striving to relieve or

cure the sick and the suffering; secondly, that of a person who depends upon those for whom he labors, for his support.

Business is business. The practice of medicine is the business of your life; it is as legitimate as any other. You must live by it, just as other people live by theirs, but cannot do so unless you have a business system, for upon *system* depends both your professional and financial success. Neither untiring study, nor unselfish devotion as a humanitarian, can 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 smiles, thanks and blessings for his pay, nay, even the conductor will put you off the street-car that carries you to your patient if you do not pay your fare. It is of course a pleasing thing to be *very popular*, but your popularity, even though it spans the whole city, will neither fill your market-basket nor purchase books, neither will it pay your office rent nor buy horse feed; and though money is *not* 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 will very soon tire of *all work and no pay*.

The nearer your financial department approaches the *cash* system, the better for you and your family. It is often more advisable even to submit to a reduction in a bill for cash, than to let the account stand, and run the risk of losing it. 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.

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 either not dependent upon your practice for a living, or that you do not hold this or that person to your business rule, or are not uneasy about what *they* owe you, or that you are rich and do not need money, 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 doctor, 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 towards breaking up the unjust custom that doctors used to follow, 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 if the doctor lives by his practice, and it is apt to be paid promptly; whereas, had he delayed sending it until July or January, the debtor would naturally think the doctor had 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 would probably let

it remain unpaid for months longer, 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 doctor's watchings, cares, and anxieties are also forgotten, and the bill, though really moderate, is apt to look large. All these considerations combined are apt to make people feel, when they do pay an old bill, somewhat as if they were doing a generous thing, and making the doctor a *present* of that amount.

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, to let one bill add to another till the total reaches a great amount, might 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 consultation; and the best of all times to judge people's true character will be when you have money dealings with them. Even a single dollar will sometimes show you exactly what a person is.

Make it a rule never to accept a commission or fee from any one, under circumstances that you would not *willingly* submit to investigation by the public, a medical society, or the Courts. Your severest test will be when money is enticingly offered to induce you to do doubtful things.

You will not have practised 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 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 afterwards. When a new family employs you, render your bill as soon after the services end as gentility will allow, especially if they have previously had a doctor who was an indifferent collector, or no collector at all. Send your bill and test them, and, if any object to you because you want your fee, the sooner you find each other out, and either have an understanding or part company, the better it will be for you.

When a patient asks you how much his bill is, or how much he owes you, after an office consultation or an operation, etc., always answer him promptly and soberly "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 embarrassing 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 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.

The wisest rule about charging for your services is to ask from the beginning of your career the fees usual for the best attendance, neither extravagantly high nor ridiculously low.

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 might through embarrassment, or lack of full remembrance of the services, name entirely too low a figure, and do yourself an 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 with you, you might 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 doctor to think more of you," or something of that sort. Never give such answers as, "O, any time will do!" or, "It makes no difference when," or you will soon find it to be expensive, very expensive modesty.

Never refuse to rise from bed and make night visits to patients who require them; to refuse would be unjust, and either let the patient suffer, or die, or unjustly put your duty on some other doctor; it might even drive the messenger to a druggist for advice and medicine, or open the door to a homeopath, or whoever else could be caught up in the emergency to fill your place. You should, however, charge full *night-visit* fees for *all* visits made after bedtime, and you will be less often compelled to undergo loss of rest and exposure in at-

tending those who could have sent at a more seasonable time—*unnecessary* night-visits rob doctors of their rest, and even if they bring in fees, they are not an equivalent for the over-work and risk of health.

Never neglect to post your account books; for it would be violating the first law of nature to attend faithfully to the department of your occupation that concerns others, and neglect the one that concerns yourself. The Scripture command is "Love your neighbor as yourself"; it does not say, Love him *more*.

A good plan is to put the names of transient patients on your cash book, instead of blurring your ledger with them, and give only patients with whom you think it likely you will have a permanent account, a page in your ledger.

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 anything is to put names, visits, etc., down in your visiting-list with a lead pencil, without delay, till you have a chance to re-write them with ink.

At the end of every week, add up the amounts charged each one you have attended that week, and put the amount on the visiting-list in the blank space found at the end of his line behind the Saturday space. 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 name of the member of the family who

has 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 the month, if you wish to transfer your visiting-list charges to the ledger without missing any one, use a checking-off plan. A very good way is to make a list of the names of all patients you have done anything for during that 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 behind the person's name; 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 March, 1882, \$7.00, enter it 3--82, \$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 their names and the number of their pages on a strip of paper at hand for the purpose, so as to *return* and make out their bills after completing all your entries; also make, while turning the pages, a separate list of such delinquents as it would be proper for either 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 behind the amount, *the date* at which the bill for that amount was rendered: thus, \$7.00, with 1-8-82 behind it, would signify that a bill for seven dollars was rendered to that person, August 1st, 1882.

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.

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. 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. It is ruinous to your interests and the interests of the entire profession. The tendency of undercharging is to depress the fee table permanently, and to compel all Doctors to work for under-pay. There is a vast difference between

underbidding in our profession, and underbidding in ordinary business pursuits; in theirs, cut-rates 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; warring doctors, on the contrary, having no goods to manufacture or to sell, can keep up the feud for years, give their skill to everybody for insignificant or nominal fees, and impoverish one another, and almost starve those depending on them for support

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 year; it is better to be paid for exactly what you do, than to have some people feel they are giving you twenty dollars for five dollars' worth of service, and to feel you are giving other people fifty dollars' worth of service for twenty dollars.

Also, never bargain to attend whole neighborhoods of poor people at reduced rates; it never works successfully. Indeed, if you even attend a confinement or other case in a family, for a nominal fee, you will not be able to raise the fee to the regular price again in that family, or even with others who hear of it.

Even though you are sure 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 proper 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 understand 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.

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 doctor, 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 visit to a case, chiefly for the following reasons: You must at the first visit devote an extra amount of time and attention to learn the history of the case—must involve yourself in a diagnosis, and probably in prognosticating too,—must establish a line of treatment—must instruct the nurses,—must map out the diet, and point out the requirements of hygiene, and formally assume all the responsibilities of the case, all of which require extra services and extra time, and justify a double charge for the first visit.

You will often have people to 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 doctor; everybody wants first-class services, but wants them as cheaply as possibly. It is not human nature to prefer a fifty-cent silk 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-price doctor.

In *unusually* severe cases, and in those that require *unusual* exposure or *extraordinary* legal or professional responsibility, also for restoring persons after poisoning or apparent drowning, or where you have shown extraordinary skill, or had very great luck with bad cases of any kind, you should charge round fees. Attendance on an only child, an eminent or very important member of the community, or a stranger who has journeyed far with an important case that requires special attention, should also be charged accordingly, whether attended at your office or at their homes. In such cases be careful to pay no unnecessary visits; for in a very important case actually requiring three visits to which you make but three visits, they will appreciate you more highly and will more cheerfully pay a hundred dollars, than if you had also paid five more, apparently unnecessary visits, and charged but \$80 for all.

Patients will often express surprise at your asking the same fee for an 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 his 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 consulta-

tions 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.

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, piles, dyspepsia and other chronic afflictions; or cases of syphilis, gonorrhoea, etc., on the "*no cure, no pay*" plan, or to pay "*when all is over.*" Make no such agreements; for they are never satisfactory, and will generally end in your being swindled, and it may be, charged with malpractice. Make the point that you are willing to do your duty, but that you *must* live, and must be paid for your services even though the patient dies, and that all who employ you *must* take the probabilities of cure or relief. You might also hint that if they pay as they go it will encourage you, interest you in the case, and stimulate you to do your best.

Fail not to demand your fee *in advance* for attending cases of *secret* diseases. If you do not, your patient will almost surely leave you about the time the case is completed, 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 meanly assert that you did him no good, or almost killed him, or tell some other lie, as an excuse for deserting and cheating you. 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.

Venereal diseases are the result, not of misfortune, as other afflictions are, but of imprudence, and are self-inflicted. And for this reason, venereal patients have not the usual claim upon your sympathy. Get a just fee in all cases of that kind before you begin,—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 as its beginning. You will often have difficulty in making persons who have not detected a primary sore believe they have secondary syphilis. Some men will actually scan you, and quiz you, when you tell them they have the p-x, as if they thought you an impostor, trying to scare money out of them. If you can show such a patient a fac-simile of his case in your illustrated works on venereal diseases, or read to him a description of it from a text-book, it will generally convince him fully. If you are certain that your diagnosis of syphilis is correct, tell him that, in your opinion, it is genuine syphilis, and be careful not to be browbeaten into taking charge of the case for a nominal fee. It is a grave, long-continued disease, and the responsibility and harassment of the medical attendant are often very great and very long; therefore the fee 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.

Some people believe the law compels you to attend any one who chooses to send for you. *It does not:* but public opinion might 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 either "*too busy*" or "*not well enough,*" it is always sufficient to defend 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., are not accepted by the public as sufficient reasons for refusing to go to a case, and should never be offered.

Not only should you send your bill to a patient at the proper time, but, if you do not hear from him within a reasonable time thereafter, emphasize it by sending another, for he may not have received it, or may have thrown it aside, or may be neglecting it in the hope that you will let it sleep till it is out of date.

A very *effective* plan to use with a certain 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 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 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—some that you cannot successfully approach for money in any other way.

A good plan to pursue with those who habitually throw bills aside and neglect to pay them, is to send their bills some time when you are short of needed funds, with a brief note asking them to pay that day, and give your urgent reasons for asking. Even though they pay you nothing then, knowing that they have disappointed you will make them feel impelled to pay you something the next time they call on you for services.

By letting a certain prompt kind of patients know 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 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 quitting.

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.

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* that had better be taken by your collector, *another* that you had better deliver yourself, and *a few* prompt-pay patients with whom it is preferable to wait till they ask for their bills.

Items and details had better never be specified on a bill unless specially asked for. They often dissatisfy people, and originate 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 doctor'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 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.

To shave too closely in money matters, or to be unreasonable, or too vigorous in your efforts to collect bills from any one, would not only be wrong, but would be very apt to injure your reputation.

It will seldom pay you to sue people, even if you should gain the case. It is unwise for any doctor to begin litigation except under very aggravating circum-

tances. You should never sue any one whose failure to pay is due to honest poverty. Be willing to do your share of charity for the virtuous poor at all times, but the necessity of earning a living should make you careful not to let that kind crowd out your pay practice.

It will usually be wiser not to send a bill for going to cases of sudden death, drowning, suicide, found dead, murder, etc., in which the victim is dead before you reach him, or in 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 cases of irremediable cancer, phthisis, &c., that after going the rounds of the profession, consult you in their very last, or hopeless stages, merely to see whether you can possibly do anything for them, you had better frankly acknowledge that you cannot, 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 doctor sometimes writes prescriptions under circumstances where *his own* interests prevent him from making a charge, or even accepting a fee that is 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. Many physicians also attend clergymen and their families without charge, especially if they have Church relations with them, or if they receive a salary so meagre as to make the payment of medical fees a hardship.

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 truly test your honesty. When you are in doubt what to charge, look around you—then upwards—then make out your bill at such figures as will indicate clean hands and a clear conscience.

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 joint fee, go at once and divide every dollar with your fellow-worker on whatever basis you have agreed.

Never acknowledge, or work under the fee-table of any association, *unless* it is in harmony with the regular professional fee-table of your community.

Humanity requires you to go to all cases of sudden emergency, accidents, etc., 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, regardless of fees. At such times think only of your duty to humanity. The good Samaritan succored the wounded man and 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 sufferings, in all cases of emergency. After this is done, further attendance is, of course, optional.

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, and there are none so poor but may amply repay your services by lasting, genuine gratitude. But even in doing charity you must discriminate. There are said 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 doctor's attention, and you should lose no opportunity to give relief to their distresses. The less you have to do with the other class, *the devil's poor*, the better for you, but you will be compelled to attend more than you choose even of these, on account of their relationship to better patients.

If you adopt some special color, pink, or blue, or yellow, for your bills, debtors holding them will be reminded of you, and of the debt, every time they see the odd color, and it may, by reminding them of the fact, accelerate its payment.

"Prompt payments are fully appreciated," is a very useful maxim to have printed on your bills, it is truthful and gives thanks to those who pay promptly. To those who do not, it serves as a very neat admonition.

You will find that neither honesty nor dishonesty is confined to any nationality nor to any station in life; you will find very good people and very bad ones among the rich and the poor, the white and the black. You will mount many a marble step, pull many a silver

door bell, and walk over many a velvet carpet for patients who will prove fraudulent in the superlative degree; and get many an honest fee from some who make no great pretensions, and possess but little save their honesty. Indeed, the demands of fashion are now so great that many people with moderate incomes, anxious to appear better off than they really are, perpetually slight their doctors, to help to keep up appearances.

This is not a distorted picture. You will see many a man going about bowed down with debt and despondency, while his wife and daughters flutter around as fine as peacocks, owing everybody and paying nobody. Indeed, tricky 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 him; they will even then do everything they can either to postpone or entirely prevent payment.

The most unsatisfactory and the most troublesome kind of patients we have to contend with, are the *unprincipled* scoundrels who cheat everybody that gives them a chance, and consider it no wrong at all to swindle doctors; you will be fortunate if you have tact enough to escape having anything to do with those 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*," than to contend with them about your fee after your work is done, and after all be swindled.

Tell habitual delinquents and those who have plenty of money to buy beer, or to furnish their houses like

palaces, or to follow the follies of fashion, but *none* to pay the doctor, when they come to make their bills larger, that they are already as large as you can afford to let them get,—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. This attitude will bring them to some action, or at least indicate to you the probable prospect.

A good collector, one who has tact enough to get money without making you active enemies, will be very useful, and is still more necessary if you are a poor collector yourself. Having only a business transaction with patients, his interviews with them are *all business*, and he can persevere in his efforts to collect, to a degree 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 rates 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, also that he is to have no percentage on money paid to you by those he has not visited for thirty days, unless

you have, at their request, stopped him from going; also, nothing on bills placed in his hands if the people come and pay them before he has delivered their bills, in fact nothing on any bill he does not in some way assist in collecting.

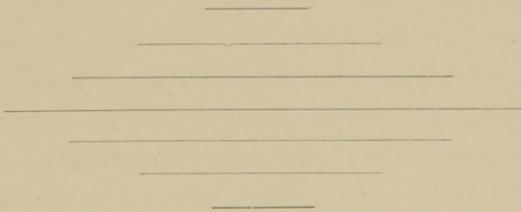
An interchange of lists (black-lists) of the names of fraudulent patients among physicians practising in the same section, is mutually profitable, as it often prevents the unprincipled who could pay if they wished, from imposing on a succession of physicians, and coerces them into retaining and paying some one. Of course, the worthy poor, if unable to pay, should always be omitted from these lists.

The Esculapian art is an aggregate of progressive sciences; each generation contributes its quota to the general fund, thereby making the office of Physician more complex in each wave of time. I believe the profession of to-day can boast as clear a field, as free from blemishes, and as thoroughly cultivated, as that of any age since the times of Hippocrates. In fact, so much is now known that to become even a tolerably good Physician requires good sense and long study. The human body (as you know) is a complex structure, composed of many organs, systems, senses, nerves, tissues, bones, cartilages, ligaments, &c., with a complexity of machinery whose normal workings are essential to a continuation of life and health. Reflect that a healthy adult has sixty bones in the head, sixty-seven in the trunk, sixty-two in the arms and hands, and sixty in the lower extremities, which are governed by four hundred and thirty-four muscles, which enable him

to imitate almost every motion except that of flying ; and that there are twenty-four hundred diseases and modes of decay to which this wonderful, wonderful tabernacle of God-like form is subject. To undo, or rather cut these Gordian knots successfully, you must be intimately acquainted with the laws of life and rules of Pathology, besides understanding individual diseases and their remedies, and even then you will be often criticised or upbraided for your lack of foresight regarding the recovery or death of patients

The truth is, that life is a *different* quantity in different people, and you will usually have no other way to judge a patient's prospect of recovery than by the *average* human standard. You will sometimes have cases which will surprise you by their having a great deal *less* than the *average* tenacity of life, and others that have a great deal *more* than the average ; and no matter how careful you are, you cannot with our present aids accurately prognosticate the endurance power of every patient.

To illustrate what is meant :



Suppose the above seven lines to represent the entire gamut of human ability to endure sickness and injury, and that the central line represents the average of man's endurance power : now, some patients will succumb, and

die like sheep, if the first line is passed, some if the second is touched, others can endure to the third, and so on, while others will actually show tenacity enough to recover after going as low as the fifth, or even to the sixth line. Now if you could penetrate each patient's vital recesses, and gauge the exact amount of his endurance,—could see where his life-power ends and his death-line begins, there would be fewer unanswerable how's and why's, and you would seldom, if ever, be reproached for unpredicted terminations. This you cannot do, but you can, and must, in every case, make full use of the teachings of experience, and of every aid offered to you by medical science.

In accidents of obscure kinds, or of uncertain degree, and also in cases of sudden illness, when you are pressed to know whether the case is dangerous or will continue long, choose your language deliberately, and never give any but a tentative answer; till you see whether any marked symptoms will develop,—whether the system reacts,—and whether there is 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 surprises and uncertainties, and either force consultations on you, or entirely displace you.

Your patients will differ greatly in the amount of complaint they make in detailing their subjective symptoms to you. Some who are naturally stoical and apathetic will fall into the error of *understating* their cases, fearing that a fuller statement would alarm their friends, or that it would cause you to think their cases serious, and that they might have to take too much

strong medicine, or that the doctor might pay them too 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 *magnify* every ill. One of the many advantages a regular attendant has over those who are unfamiliar with the sick one's nature is, his familiarity with the peculiarities of disposition, with the extent of the vocabulary each one employs, and the amount of precision each uses in describing his sufferings. A fine lady, a hod-carrier, a lawyer, and a sea-captain, would each use a different number and kind of terms to express the same symptoms.

Never exhibit surprise at any possible event growing out of sickness. You will be supposed to foreknow all conceivable things relating to disease, its dangers and its terminations. Even when death has occurred to any one under your treatment unexpectedly, do not let your manner indicate that you were entirely ignorant of its possibility, or that you feel yourself blamable.

In cases of accident and injury to drunken people, have the presence of mind to give a *tentative* opinion only, till they return to a sober state. It is better to say, "he is certainly drunk; whether his drunkenness obscures other and more important features, it is at this time impossible for any one to say."

When you are called to a case of sudden death, the utmost composure of mind and manner is of great importance. Never express any opinion of the cause in any such case until you have calmly and coolly collected and weighed all the circumstances. The possibility of

its being due to the heart or the brain, to poison, or violence or suicide, should all be carefully weighed before you express any opinion; if you neglect this precaution, further developments of the case may expose you to strong censure and deep mortification.

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, 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, &c.

A belief that stout, healthy people should 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.

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; and above all else, never withdraw from a case of acute or self-limiting disease because the patient is very ill; for *nature*, by a crisis, or a vicarious function, or a compensatory process, may turn the scale and let the life-power rally and gain control over the disease at the last

moment, and had you given him up you would be disgraced, while some other doctor, or a Homeopath, or an old woman who had stepped in, would get all the glory.

You will seldom be censured for a fatal issue in the diseases of the aged, and never in those of hard drinkers, nor in cases where you have given an unfavorable prognosis from the first. On the other hand, if a woman dies in confinement, and 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 intended by nature to increase instead of diminishing 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 arouses everybody.

A moderately successful practitioner has about two thousand persons who call him *their* doctor; whenever any one of them has a mental or physical ailment, he must share it. He must be bold as a lion with one patient, and as gentle as a lamb with the next. He must combine all qualities and supply all things to all men, and deserves, yes, Heaven knows! he deserves to be treated much better than he is.

The fact that a physician must keep up appearances, and that many make their visits with gloved hands, in stylish carriages, is regarded by many unreasoning persons as evidence that ours is a path of ease—that we ride around during bank hours, prescribe for a few select patients, receive dollars by wholesale, and soon get rich, which is a great, a very great mistake.

Every older physician knows that it is almost impossible to get rich by the practice of medicine, unless it is through a money-making specialty. The truth is, when a doctor dies, his family is usually left poor and helpless, unless he has acquired money otherwise than by practice. Were you to practise for thirty years without losing a single day, and collect eight dollars every day of your life, you would receive but \$87,600. Deduct from that amount your expenses for yourself and your family, your horses, your carriages, your books, your instruments, your taxes, and a multitude of other items, for the whole thirty years, and then so far from being rich, even after so long and lucky a career, you would have but little, very little left to support you in your old age after a whole lifetime of anxiety, responsibility and usefulness.

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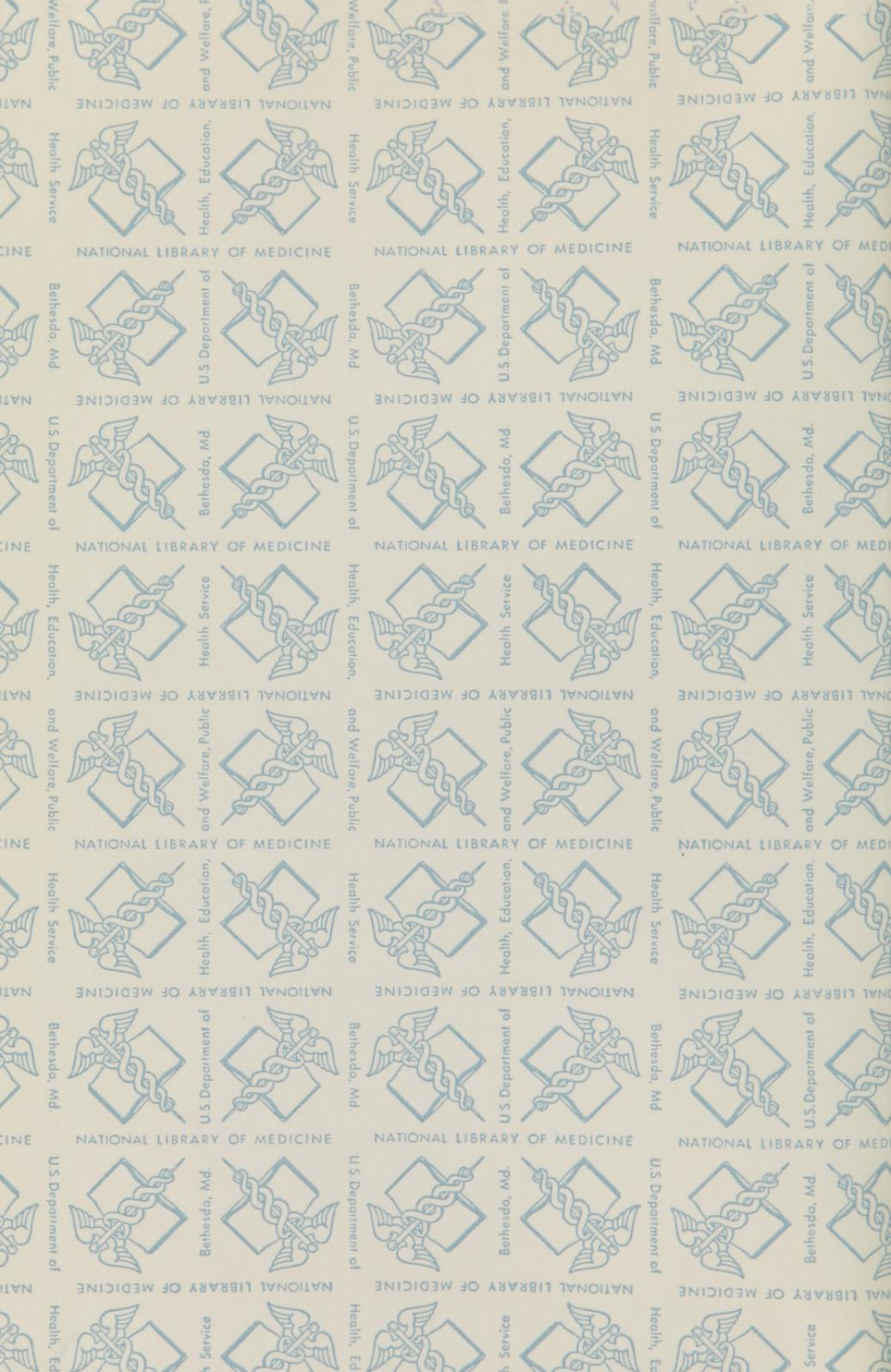
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