

anguish, but that his sorrowing friends—present and absent—may have the very great consolation of knowing that their loved one will receive all necessary professional care and attention up to the very time the dark curtain falls.

In every stage of your career aim to convince the world that you, as a physician, are an apostle of hope,—

“White-handed hope, the hovering angel, girt with golden wings,”—

of faith, of sympathy, of comfort, and of relief, and that your profession is not in league with the grim forces of death and mourning, but that, on the contrary, all its characteristics are indicative of health-giving and life-restoring power. Neither blue-eyed and rosy-cheeked Hygeia, nor her parent, Æsculapius, is represented as in tears, with the habiliments of mourning; but we see instead Æsculapius armed with serpents, the symbol of wisdom and convalescence, and Hygeia is seen affording to others warmth and succor,—a beautiful symbol of health and preventive medicine.

Remember that old Mr. Death is the physician's great antagonist, and that when he defeats your best efforts and extinguishes the spark of life your duty ends. Do not, then, essay (otherwise than mentally) to offer up a prayer, or make a prolonged stay to administer nervines to relatives or friends, or tender your services for promiscuous duties, such as carrying messages, going for the barber, or the undertaker, etc., but at the earliest fitting moment quietly withdraw.

Leave the laying out and the application of preservative fluids to the face and body of the deceased, and all such matters, to the undertaker and friends.

Abstain, also, from visiting the house of mourning to view the dead (unless from professional necessity or obligation), and, except when it is absolutely necessary, even avoid attendance at the funeral services of your deceased patients, or following their corpses to the grave.

More especially refrain from writing apologetic letters to

the bereaved, expressing self-reproach for failing to recognize this, that, or the other fact, or regret at not having followed a different course of treatment, and asking forgiveness. If there are any facts in connection with the case that call for an explanation, find occasion to communicate them verbally.

Ours is a chequered life, and we see humanity in all its varieties,—and are necessarily familiar with many of the most humiliating and revolting phases of human life,—the white and the black, the rich, the poor, the indigent, the putrid prostitute, the rascally outlaw, the swaggering rowdy (whose character can be read on his physiognomy), the depraved reprobate, and the sneaking thug; Swearing Jõe, Thirsty Jack, Tough Moll, Joking Jim,—

“Puns and sarcasm he would pour forth at his own funeral,”—

Vulgar Sally, and Blackleg Tom (sin in satin and vice in velvet), will all be represented in the Babel of your practice. Attend anybody if you must, even in the haunts of idleness, shiftlessness, and drunkenness, as your mission is to all sick people,—the vicious as well as the virtuous; but, as far as possible, avoid disreputable places and the incurably wicked, and do not be hail-fellow-well-met with persons in whom the moral thermometer registers low, as they are more likely to prove a curse than a blessing; nevertheless, do not hesitate to do your duty to a suffering fellow-creature, however low in the scale of humanity and morality. At the same time remember that such Samsons and Delilahs respect no physician who does not fully respect himself, and take care to treat all such with ceremonious politeness.

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

Endeavor to acquire and maintain a complete professional influence over all your patients, for unless you enjoy their con-

fidence and respect you will have to contend not only against their physical condition, but their mental and moral also.

You have a perfect right to relinquish attendance on a case when you find your interest, or reputation, self-respect, limit of endurance, or other valid reason requires it; when you do so, give formal notice, and let the cause of your withdrawal be fully understood, that you may not be responsible for subsequent occurrences. It is better, however, to decline undesirable cases at the first interview, on the plea of great press of other work, than to take them, involve yourself, and then have to relinquish or neglect them.

Never refuse to rise from your bed to pay necessary night visits to patients; to do so would not only subject you to the poignant reflection that you had been recreant to the call of duty, but would also be unjust, in that it would put your duty on some other physician, and by delay cause the patient unnecessary suffering, possibly death; or it might even drive the messenger to a pharmacist for advice and medicine, or necessitate the calling in of an Irregular, or other undesirable person who could be caught up in the emergency. If, however, you will make it a rule to charge full *night-visit* fees for *all* visits made after bed-time, you will be spared much loss of rest and night exposure; calls to hurry two or three miles on cold, wintery nights, or before breakfast, on a half-run or dog-trot, because some one has sneezed, or to attend to other needless and harassing demands from frightened ailers, who fancy they are about to die, and from others who could have sent at a more seasonable time. *Unnecessary* night visits rob physicians of necessary rest, and even if they do bring extra fees, if your life is a busy one, they afford no fair equivalent for the risk to health from overwork and loss of sleep.

Be exceedingly cautious in accepting degraded or vicious patients, to be visited clandestinely, and in having married women or young females consult you secretly at your office,—especially if it be for vaginal or other private examinations,—

without knowledge of husband or parents. Also, be careful about attending patients suffering from the effects of intemperance or prostitution, under pretence that they have other than their real ailment, with the view to screen them, by misleading their friends or relatives.

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

Most people dread the expense of professional services, and excessive attention, numerous visits, and repeated changes of treatment are rarely appreciated; a physician who pays but few visits and yet cures is always popular. If you can acquire this habit, and gain the reputation of paying no unnecessary visits, it will be regarded as a special feature in your favor, and will almost double your practice. A good and the only proper rule is to visit your patient when, and only when, you conscientiously believe it to be necessary, whether once a day or once in seven days. Never go several times a day to observe the variation of symptoms or effect of treatment without pointing out the necessity for it.

Do not mix professional and social visits together; go either as a physician, and be one, or as a friend; and, above all

else, avoid running in to visit patients unnecessarily because you "happen to be in the neighborhood." If you visit Tight-fist on such a pretext, and charge for it in the bill, you may be sharply criticised for making obtrusive visits and forcing unasked civilities, and your bill possibly disputed. On the other hand, never visit a seriously ill patient so seldom, or so irregularly, as to lose sight of the details, or induce a belief that you are neglectful or indifferent.

Some well-to-do or overanxious people form an exception to this rule, and insist on your visiting them more frequently than is necessary, so as to almost live at their house during sickness, to observe progress, instruct attendants, etc., regardless of the additional expense; and, of course, you may gratify them, provided such attendance does not interfere with the fulfillment of your duty to other patients; but at the same time, if other than the patient himself will have to pay the bill, the person responsible should (if need be) be informed of the reason why the extra visits are made and of the unnecessary expense entailed. No blame can then attach to you.

During such frequent visits you should maintain a professional attitude, and avoid the habit of digressing from the patient to politics, the fashions, or other current topics; otherwise, he and his friends will be apt to lose confidence, after which the moral effect of your visits will be lost, you will be shorn of your influence, and may receive scant courtesy, and scarcely be honored or welcomed at your visits.

When visiting a patient, always let it be known whether and when you will visit him again; it will not only satisfy him, but prevent all uncertainty, and relieve the anxious expectancy of "The Doctor's Rap." Remember that to judge the condition or progress of some cases it is better to visit them at different periods of the day, or even at night, while others should be seen as nearly as possible at the same hour each day. When a case has so far convalesced as to make frequent visits unnecessary, and yet improves so slowly or irregularly as to make you fear an ar-

rest of improvement or a relapse, it is better to keep an eye upon it by looking in occasionally, and letting it be known when you will call again, with an understanding that if in the meanwhile the patient becomes worse, or, on the other hand, if he gets so much better as to render your promised visit unnecessary, you shall be notified thereof. This plan is, for many reasons, better than quitting such cases more or less abruptly.

The old, chronic cases that beset our paths often do us great injury; for among the surest fruits of neglecting them will be the employment of quack medicines, or the entrance of an Irregular or charlatan, whom some busybody has pressed upon them during your absence. It is very mortifying to drop in to see a patient, after prolonged neglect, and see a big bottle of quack medicine, or a vial of pellets, or the two tasteless glasses sitting on the table beside him, and then to hear this or that story why they changed. When you first encounter a case already chronic, be frank and candid as to the time required, and as to doubts of possible cure, and use no disguise or equivocation, and make no rash promises.

To evince an earnestness and personal interest in your cases are potent, master qualities that inspire confidence and respect, and are often freely and readily accepted in place of superior skill. Seek therefore to imbue your mind with a feeling of genuine interest in your cases, and you cannot fail to show it in a thousand ways.

Make it a study to remember well all that is said or done at your visits, so that your line of conduct may be consistent throughout the case. Also, take care neither to betray a want of memory—

"Memory is the first faculty that age invades"—

or a lack of interest, for, were you to ask a patient, "What kind of medicine did I give you last?" or to hesitate in your questions, he and his friends would at once notice it, and suspect that you either felt but little interest in his case or suffered from a failing memory.

Study to make your address and manner such that patients will not hesitate to open their hearts and fully impart to you their secrets and the nature, seat, and cause of their disease as fully as the pious Catholic would to his Father Confessor. One of the greatest drawbacks to many physicians is that they fail to inspire complete confidence, and consequently patients neither intrust them with the secrets of their folly, simpleness, or wickedness, nor consult them in afflictions that create feelings of hesitancy or shame.

Have little or nothing to do with your patients' family squabbles or with their neighborhood quarrels, and do not let your wife or any one else know your professional secrets, or the private details of your cases, or of the methods or instruments used in their treatment, even though they be not secrets. Few persons like to have their foibles retailed around from house to house: what they said in their delirium, or how they shrank from leech-bites; how she "cut up" in her labor, or he gagged at a pill,—or to have other whims, fancies, or infirmities exposed.

"Whispers often separate chief friends."

Many persons labor under the impression that physicians who (injudiciously) allow their wives, for the benefit of fresh air, to ride around with them while making professional visits, relate to them all that has transpired during the visit after they drive away. Such, of course, is not the case; nevertheless, if people think so, the discomforting thought is the same whether it be true or not.

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

If you allow yourself to fall into the habit of giving out the latest inside news, or of speaking too freely even of ordinary

affections, or submit to be indiscriminately interviewed by Inquisitive Jack and Peeping Jenny, Mrs. Knowaheap, Mrs. Blabber, Mrs. Picklock, Longtongue, and other key-hole notables from Meddlesome Row, concerning your patients, your very silence in disreputable cases will betray them. The credit of whole families and the character of their individual members will sometimes be at stake, and unless you shut your eyes and close your mouth, lest you see and say too much, it may ruin them and involve you. Indeed, many persons would rather suffer or even die than be subjected to public shame or disgrace by an exposure of the affections they are laboring under; and some persons suffering with venereal diseases are so much afraid that their family physician might reveal the secret, that they would sooner allow the ravages of the disease, or apply to a quack, than run that risk of exposure and disgrace.

You will be, to a certain extent, an honorary member of every family you attend, and will be allowed to see people in a very different light from that in which other people see them, when their spirits are humbled in the hour of pain and the day of distress. The community, as a rule, view one another with a veil thrown over their moral and physical afflictions; their strong passions and feeble control; their blasted hopes and the sorrows that flow from their love and hatred; their poverty, their frailties, their crimes, their vexations, and their meanness; their cruel disappointments and rude mortifications, their follies and disasters, fears, delinquencies, and solitudes. You will see the trappings of greatness and the cloak that hides deformity dropped, their infirmities and imperfections of mind and body with the veil uplifted, and the book of the heart wide open,—the homeless, the betrayed, the deserted, and the victims of intemperance; grief and joy, anger and shame, hope and despair.

"Mouth shut, eyes open."

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

Love, debt, guilt, shame, jealousy, grief, domestic trouble, superstition, poverty, anxiety, thirst for revenge, and the like may prey on the mind of a sick person, and actually convert a simple into an incurable malady. As such matters are apt to be concealed from you, it is necessary that you should bear in mind that they are important agents in the causation and intensification of disease, and be prepared for their early recognition.

Observe reticence at your visits, and do not allude to the private affairs of anybody from house to house. Let your lips be hermetically sealed to the fact that So-and-so has, or ever had, venereal disease, hæmorrhoids, fistula, ruptures, leucorrhœa, or constipation; or that abortions, private operations, etc., have taken place; or that any person has recourse to anodynes or stimulants; or that Mrs. Ohmy had a baby too soon after her marriage, or that Miss Awfulone or Miss Angelicus had one without being married at all; or that Mr. Badegg is addicted to secret immoralities, or that Moonlight or Sunrise has or has had a venereal disease; or that Allgood is not good at all, but has this, that, or the other bad habit. No matter how remote the time, if patients wish their secrets told let them be their own tale-bearer. You have no right to disclose the affairs of patients to any one without their consent.

But while judicious silence should be your general rule, it is your higher duty as a member of society, and to the laws, to expose and bring to justice abortionists,—

“Tremble, thou wretch, that hast within thee undivulged crimes,
unwhipped of justice,”—

unprincipled quacks, and other heartless vampires, whether acting under cover of a diploma or not, whenever you meet with proof of their iniquitous work. But (even though morally certain thereof) never take a step for which you are not prepared to be held personally responsible, and never directly charge any one with dishonorable or criminal conduct on hearsay evidence, or unless you have at hand ample and unequivocal proof of his

wrong-doing; for, if you are without it, the accused is sure to find a loop-hole of escape,—

“It is hard to catch a weasel asleep,”—

or to make an indignant denial, on the principle that

My “No” is as good as your “Yes,”

and cunningly bring against you a counter-charge of malicious persecution, with its legal consequences; after which he will *resume*—increased business—“*at the old stand.*”

In prescribing medicines for the sick, it is better to confine yourself to a limited number of remedies with the power and uses of which you are fully acquainted, than to employ a larger number of ill-understood ones; for which reason, you will act wisely in avoiding new remedies until their value as remedial agents has been satisfactorily proven. It may also be well to remember that the number of remedies actually required in combating disease is relatively small.

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

Whenever you order unusually heavy doses of opiates, etc., instead of using the common signs, take care either to write the quantity out in full, or to underline both the name and quantity, or in some other unmistakable way show on the prescription that you are awake to all that is written. A good plan is to write at the bottom, “The above is just as intended.” Again, when you write for a potent article that is but seldom used, it is well also to add its common name, that the pharmacist may feel no doubt as to what is intended. It is safer also to put the names of heavy-dosed patients on their prescriptions. When you order morphia, etc., in other than the ordinary doses, it will be well to have it made into pills and granules, and direct the pharmacist to “put them into a bottle.” It is so unusual to dispense pills in a bottle, that it intimates to the compounder that the prescribed dose is not a blunder, but is as intended, and acts as a guard to patients and attendants against taking