

Endeavor, also, to acquire expertness in answering anxious questions relative to such cases, but never attempt to exclude the parents, near relatives, religious advisers, or other privileged persons from the room of any one who is seriously ill, and never interdict Bibles, prayers, and religious exercises, except for the most urgent and obvious reasons, such as, when he is highly delirious, or has just taken an urgently needed sleeping potion, or where he is determinedly opposed to the introduction of religious conversation; else you may raise among them a very natural whirlwind of indignation against you.

To interrupt public business and travel by roping or barricading the streets, because somebody is sick in one of the houses, is seldom either necessary or justifiable, as most dwellings have back rooms into which the sick can be taken out of reach of the noise of travel; make it a point to advise the latter course instead of the former. Where the former is not feasible, a good bed of spent tan on the street will completely prevent the rattle of passing vehicles, and show everybody that a person is sick whom noise will injure.

Never ask the age of a patient more than once during attendance on his case. Take care, also, neither to ask any question twice at the same visit, nor to do anything else that would indicate abstraction, lack of memory, or incompetence.

You will find that patients will be inspired with more faith in a prescription if you begin to write it with an air of decision immediately after receiving, to a more or less important question, an answer which your manner indicates is what you expected.

Take care to ask all necessary questions before you commence to write your prescription, lest the patient think that, in forming your opinion, you have not included the additional information or taken it in consideration in writing the prescription, or that your treatment was determined on before you obtained all the facts. Make it a rule, also, to ask no further questions after prescribing. It is well to terminate a visit as soon after prescribing as can be properly done.

## CHAPTER VII.

"The successful man is the man who knows human nature, as well as his profession."

EVERY minute spent in studying how to make your remedies agreeable will be more advantageous to you than half an hour of any other kind of study. Whoever, in these days, prescribes nauseous, repellant medicine in ordinary cases injures both himself and his profession, and is deficient in one of the most simple and essential requirements. Indeed, one of the great drawbacks to young physicians, and one of the chief reasons why they fail to render more practical assistance to their older brethren in superseding pleasant quackery, is that, having their attention riveted on their cases and studying more about getting them *safely* than *comfortably* through their ailments, and being anxious to get the specific physiological effects of medicines quickly and fully, they too often give them in crude forms, forgetting that the majority of sick people are fastidious, and have likes and dislikes that must be respected.

A great and almost universal mistake that *regular* physicians make is in supposing that when people send for them it is for the sole purpose of having medicine prescribed. Many people, not being judges as to what cases need medicines and what do not, are much more anxious to see one who does know, have a talk with him, and get an opinion of the nature, danger, probable course, and result of their cases, and words of assurance from him, and some simple remedy, if necessary, than to be drenched at every pore, or begin a medicine-taking siege, or a bombardment with gross drugs.

Make special endeavors to retain every medicine-hater who chances to fall into your hands. Such *incorrigibles* had better be under your care, with rational supervision and small doses of good treatment, than to be paying some one else for harmful quackery or fantastic nonsense.



Keep ever in your mind that mankind has both a material and a spiritual nature, and that different people seem to be made of different and almost opposite qualities; some seem to be two-thirds spiritual and one-third animal, others seem to be but one-third spiritual and two-thirds animal, between which are all intermediate grades. If you treat all these alike, you will certainly fail. The mind belongs to the legitimate domain of the physician as well as the body, and the moral and mental management of the sick is often far more difficult than the physical. A close, thoughtful study of mental forces and of mental therapeutics in affections connected with the brain and nervous system is one of the necessities that the regular profession is still extremely deficient in. Irregulars often give a placebo, a mysterious mystery, or a useless agent, which unquestioning faith and other mental operations based on hopes of recovery excited in the wondering patient—*potentizes*—and an astonishing cure (?) results.

This is probably the most rational explanation of the fact, that newly discovered therapeutical agents, as bromide of potassium, salicylic acid, etc., make so many more wonderful cures when first heralded as remedies than they effect after they have taken a definite position in the pharmacopœia.

New or novel remedies often aid the cure through mental influences. Many regular physicians prescribe valuable, true remedies, but give them just as they would administer them to a horse or sheep, as if their only duty consisted in telling the sick what drugs to swallow, and seem to despise the aid of faith, hope, and expectation. You must learn, in simple cases, to depend more upon the aid of hygiene, diet, and mental influences, and less on large doses of disturbing medicine, which might allow room for some patients to say that you had almost killed them.

Bear carefully in mind that Drs. Diet, Quiet, Hope, and Faith are four excellent assistants whose aid you should constantly invoke. The Oil of Time and Tincture of Patience are

also very useful in some cases, but too slow and inadequate for others, and unless Dr. Dosomething takes the serious case out of Dr. Donothing's, Dr. Tardy's, or Dr. Timorous's hands, they occasionally give one of the confiding kind a wooden overcoat and put him into the hands of Mr. Sexton.

It is bad to let nature take her course when she takes a bad or a wrong one. You will often see her put a curable patient in his coffin because you were called too late to aid and direct her course.

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

If the directions on the bottle indicate what the remedy is for,—for instance, if you have it labeled “to be applied to the injured foot as directed,” or “for the pain in the chest,” or “for the cough,”—it will tend to give a certain class of patients faith in its being a direct and special remedy, and cause their minds to act with it rather than against it.

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 temporarily, and rely on hygiene, diet, stimulants, nursing, etc.

You should keep yourself familiar with the ill effects that may arise from the use of the various drugs which you prescribe, in order that you may avoid producing them, or promptly recognize and remedy them if they occur.

Avoid as far as possible the use of medicine that must be taken “through a quill or tube,” or that will burst the bottle unless kept “in a cool or dark place;” on which “no water must be taken;” that must be handled with caution, or that must be stopped when the eyelids begin to swell, or when the muscles begin to jerk, or that the druggist must label “Poison;” especially with medicine-haters and skeptics.



Some people will not send for you until they are really ill, for fear you might put them to bed, and thereby keep your carriage at their door; or salivate them, or entail upon them discomfort instead of affording relief. Others will be afraid you will give them quinine, or injure their teeth with iron or calomel, etc., or that if they once begin to take medicine they will not be able to stop. Disabuse the minds of all such people with the assurance that their fears are groundless.

Herb doctors, root doctors, vegetable-pill makers, and others have created a belief in the public mind that remedies obtained from the mineral kingdom—iron, mercury, arsenic, lead, lime, etc.—are poisonous, and should not be taken; while articles from the vegetable are in consequence thereof innocuous and harmless. The truth is,—the most powerful agents—hydrocyanic acid, belladonna, elaterium, croton-oil, lobelia, opium, stramonium, colchicum, digitalis, aconite, strychnia, and a long list of other very active agents—are “Purely Vegetable;” therefore, the announcement, “Purely Vegetable,” is but one of the numerous songs of these greedy sirens.

“Iron injures the teeth” is a remark which you will often hear, and it originates in the fact that the old muriated tincture of iron (tinct. ferri chloridi), which contains muriatic acid, if given without the usual caution, will injure the teeth, not on account of the iron, however, but of the acid that is associated with it; just as the water that makes a pot of boiling coffee would scald a person all the same if the coffee were not in it. Preparations of iron containing no free acid do not act upon the teeth.

Iron temporarily blackens the tongue and the stools; and it is well to tell persons this to prevent needless alarm.

It is believed by many that *quinine* gets into the bones, affects sight and hearing, causes dropsy, etc. So firmly do some people believe these things that you will at times have to humor their prejudices, and change to sulphate of cinchonia, compound tincture, or some other preparation of bark, when bark is indicated.

This prejudice depends chiefly on the fact that, being powerful for good, people naturally infer that it must be very strong; hence, also, powerful for evil. It is also often due to the teachings of Irregulars, who seek through it to prejudice the public against regular physicians, while constantly but secretly using it themselves. I have known a conspicuous Irregular to denounce quinine strongly, and yet use three-grain ovoid, gelatin-coated quinine pills under the name of “*Panama Beans*” for the cure of his patient. We know that quinine, when properly used, is really an almost harmless *vegetable* product, which acts on the malarial poison not by great strength, but through its antidotal influence, just as water, an agent harmless enough to drink or bathe in, acts on fire.

One of the most provocative and annoying hardships you will have to endure is the tendency of some people who have suffered protracted sickness to blame you or your medicine for any permanent impairment or persistent lingering symptoms after illnesses, instead of recognizing and acknowledging the fact that they are the real effects (sequelæ) of the disease.

Reproach is often unjustly cast on physicians and on medicine by people living in malarious districts, who sicken with this or that malarial affection, send for a physician, and get well, and might remain so, but, being still surrounded by malaria, they again inhale it and are again poisoned. This they erroneously call “a return,” instead of a re-poisoning. Of course, while the laws of His Majesty, King Malaria, remain as they are, you can no more promise future immunity to convalescents with an agued frame who remain in malarious districts than you can promise the anxious sailor that future winds will not again create waves, or the uneasy farmer that recurring frosts will not again nip his exposed plants.

Malarial exhalations from the earth are usually greater at night, and greatest on the still, damp nights of autumn. Malarial affections, therefore, are usually contracted in autumn and at night, but many people are ignorant of the fact that



they can also rise, and be caught, during the greater part of the year; they can also be caught in the day-time, and persons should be put on their guard.

It is proper, and your duty, to advise a person to change his abode if necessary for his health, or to relinquish an occupation if it be injurious to him. Also to dissuade him from exciting pursuits, or from striving to amass riches when his health is thereby jeopardized; at the same time, bear in mind that such subjects are both tender and delicate to deal with. Be on your guard, therefore.

Keep yourself well informed in regard to suitable clothing, physical exercise, and proper diet; also as to the value of pure air, pure water, and pure soil, the comparative healthfulness of different regions, the presence or absence of malaria at different seasons and places, etc.; also in regard to the various health trips and summer resorts. Familiarize yourself likewise with the constituents and peculiarities of the various mineral waters, and the special uses of each; with the comparative advantages of seaside and mountain trips, and with the classes of invalids to be benefited by one or the other; also with the various baths—hot, cold, tepid, Russian, Turkish, electric, vapor, etc.—and the comparative advantages of the various hospitals, asylums, sanitariums, retreats, etc.; for such matters belong strictly to the province of medicine, and it is especially desirable that you should understand them, because you are sure to be asked about them, and sure to be ashamed if you cannot answer, and the refined and intelligent inquirer will feel disappointment and distrust of your knowledge; they are subjects that concern the better and more desirable classes of patients, many of whom are semi-invalids, with whom you will often have to make hygiene, medicinal waters, trips, etc., go hand-in-hand with medication; also, remember that your duty does not terminate with the cure of the malady which you are called upon to treat, for in almost every case you should lay down rules and regulations to prevent a relapse, sequelæ, or future attacks.

You cannot be too cautious in advising exhausted patients with impaired appetite and weakened digestion, or others far gone with obstinate and dangerous, invincible, or hopeless maladies, to leave their homes and undergo the fatigue and discomforts of travel to the sea-shore, mountains, or other distant places, or to foreign countries, among strangers, in search of health, unless there are sound and good reasons for the belief that the change will be beneficial and that improvement or restoration to health will result. The risk of breathing their last away from home, family, and kindred, or of a return made worse by the inevitable fatigues and exposures of travel, is not to be assumed without full consideration. We sometimes actually hear it hinted that the physician has sent the patient away to get rid of him, or because he did not know how to treat him.

Be chary of sending people from their homes to the crowded wards of hospitals, unless you feel assured that the management is kind, humane, and skillful, for, while hospitals and almshouses are an unspeakable blessing to sick wanderers, to the castaways, the forgotten, and the homeless, they are to a less extent, if at all so, to those who have friends and a place to call home.

“Be it ever so humble, there is no place like home.”

To remove a weary and worn invalid from the little spot he calls “home” to a hospital or other asylum for poverty, deprive him of his friends, neighbors, and companions, and all the little endearing sympathies and solaces of domestic life, restrict his freedom by prison discipline and half-way imprisonment, and subject him to the sense of friendlessness that is too apt to seize the mind in the hours of sickness, and to the foul effluvia and diseased emanations that lurk about the wards of large and overcrowded hospitals, and to the risk of rugged indifference on the part of paid, possibly coarse, nurses, and to irksome, humdrum, hospital rules—to bed, to meals, to everything at the sound of the bell, gong, or whistle; to expose him possibly to the public gaze, merely as an object of medical treatment, or for