

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

Out of respect to both the dead and the living, defer making post-mortem examinations for a few hours after death, if possible; as the hypostatic congestion that naturally follows death is often mistaken by the public for ante-mortem changes, and gives rise to the most wonderful stories of "a murder," "only in a trance," etc. It will always be well to point out to them its true nature and cause, and its utter lack of significance.

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

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

Obstetrical practice is undoubtedly, in some respects, desirable, especially in the beginning of professional life, as each case partakes somewhat of the nature of a battle in which the accoucheur is (thanks to Providence) nineteen times in twenty victorious, and his services are appreciated and extolled, and in future relied on, which gives him a retaining hold upon that patient, and paves the way to other permanent family practice. The inevitable and wearisome *waiting* at the bedside, however, entails a serious loss of time. Chance calls of any kind you can

take or not at your discretion, but specific engagements, especially in obstetric cases, must be kept, day or night.

Should you ever get so overburdened with work that time is doubly precious with you, attending many obstetrical cases will so overtax your powers that it may become actually necessary, in self-defense, to restrict or withdraw from these and other time-consuming engagements, in order that you may get time to breathe and to attend to the rest of your patients with something like regularity, and to obtain your meals, sleep, etc., and do your writing and studying. Midwifery is a wearing and exhausting branch of medicine,—the hardest kind of hard work,—and in filth but little superior to the Nightman's; it seriously interferes with regular, healthy living, and is full of care and responsibility; and, although it does lead to other family practice, you will find, after some years, that the ordinary fees for attending cases of confinement are, on account of trouble, and anxiety while absent from them before or during labor, loss of time in waiting and consequent interference with the fulfillment of other duties and engagements, together with the nights of work, after days of toil, loss of sleep, risk of breaking down, etc., which they occasion, proportionately more meagre than in any other department of practice.

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

When a woman engages you to attend her in confinement, write her name and address on one of your cards and hand it to her, with instructions to send it to you as soon as she feels that your services are likely to be required. This will emphasize the engagement, serve to remind her of the mutual obligation or contract, and make her more apt, when her time comes, to call you in than to call another physician, or to get a midwife with a view to save expense.

In spite of your having been engaged to attend a case, and being kept in suspense for weeks or months, you will sometimes learn that the confinement is over, that a midwife or granny was

sent for, and the excuse will be that everything occurred in such a hurry that they could not wait for you, or had no messenger to send, or some other equally lame plea.

You will often be called upon in bad cases to do ugly work for midwives who have reached the limit of their obstetric knowledge, and for the sufferer's sake you should never refuse to go and assume charge of the case. Such occasions will afford you valuable opportunities to

“Do two hours' work in forty minutes,”

and to show the practical superiority of qualified physicians over the unskilled midwife and unpractised irregular, and also to enhance your position in the estimation of the public.

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

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

In every primipara case of confinement, after delivering the child, be careful to call the mother's attention to the lump

in her abdomen, and inform her that it is only the contracted womb. If you omit to do so, she may accidentally discover it, get greatly alarmed, and either await your visit with dread, or send for you post-haste.

The enlarged, pouched, or protuberant abdomen, that begins in many females a few months or years after confinement, believed by them to be enlargement of the womb caused by not being properly bandaged after labor, is due to adipose tissue accumulating in the omentum and in the abdominal walls, and also encumbering the abdominal viscera.

Attendance on patients at long distances has a tendency to derange and diminish your nearer practice, for while absent attending a remote call you may lose three nearer ones. Nor do distant visits, as a rule, pay in a pecuniary sense, but they do work an injustice to both physician and patient. Every one should have a family physician within reasonable calling distance. A few far-off patients will waste more time, break down more horseflesh, use up more carriages, harass you at unseasonable hours, keep you from bed, and expose you to bad weather more, and do more to make your life a hard one than all your other practice combined.

Keep your practice down to a number that you can properly attend; you can do this by sending in your bills promptly, weeding out worthless patients, circumscribing your field of practice, declining other than desirable obstetrical engagements, increasing your charges, etc. In refusing to take a case at a distance, or one that is likely to involve you as a witness in court contrary to your wish, or to accept an obstetric engagement, if you are really “too busy,” assign that as your chief reason, as it is the least open to criticism and persuasibility of any that can be assigned.

Never offer as an excuse for neglect in visiting a patient, “I really forgot you;” to forget the sick is unpardonable.

Gonorrhœal and syphilitic cases are not very desirable on any account, except for the fees they bring; they are dirty,

secret cases, and rather repel than attract their victims and their friends to the physician who attends them when they require a physician for other diseases. Accepting them will, however, often enable you to pick up a handsome cash office-fee.

Even when you are positive that a person has syphilis, it is not always judicious to say so.

"All truth is not to be told at all times."

Prudence will sometimes require you to reserve your opinion, but at the same time take care to give the proper treatment. Indeed, in practicing your profession, you will see and understand the results of many sinful habits and vicious courses to which you must appear more or less blind.

Be careful that your reputation for special interest in venereal diseases does not overshadow or eclipse other kinds, and give you the unenviable title of "P—x Doctor," and entail the social ostracism and loss of genteel family practice that would surely follow;—or that extra success in restoring the menses in females who suspect pregnancy does not bring an extra number of such cases to consult you, and give you the title of "Abortionist;"—or that attending an excessive proportion of sporting, courtesan, and bruiser classes does not give you the undesirable notoriety of having a "fancy practice;"—or, again, that perpetual and indiscriminate inquiring about the urine, and having it bottled for you (urology), does not earn for you the easily acquired title of "P—ss Doctor;"—

"Four lovely berries moulded on one stem;"—

or that a liver hobby, or a kidney hobby; or that the womb, or the stomach, does not become with you a scapegoat to be blamed for every obscure disease, give you the title of "crazy-ologist," and thus eventually impair your usefulness and harm your position as a practitioner.

You will find it much more pleasant and satisfactory to attend in some families than in others. From some you will constantly receive intelligent co-operation, and they will make charitable allowance for any little failure or shortcoming, while

from others you will experience the reverse, and it will seem as if they want to perplex and harass you in every conceivable way, and as if they would make you feel, in attending them, that you were on trial for your life.

It is this harassment and continued feeling of personal involvement and perpetual anxiety, quite as much as overwork, that wears down the health and shortens the life of the physician. Bear this in mind, and let it be your philosophic rule and determination never unnecessarily to worry about anything you cannot help or avoid.

You cannot be too guarded in asking private questions, especially about diseases of an immodest nature, before people not in the confidence of the patient, unless they are clearly entitled to hear them; in such case, request all, and particularly those of the opposite sex, to leave the room before putting the questions. Be doubly cautious in this respect when your patient is a female, and the questions refer to marriage, menstruation, pregnancy, lactation, uterine affections, constipation, urinary derangements, or other delicate subjects, that her confidential secrets may not be exposed, or her modesty offended.

You will find it judicious also to avoid inquiring of a patient in stores or barber-shops, or on the street or other public places, in the presence of strangers, about his ailments, or those of patients at his home, unless they can be referred to without the slightest impropriety. Many persons are very sensitive in reference to their complaints and weaknesses, and captious concerning the time, place, and manner of asking about them.

So far as your influence can prevent, do not allow ill-judging and partial friends or patients to go about overpraising you, and speaking of you as a pet, etc. Inordinate praise, no matter from whom, is apt to arouse a corresponding dislike on the part of those who deem the praise either extravagant or misplaced; and such injudicious praise, while meaning well, will almost surely react against you, and do mischief. It might even arouse the angriest jealousy or hatred on the part of hus-

bands, aunts, lovers, or others. Perfectly pure physicians have actually had to cease attending in families where such jealousy existed, to prevent causing domestic strife and estrangement.

It is also in very bad taste, and even injurious, for a wife or other near relative of a physician to praise him inordinately, and boast of his great skill and wonderful cases and cures; for people very naturally think such boasting is an attempt to send fish to his hook and grist to his mill. If done at all, it comes with more grace from comparative strangers.

Probably one of the most constantly useful faculties you could possess is the power of discovering, by a study of faces, etc., which are the *ruling spirits* in a family, and honestly securing their good-will, and keeping them satisfied with your services and your remedies. Also, learning the character and consequence of those who are likely to show dissatisfaction and give you trouble if opportunity offers.

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

Carefully avoid making communications to inquisitive or hostile nurses, or other prying mischief-makers, and, if necessary to answer their questions, do so in an ordinary voice, and not in seemingly confidential whispers.

When making a professional visit, banish all else from your mind but the case before you; and, no matter who may be present, let the patient, whether young or old, be the central object, and keep your thoughts and your conversation centred on him and his case. Both patients and their friends will naturally feel more anxious to know what you think of their cases, and to receive

suggestions and advice for their benefit, than to hear anything else. If the conversation digress to other subjects, change it back to your patient and his case as soon as possible.

Adopt the same precautions, also, during consultations, and keep the conversation between you and your colleague on the case under consideration, and do not allow it to digress to religion, horses, politics, etc.; economy of time, both on your own and your patient's account, requires it, for, if a consultation lasts too long, it is apt either to terrify the patient and his friends, or induce a belief that you disagree, or are puzzled, or are talking horses or politics, either of which may undo you.

Skillfulness in changing or modifying your diagnosis or prognosis is all-important in all cases where a change has to be made.

In prognosticating the probable duration of a case, do not too hastily or definitely commit yourself; for whatever prognosis you foreshadow at the outset will, as a rule, be accepted. It is only when such prognosis is altered and assumes a graver form, or the duration which you have assigned for the case is much lengthened, that dissatisfaction arises. One of the greatest of all reproaches to medicine is that it is not an *exact* science; consequently, the practice of it must lack the element of certainty.

Do not get insulted at the foibles and infirmities and the hasty and angry words of your patients. Do not forget that the sick, unless their sensibilities are blunted by disease, are the most sensitive and the most selfish of mankind; and bear with the rude and discourteous treatment you will occasionally receive from the hysterical and the peevish, whose patience is down to zero and petulance up to a hundred; and from the frenzied, the eccentric, the unreasonable, the impulsive, the irritable, the weak, the excitable, and the low-spirited; and do not take anything a sick or silly person says in a paroxysm of anger, or during a period of despondency, or in great pain (or for want of sense) as a personal insult, unless you believe it is deliberately and willfully intended as such; in that case, do whatever self-respect seems to dictate.