

CHAPTER VI.

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

You will have to be on your guard against thousands of snags, pitfalls, and rocks, which lie hid in the paths and under currents to entrap and upset the unwary. When in doubt whether duty requires you to do a thing or not,—for instance, between doing nothing and a dangerous operation,—if all else be equal, remember that the sin of omission is, in appearance at least, not so great as the sin of commission.

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

We, of all men, need to be as wise as serpents and as harmless as doves. The most skillful physician may and often does get results that he deplores almost as much as the patient does, but which his sincerest desires and every care and his best judgment are powerless to prevent; therefore, in all ugly fractures, in capital operations, and all other serious cases, be they what they may, in which you think there is any danger of an unsatisfactory termination, and of your being blamed or sued in consequence for the result, never hesitate to seek professional aid. Having a second physician not only divides the great responsibility, but also constitutes each a witness of truth for the other, and, by making each the guardian of the other's character, will tend to divert hostile criticism, charges of unskillfulness, or of mis-diagnosis, and causeless suits for malpractice:—

"Much caution does no harm."

Keep in view, moreover, that the general community have the idea that physicians can and should restore broken bones and injured tissues, no matter what the injury may be, as perfectly as the Creator made them. Bear in mind, also, that

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when a fracture, or dislocation, or disfiguring wound, or accident of any kind, results in deformity, or shortening, or disablement,—contracted tendons, or rigid cicatrices, or a limp, or requires a cane or crutch,—there is danger of its being shown ever after as a botch or failure, and becoming a lasting and lingering libel on the reputation of the medical attendant. A badly set limb, or an unnecessary or bungling amputation, injures our whole profession, and the limb or stump may be held up in court in a suit for damages; therefore, the responsibility had better be divided. In this respect medical and surgical practice differ,—the results of sickness usually disappear, while those of unsuccessful or unfortunate surgery remain, and, if bad, may induce jealous rivals, tricky lawyers, or other conspirators to incite the patient to cast you into the fiery furnace of a lawsuit. Juries place a high estimate on the value of life and limb when sacrificed by supposed negligence or want of skill.

Among the reasons why many malpractice suits spring from surgical cases, and but few from medical ones, are these: Although one is as liable to a prosecution by the laws for medical as for surgical malpractice, it happens that medical cases are treated in a more private manner, and may each be treated in numerous ways,—some the very opposite of others,—and we are not compelled to give an exact name to every form and feature of disease, and a logical reason for every plan of treatment pursued; and persons interested, even though dissatisfied with the result, are not competent to judge of the physician's skill and treatment to the extent of a lawsuit; whereas, the amputation of limbs, the adjustment of fractures, the reduction of dislocations, the management of wounds, bandaging, etc., all depend on a knowledge of anatomy and on manipulative dexterity, and are all open to public observation and criticism; and the methods proper to pursue in any case are so well agreed upon by surgeons, and the results aimed at are so obvious, that even the vulgar may criticise and also prophesy. Having

anatomy for his foundation and the science of surgery for his guide, the surgeon is expected to follow certain definite rules, to have infallible foresight, to overcome all surmountable difficulties, and to get a perfect result. If he does this, *éclat* awaits him, but if he gets a bad result, and is presumed to have omitted any duty, the painful task of vindicating himself against a lawsuit may follow.

The sooner your account with a dissatisfied patient is settled in one way or another, after your services are no longer required, the less likely you will be to have a lawsuit; and, if you do have one, the sooner after the services are rendered the better, while witnesses are still accessible and all the unfavorable influences are fully remembered.

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

Keep your surgical knowledge at your fingers' ends; medical cases can be read up as they progress, but a broken limb, or a dislocated bone, or a wound, will not wait, and you must be ever ready to treat them correctly; and never forget that bandages, either too tightly applied or under which the tissues have swollen and constricted the circulation, have always been a fruitful source of blame and of lawsuits.

Always take the precaution, as well for your own as for the patient's protection, to examine carefully the action of the heart immediately before administering an anæsthetic; and to watch the respiration during the administration,—withdrawing the agent on the least approach of blueness of the face or lips. Take care to have another physician or a reliable assistant present in all cases in which it is necessary to produce anæsthesia, more especially if the patient be a female; and be ready to hang the patient head downward the moment weakening of the heart's action, or of respiration, or narcotism, requires. Also,

have a third person present at all sexual examinations of females, especially if at your office, to disprove possible hallucinations regarding either improper language or actions, and to protect against scandal and the traps of designing people:—

“An enemy has sharp eyes and acute ears.”

Here, I may say, beware of personal violence. Midnight desperadoes may, under pretence of sickness, decoy you into their traps, and then rob or murder you; or your brute, crazy with drink; or your homicidal maniac; or your fever-tossed patient who knows not what he does; or your lunatic with a delusion; or the infuriated fellow in whom you have made a wrong diagnosis or had a mistake in the medicine; or the unreasoning tiger in whose family you have had sad deaths, or an unfortunate case of surgery, or of unsatisfactory midwifery; or the insane wretch whom you have through kindness sent to an asylum; or the disappointed and desperate would-be suicide whom you have restored; the blackguard, the thug, the fanatic, the madman,—any blood-thirsty demon or member of the dangerous class may suddenly assault and try to maim or kill you.

You will not only have frequent lucky coincidences, which will give you unearned credit, but also occasional unlucky coincidences, in which the most unwelcome events will follow your therapeutics so closely as to seem to be due to them. Be ever ready to explain and defend.

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

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

Such exclamations as “Oh no, Doctor! it cannot be that his arm (or leg) is broken, for he can work his fingers (or toes)” will often greet you when you pronounce that a bone is

fractured. This error is due to the fact that people think that the fingers and toes are moved by the bones instead of the muscles. It sometimes becomes necessary to explain this in defense of the opinion you have expressed, or to silence some dissenter; every one can move his tongue, which has no bones.

Patients, especially those of the fair sex, whether virgin, wife, or widow, sometimes decline to allow the physician to make examinations that necessitate uncovering the body, or to allow him to see the underclothing or body, simply because they are unclean and unfit to be seen, while the physician erroneously supposes that the refusal is dictated by overshyness or modesty on account of the examination. In many such cases it is better, instead of insisting on an immediate examination, to respect their delicacy, or comfort, or convenience in the matter, and defer it to another time, to afford the desired opportunity for a change of linen, etc.

Occasionally, some suspicious father, or curious-minded husband, will show a determination to remain in the room during vaginal examinations, or during operations necessitating exposure of his wife's body, and you will feel tempted to ask him to retire, that he may escape the indelicate sight and *you* the embarrassment. If asked to retire, one or another might refuse to go, or do so with suspicious anger. The better plan in such cases is to inform the person that you are about to begin what your delicate duty requires you to do, and he will probably retire of his own accord, unless specially requested to remain. In the event of his antagonistic refusal to leave, it may become a question whether to proceed with the examination or operation, or to abandon or defer it.

Expertness in detecting and contravening the various kinds of scandal and calumny admits of cultivation to a great degree; so also does the ability to foresee and avoid entanglement with the captious, the mischief-maker, the silly tattler, the malicious liar, and the like.

Key-hole and back-window scandal-mongers, and lying

snakes in the grass, may also lie in ambush for you, trying to make something or much out of little or nothing:—

“Much broth is often made of little meat.”

These must be met and checkmated by the most available means. To judge what is best to be done under the circumstances is at times a most annoying and puzzling question to be confronted.

Jealous midwives, chattering nurses, ignorant doctor-women, busy neighbors, and Job's comforters often exert a malign influence on patients, and tell tales and give instances of ignorance and of lack of attention, and circulate damaging falsehoods and rumors about physicians, that must be noticed and coped with according to the necessities of the case, but neither malice nor envy can do you any harm unless your own misdeeds prepare the way.

Tact and nice discernment in establishing and maintaining a proper attitude toward nurses and other attendants on the sick is a valuable power that will prevent or counteract many possible machinations. Love of approbation is natural; and to give attendants due credit on fitting occasions for the faithful discharge of their duty is not only just and gratifying to them, but tends to make them your firm friends. Such public indorsement, moreover, secures their further co-operation, and encourages them to do their best to maintain the reputation which you have given them.

A bad or ignorantly careless nurse may render a curable case fatal by improperly indulging the patient's appetite for food or drink, or by neglecting to give him medicine, drink, diet, etc., at the proper time, or in the manner directed; or by appropriating his food or robbing him of the stimulants directed to be given; or by subjecting him to excessive heat or cold, or giving him too much or too little fresh air; or by getting drunk, or becoming careless, etc.

The conciliation of anxious, captious, impatient, or dissatisfied friends of the sick, when the sickness is not progressing

satisfactorily, requires no little skill and a comprehensive study of human nature.

In serious or rare cases, and particularly in such as engender great neighborhood or general excitement, if you indulge in confidential or semi-confidential whispers to the people or rabble, as the case may be; or incautiously give out daily bulletins to them regarding the patient's pulse, temperature, respiration, excretions, discharges, etc., it will often give rise to misrepresentation, or even to utter perversion of what you really did say or mean, and your statements may come back to you so changed as to necessitate tedious and irksome explanations from you. You will act wisely, therefore, in being ever on the alert to avoid danger. If it be necessary, express your opinion briefly to the proper persons, in writing, with the view to prevent its being misrepresented or perverted.

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

impossible to secure a faithful observance of your directions on the part of the nurse, or where they are bent on trying the latest nostrum, it may then become your duty to consider whether to go on with the case or retire:—

“Two captains sink the ship.”

Never captiously oppose a remedy because it is suggested by a layman. An amateur nurse or the most ignorant person may make a wise suggestion; and laymen often talk excellent sense about medical facts which have come to their notice. Listen patiently to all sensible propositions, and, if simple and unobjectionable, you may find it judicious, if only for their moral effect, to utilize them in conjunction with your own particular treatment. Be frank in giving credit to any good idea, no matter by whom advanced; and when rejecting a remedy thus tendered, let it be known that your disapproval thereof arises from conviction and not from superciliousness. You may, also, in some cases humor a whim and sanction the use of harmless domestic (Grandmother) remedies,—herb-tea, mustard and other plasters, onions to the feet, etc., in conjunction with your more reliable agents.

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

“Be to their faults a little blind,
And to their virtues very kind.”

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

When attending certain classes of seriously ill patients,

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

It will be a trying ordeal when, by accident, you meet an "old lady who has a never-failing salve," good for everything, from mosquito-bites up to tuberculosis. You will find her so full of faith in herself and in her great catholicon that neither reason nor ridicule can shake it. Be fair and reasonable with her, and treat her with courtesy and respect; but if you feign an attack of awe, or indiscreetly chop logic with her, and concede to her remedy any recognition beyond its actual merits, or meet her as an equal and take her into confidence or semi-partnership in the treatment of felons, ulcers, or wounds, you will make a mistake, and fill her matronly head as full of conceit, and of mischief, too, as the sea is of water.

Cultivate the quality of being a good listener, and let a patient tell his story in his own way, even though it be unnecessarily prolix or tedious. Hypochondriacs, who live in an endless midnight of gloom, the hysterical, the garrulous, the slightly insane, and various other kinds of incorrigible bores, who want you to "subscribe" for them, or who have become "manured" to suffering, and want to "insult" you on their cases, because they have heard you are a good "musician;" chronic wrecks, perpetual invalids, and troublesome "old women of both sexes" with a low level of health, looking ever on the sad side of life, will sometimes come to your office, and want to murder your time with annoying or unnecessary questions, or exaggerated descriptions of their ailments, for which a whole apothecary shop might be vainly prescribed; or to persecute you with the details of their business or their ancestry, or the history of their family affairs, with a whole Pandora's box of sighs and laments added, when you have no time to waste and yet are indisposed to be rude; and then tarry so long after the consultation is

ended and the prescription given that you actually wish you could rise in your chair, make a polite bow, and open the exit door, else fly out at the window and escape from them.

Some of these you will have to freeze out by chilling coldness in their reception; or if you courteously let them know as they come in that time is very precious with you, they cannot deem you uncivil, and will be brief, unless they are unusually pachydermatous. If you are greatly annoyed by such visitors, have a placard posted with "Please be brief, as, being busy, I must divide my time." Another good plan is: at the first conclusion of a topic, or the first movement of the patient after the true business of his or her visit is finished, courteously to rise from your chair, as if you anticipated his or her rising to go.

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

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

When you receive calls to cases that from any cause you can not or will not attend, you should at once notify them of that fact, that they may seek some other physician, so that the patient may be spared needless delay and you the annoyance of repeated messages and solicitations.

No one can blame you for not being at home when your services may chance to be needed, since you cannot be everywhere at once; but if you are at home, and quibble or refuse