

or giving them in mistake. When you prescribe pills, powders, etc., for sailors and other persons whose business renders them liable to get their medicines wet or wasted, it is better to direct them to be put into bottles or tin boxes instead of paper boxes.

You should have sufficient honesty and sufficient independence to do nothing, and to give nothing, to a patient when that is the proper course, but you may occasionally come across a patient with disordered imagination, who persists that he is bewitched, or that a pin or fish-bone is lodged in his throat, even after your careful examination has proven that there is none; or syphilophobic and anxious to take constitutional remedies after a chancroid; or morbidly afraid of hydrophobia or lock-jaw; or the half-insane victim of this, that, or the other vagary or hallucination, and who cannot be convinced by all your assurances that his ailments or forebodings are imaginary. In such a case, when classical medicine and all else fails, as it is your object to cure, it may become not only justifiable, but as clearly your true and manly duty to employ such innocent remedies as are likely to relieve his heated and deluded imagination through psychological impressions, or the action of mind on mind, as it is to give certain medicines for a well-defined disease. Any remedy or expedient honestly intended to excite a definite expectation, or hope, in order to aid in relieving such a patient, is called a placebo. Giving a placebo in such a case is a very different thing from practicing upon and increasing a patient's fears, as is done by the charlatan. Despise not policy, but take care that your policy consists in honorable expedients for honest purposes.

A mental agent should, as a rule, be small and easy to take; the bromides, the valerianates, mild tonics, and other harmless remedies are sometimes given.

Should you ever have recourse to remedies intended to act chiefly through the mind, if you will take care to look your patient earnestly and steadily in the face, and give precise

instructions concerning the time and mode of using them, they will do double good.

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

“Shame! Shame!! Shame!!!”

Of mental remedies make none but an honest and proper use (leave juggling and all that is dishonorable to disreputable pretenders), and, if you happen to have the appropriate remedy, give it gratuitously and charge for advice only; if not, write a prescription for something that is not unusually expensive.

Never send a patient to a drug-store with a prescription for bread-pills or anything else you know to be inert. It is not right to cause any one to pay money for articles that have no intrinsic value; besides, if among all the simple tonics, nervines, etc., in the pharmacopœia you cannot select some recognized agent of more remedial value to a depressed patient than inert, your resources must indeed be limited. Moreover, if a patient were to discover that he had not only been paying money for such inert, valueless articles as bread-pills or colored water, but wrongly exposed to the criticism and derision of the pharmacist, he could not help feeling victimized and indignant.

Let me here impress a caution: to believe too much and not to believe at all are both unfortunate mental conditions for those who practice medicine. Take care that your mind is not led into an exaggerated view of the importance and power of drugs. Bear in mind the example of the old woman of Paris

who filled bottles with water from the river Seine, sold it as a cure-all, and heard of so many cures wrought by it on all sides that she died fully convinced by a throng of patients and a bushel of certificates of cure that the (polluted) water of that river was a sure cure for all the ills of the human race. Guard yourself, also, against the opposite and grave error that medicines are useless and unnecessary; for either view would materially impair, if not destroy, your fitness for the practical duties of your profession.

The very shape and fashion of medicine have changed with the present generation, and eight-ounce bottles and thirty-two ounce bowls of bad-tasting, purgative, expectorant, or diaphoretic medicines, wasting the strength in the beginning that is needed during convalescence, are (thank Providence!) seldom seen, for the vast majority of people are now sensible enough to avoid every-day medicine taking, and to use remedies only when sickness demands, and even then not too much; but taking a little "searching" medicine that "scours" four or five times, or a bottle of salts, or of cream of tartar, or ten and ten of calomel and jalap for "clearing the constitution," in the spring of the year, still has patrons, who believe in positive medication with positive results, just as the good housewife believes in spring and fall house-cleaning; and cathartics and other depleting remedies are still popular with the few who cling to the old FORTY-YEARS-AGO mania for purging, sweating, and cleaning the blood.

Such people always want to see and feel promptly and fully the action of medicines, and purge themselves entirely too often; and some of them think they could scarcely live a month unless they had almost turned themselves wrong side out with pills, salts, etc. Remember that when nature is relied upon the bowels ought to act daily, or at least freely once in two or three days; for when the bowels are naturally moved, the lower portion only of the intestinal canal is cleared out, and, during the interval before the next evacuation, the fecal matter from

above passes down and is in turn evacuated; but, when a purgative is taken, it sweeps out the entire alimentary canal, and of course such a scouring out is not required as often as the natural, though partial evacuation. For any adult who cannot have an evacuation without the aid of medicine, to give an aperient or purgative once in three or four days is sufficiently often.

Never tell patients too minutely how the prescribed medicine will act, as it may vary enough from your promise to disappoint them, and to brand you as a false prophet. There are also a few patients who would feel worried if you were plainly to tell them exactly what ails them.

Never solicit people, either by word or otherwise, to employ you; for such a course would tend to repel rather than attract them, and could not fail to deprive you of necessary respect and esteem. Besides, respect for yourself and the profession make it far better to wait until your professional acquaintance is sought.

Many people are naturally fickle and capricious, and cannot be depended on to adhere to you, even from one day to the next; no matter how earnestly one tries to serve and to satisfy them, they will quickly become wearied and disheartened, and will insist upon consultations even in the most trifling ailments; perhaps, also, change about with astonishing rapidity,—first from one physician to another, then maybe to a prescribing druggist or irregular practitioner, and will finally wind up with a quack or quack medicine. Others will adhere to you with steady confidence, through good and bad, with firm tenacity. You should, nevertheless, under any and all circumstances, base your hope of being retained and respected, no matter on what class of patients you are attending, upon the just and true foundation of deserving it. Do not, however, set your heart or faith on a continuance of the patronage and friendly influence of any one, for you will many a time be unceremoniously replaced, after days or weeks of unremitting attention, by those whom you know to be

in head and heart far below you in everything that constitutes a good physician. Sometimes, after you have shown every attention, spent days of toil and sleepless nights, and done all that is possible, you will be unexpectedly and unjustly dropped by a family without reasonable courtesy or explanation, sometimes even when the patient is out of danger or nearly cured, and possibly be superseded by Dokter Lowebb, or Prof. Kornkutter, or little Dr. Bighead, or Docktur Killcow, or Dr. Bobtail (who spends half his time in trading horses and talking politics), or "an old woman," or an Irregular, who may at once change your diagnosis of "bilious remittent fever" to "malarial fever," or "typhoid," and change your sulph. quiniæ and mass hydrarg. to sulph. cinchoninæ and hydrarg. cum creta, and you have to submit to the humiliation, the icy ingratitude, and the wrong, without being in a position at all to resent it, and you will feel the force of Solomon's soliloquy: "If it befall me as it befallerh to the fools, why should I labor to be more wise?"

"I have seen a stately cedar fall,
And in its place a mushroom grow."

Poor people, when raised to wealth (from the dirt to delirium), often move from the obscure, old house, or dirty rooms, to a mansion in a different section, sell their old, shabby furniture, and buy new,—

"But yesterday out of the egg, to-day they despise the shell,"—

pull off plain clothes and put on fine ones; and, as if to efface all the past, even the physician, who attended them in obscurity, and stood by them through everything, is also abandoned, and Prof. Highkite or Dr. Newmode is employed.

"And thus the world goes round and round;
Some go up, and some go down."

The faculty promptly to detect loss of confidence, or dissatisfaction with yourself or your remedies, is one of the acquirements which, if you do not already possess, you must seek to acquire. Bear in mind that continued suffering, protracted confinement, unsatisfied suspense, and disappointed expectation of

convalescence all tend to produce impatience and dissatisfaction in the mind of the patient and his friends, and to create doubts of your knowledge, skill, or judgment,—for which due allowance should be made.

Even to proclaim a truth is not seldom attended with unpleasant consequences. Thus, you may deem it your duty to announce to a patient, or to some member of his family, that he has an incurable disease, or that he will positively die. Unless the fact is obvious to all, you will probably lose your patient, not by his death, but by his changing to some other physician, in the hope that he may reverse your verdict and give a more hopeful prognosis. Hence, before you give utterance to such opinion, make sure of the facts upon which it is based, for a hopeless prognosis deduced from insufficient evidence will inflict unnecessary pain on others and bring discredit on you. Nevertheless, being quite sure your judgment is correct, the possibility of the patient's quitting you should not deter you from giving timely intimation of the state of things, as it may be, for various reasons, of the highest importance that the patient and his family shall know it.

A patient has a legal right to dismiss you from a case at any time, but you can very justly expect that it shall not be done without cause, or without reasonable courtesy and explanation; and you have also a perfect right to relinquish attendance upon him at any time, provided it be done decently and in order. Indeed, you may sometimes find yourself so hampered, or harassed, or badly treated in a case, that either formally to retire from it or discontinue your visits are your only alternatives. When you discontinue your visits, give fair and timely notice to the person or persons chiefly interested, that you may not be liable for any bad consequences of neglect.

When you find it necessary to withdraw from a case, endeavor to do so in a courteous manner, for such withdrawal does not necessarily make it incumbent on you to break off all friendly relations with the family.

Whenever dismissed from a case, consider and carefully reflect upon the various circumstances that conspired to produce the dismissal, and the means by which you might have averted it, that, by self-analysis and self-training, you may acquire the art of doing your duty acceptably, and thus retain your patients.

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

When you are unjustifiably dismissed from a case, especially if it be to make room for an Irregular, or a foul quack, do not consent tamely to be cast aside in such a manner. Express your perfect willingness to retire, but, at the same time, make it known, in a courteous, gentlemanly manner, that you expected fair play and courteous treatment; that such dismissal grossly wounds your feelings, casts undeserved reflection on you, and injures your reputation in the eyes of the public, to none of which you can be indifferent. Such a protest will not only enable you to vent your mortification, disappointment, and disgust, but will also secure for you greatly increased respect, and, moreover, tend more effectually to counteract any injury likely to arise from your dismissal, than if you meekly submit without protest.

In acutely painful cases of tetanus, cholera morbus, etc., it may be found necessary to disregard the ordinary rules of dosage and give large, even heroic, doses of morphia, chloral, or other potent medicine, which must, moreover, be given promptly, as hours, or even minutes, may decide the result; care must, of course, be taken that the total quantity be within the limits of safety, and not sufficient to poison the patient. The following case will illustrate the point: A gentleman known to the author had a bad case of cholera morbus; a physician was called, who prescribed for him twelve opium pills, one to be taken every six hours. In that case the physician was fatally

slow in his therapeutics, for long before the time to take the second pill had arrived the soul of that pain-racked sufferer had taken its flight to a land where medicine is not needed and six-hour intervals can do no harm. Take care to avoid his error, and never leave long intervals between the doses for patients suffering acute pain.

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

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

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

You will often recognize the character of a case, or see the patient's exact condition, before you ask a single question; yet the laity expect you to examine your patient at every visit. Let your first examination be careful and thorough; omit nothing that can shed light on the case, and never neglect the following five cardinal duties: to feel the pulse, to examine the tongue, and to inquire about the appetite, the sleep, and the bowels. No matter what the case may be, take care to attend to these and all other evident or special duties at every visit, else the patient may think—in your rush and hurry—he has not gotten the worth of his money, or is not properly attended.

Whenever symptoms render it probable that hernia, carci-

noma uteri, Bright's disease, or heart disease is present; or that the throat is diphtheritic, or the ear occluded by wax; or that a tumor or an aneurism exists; or that one's femur is fractured within the capsular ligament, or his shoulder dislocated; or that a patient is pregnant, or has placenta prævia, or a uterine polypus; or fissure of the anus, or fistula; or that any other condition exists which, if overlooked, might cause unnecessary suffering or imperil the patient's life, and possibly consign you to the never-dying goadings of remorse for having overlooked a patent fact, or committed a grave mistake, or subject you to humiliation and disgrace, if discovered by another, who has come in,—all mind, all heart, all eye, all ear, all touch,—determined to show the wisdom of his being called, you should always make an immediate and thorough examination, and, if need be, gently hint to the patient or to the friends your suspicions and apprehensions.

“Too late, too late's the curse of life.”

If you are careless or neglectful in these matters, you will often be surprised to see another, who has been called in consultation, or who has superseded you, discover the whole truth of the case; not so much from his superior skill, but because he made some examination or inquiry that you omitted. One of the most certain signs of a good and conscientious physician is to make an earnest, long-continued, and careful examination of the patient.

To mistake a tumor for pregnancy, or *vice versâ*, is one of the most mortifying and personally damaging errors of judgment that can well be made. To be attending a female who has been ailing for weeks and months, and who finally proves to be pregnant, is also very damaging, unless you have recognized and declared that fact; otherwise, her entire illness will be attributed to the pregnancy. In such cases some demur will probably be made to the payment of your fees.

Never ask an unnecessary question, yet be careful to make every inquiry essential to ascertain all the facts, and to satisfy

the patient and others that you feel an interest in his case; if you neglect to do so, you will risk both an error and loss of confidence.

Prompt detection of dangerous changes, or of the approach of death, will not only shield you from blame, but will give you a certain kind of prestige if you point them out before the patient or his friends observe them.

Be careful never to speak of anything you may do for a patient as an experiment or from curiosity; for everybody is more or less opposed to physicians “trying experiments” upon themselves or theirs. For the same reason, it is unwise to give patients the sample bottle of new remedies 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 the kind of fracture, or of small-pox, or of hernia, or of anything else you ever attended, or suspicion may take the place of confidence.

You should keep a register or a reference-book for collecting and retaining particularly good remedies, prescriptions for stubborn diseases, medical clippings, self-devised apparatus and expedients, self-discovered facts, and important things that you have seen, heard, read, or thought,—the substance of all. Such a record possesses continual interest and more value to its owner than any other book in his library; also a clinical case-book or a diary for recording the date, diagnosis, treatment, etc., of unusually important cases. Nothing impresses a patient suffering from a complicated or long-standing disease with a conviction that you feel an interest in him, and intend to try your utmost for him, so much as to know that you keep a daily or other regular record of his case. Besides, these records will become a store-house of facts, and furnish you important cases for relation at the societies or for publication in the journals.

When truth will allow, let your diagnosis either include the patient's belief or fully disprove it, that his mind may not distrust your opinion and treatment, and so tend to counteract your treatment.

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

Demonstrations to a patient or his friends of certain diseases and injuries that admit of it, by comparing, in plain language, the affected parts to sound ones on a well-drawn pencil-sketch or diagram on a prescription paper, and patiently explaining simple facts that are not clear to them, gives great satisfaction, and makes them appreciate that you understand the case.

Study to be fertile in expedients, and be very, very, very slow to confess, or allow the inference, that you are hopelessly puzzled about a case, are at your wit's end, or have reached the limit of your resources.

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

Icy coldness sometimes seems to make death inevitable within a few hours, and the physician hastens to announce it, when lo! reaction and high fever appear, whip up and revive the failing powers again, and make it seem as if he lost hope and abandoned the patient several days too soon.

If a patient be unable to swallow, think of the œsophageal tube; or if food taken into the stomach be not assimilated, continue your efforts with inunctions of codliver-oil, or oil and quinia;

also, by rectal alimentation, hypodermatic injections, etc., until he is either better or the breath is out of his body; for *nature*, by a crisis, or a vicarious function, or a compensatory process, or even the tardy action of the remedies you have already used, may turn the scale and let the life-power, or the special vitality of a vigorous constitution, rally and gain control over the disease at the very last hour. Under such circumstances, if you have hastily given up the case, and ingloriously abandoned the patient as hopeless, you will be justly mortified, while some brother-physician or an Irregular, or, may be, an old woman, who has stepped into the field at the lucky moment, will reap the glory of setting the laws of nature aside, and bringing back to life one already given up as dead.