

experiment with new remedies, or for the clinical advantage of medical students, designate him by a number, clothe him hospital fashion, and put him on diet prepared at regulation hours by stranger hands that know not his peculiarities or tastes, his likes and dislikes—if he be a person of domestic tastes and sensitive disposition, with a natural attachment to his home and its surroundings, such a change would be most hurtful and injudicious, and could scarcely fail to aggravate his disease. Worse still, if he be carried to a medical-college hospital, with its busy crowd, shuffling feet, wilderness of gazing eyes, and sea of eager faces gathered around while he is used as a subject for the demonstration of his disease, or carried through repeated or prolonged examinations for the education of students.

The belief that taking water or ice is dangerous in fever is still very general. People are wonderfully slow to recognize the fact that water, whether applied externally or sipped and swallowed in small quantities at a time, is one of nature's greatest remedies in fever, especially if the patient have a craving for it.

If a person perspire more during sleep than at any other time it is a sure sign of weakness.

You will often be asked, "Doctor, may the patient eat anything he wishes?" If you think that ordinary food will do him no injury, be careful to answer, "Yes; he can have any *simple* thing he wishes." Were you to say, "He can have *anything*," it would include pickles, radishes, cheese, ham, veal, sausage, and a great many other indigestible things that might injure or kill him; the addition of the adjective *simple* will protect both him and you.

You can have a small, single-page diet-list printed for the use of patients, containing every article of diet in common use, alphabetically arranged, at the top of which you can say, "Every article on this list is forbidden except those that are marked." Supply one to each patient requiring it, and mark or erase from time to time such articles as you deem proper.

When you are busy and wish to make a short visit, do not

tell the patient so on entering, or exhibit a hurried or abrupt demeanor, but begin promptly to ask the necessary questions in orderly relation, and do not allow the patient time to introduce other subjects, or in any way digress from his case until you have learned all that is necessary. Have neither eyes nor ears for anything except your patient. If the subject of the weather is broached, answer as if you were considering it only in reference to its influence on the patient before you, then go back to his case. Economize time thus; but if your patient is ill, neither allude to your haste nor in any way show that you are in a hurry until you have made your examination and written your prescription. After completing the circle of duty and giving all the attention absolutely required, if you courteously depart forthwith, he will not feel that your haste has caused any inattention to his case, as he would if you had leaped into his room precipitately, thrown down your hat and gloves, dropped into a chair, asked a few hurried, desultory questions, made an incomplete examination, jumped to your diagnosis, scribbled off a prescription, leaped into your carriage, and hurried away.

Unless there is an obvious reason for an opposite course, it is better to avoid all desultory conversation on general subjects at the beginning of your visits.

It will often vex you, when you are busy and time is precious, to be kept waiting below stairs while the people in the sick-room prim and prepare to receive you with as much prudery and tedious ceremony as if the surroundings, rather than the patient, were the object of your visit. Show every one the respect due to sex and rank, but manage at the same time to let such people know that your time is too precious to be wastefully expended, and must be divided somewhat equally among those whom you are attending.

Never assign as a reason for being habitually late in visiting an ill patient that you are overbusy. Every one wants a physician who is in active experience and engrossed in practice, but no one likes to be habitually slighted or crowded out. A case



of obstetrics or an accident is, however, deemed by all an acceptable excuse. It is an excellent rule always to let patients know at your visit when they may expect your next visit, and to keep your engagement as near to the time as circumstances will allow. Such a system gives satisfaction and prevents anxiety, and you will then generally find them prepared to see you without detention or flurry.

It is very important always to ask to see the patient's medicine as soon as possible at your visit, and to ascertain by both inspection and inquiry whether it has been taken according to your directions *before* you express any opinion of the patient's progress. If you neglect to do so, you may be caught confidently ascribing improvements to prescriptions that have not been used, or to remedies that have either been thrown out of the window or emptied into the garbage-box, and you will become the victim of a never-to-be-forgotten joke.

School yourself to avoid crude remedies and to cultivate conservative rather than radical ones. Throw gross physic to the dogs. A repute for not being heroic in treatment and not giving much strong medicine is at this time a telling item in a physician's reputation, one that might almost be adopted as a corner-stone. Of course, in cases in which duty actually requires you to act promptly and decisively, or to use powerful remedies heroically, you must not hesitate to take the responsibility and do whatever is right and proper.

Avoid polypharmacy. It is much better to order some single remedy, or a combination of which you know the physiological effect, than to order an indefinite medley on the ancient blunderbuss principle.

It is highly proper, and a duty, to warn people of dangers to the public health, and to devise means to prevent or remove such dangers; also, to teach patients the importance of regular living; proper, careful diet, good water, pure air, effective drainage; also, of the dangers that may follow the sun's rays and evening dews, that they may escape disease and preserve health;

but it is neither just nor wise to teach other than medical students the secrets of our art, nor to familiarize the laity with the drugs you employ. You should especially avoid giving self-sufficient people therapeutical information that they can thereafter resort to and ignore the physician. If you do, they will soon feel brimful of wisdom, become opinionated, and imagine they know as much about medicine as you do, or than all our profession combined, and begin amateur prescribing and neighborly doctoring, and not only take your bread from you, but make hobbies of what you have taught them, and trifle with serious affections until the patient's disease is fatally seated; after which even correct treatment may be interrupted by the undertaker. It is your duty to cheat neither yourself nor other physicians out of legitimate practice by supplying this person or that one with a word-of-mouth pharmacopœia for general use. If compelled to give a person remedies under a simple form, study to do so in such a way as not to increase his self-conceit, and make him feel that he knows enough to practice self-medication and dispense with your services; and use whatever strategy is necessary to prevent him from taking unfair advantage of your prescriptions.

It is unwise to instruct a person with rheumatism, gonorrhœa, ulcers, sore mouth, sprains, or any other affliction, to get five or ten cents' worth of this or that remedy, to mix for himself, unless it be one of the worthy poor; for people are sure to become self-constituted doctors and abuse such instructions, and try to teach others similarly afflicted how to treat themselves.

"Every sore-eyed person is an oculist."

It is better to let such persons have the medicine from your office, or to write a prescription for it, with instructions neither to repeat nor lend.

It is also better to make your analysis of urine, etc., at your own office rather than at the patient's house, and to keep the details of the processes, reagents used, points of differentiation,



and other secrets of the art, etc., to yourself; else Keensight and his friends will quickly become oversmart, begin to test for themselves, and think they know more than they really do.

"The silent man has many things in his favor."

In prescribing, and even in talking of medicines, you should use officinal and not popular names, unless there is some special reason for using the vulgar, or a synonym.

Confine your prescriptions to officinal medicines, and to preparations whose formulas are public property, as fully as possible, and do not patronize any of the semi-legitimate pharmaceutical catchpennies (about which you know nothing but what their labels and wrappers tell) that are now flooding our nostrum-ridden land. For instance, if a patient needs beef, let him eat beef, or have beef-soup, or beef-tea, or beef-extract made for him; if he needs wine, order for him a suitable quantity of the kind which you prefer; if he needs iron, prescribe the kind and the dose that you think proper, and thereby prevent making yourself a mere distributor of some enterprising fellow's ready-made "beef, wine, and iron," which cheats the pharmacist out of all chance of exercising his proper profession, and frees him from all mental exertion and all responsibility in the matter, since he and his apprentice boy have nothing to do but serve as dealers, and hand it out to customers, just as the grocer and his clerks hand out salt and sugar, soap and candles, molasses and tobacco.

The same hat cannot fit every head, or the same shoe every foot, neither can the proportion of ingredients in any ready-made combination suit every patient. Indeed, what would cure one might injure or kill another.

"What has cured Sancho might kill Martha."

Let it be your firm resolve never to prescribe a proprietary remedy, or one covered by a trade-mark; it is better to shun all such ready-prepared remedies, whether trade-mark, proprietary, or quack, whether advertised to the profession or to the public, whether the so-called formula and the dose are given or not. If

you order A.'s emulsion, B.'s lozenges, C.'s codliver-oil, D.'s pills, and E.'s bitters to patients, they will, by association, soon think that X.'s sarsaparilla, Y.'s buchu, and Z.'s liver regulator also meet with professional approval. Determine that you will not aid any speculator in life and health to "strike a trade" in your families; and chiefly for the reason that *their nostrums do more harm than good*; also for the lesser reason that justice to yourself and to all other members of the profession requires you to avoid prescribing or telling patients of preparations that will enable them subsequently to snap their fingers in your face and renew them as often as they please, and to recommend them to others who treat themselves with them without your aid. A single trade-mark prescription from you may sell twenty or a hundred bottles that you do not prescribe, and for which you get neither credit nor compensation.

Endeavor to have your prescriptions labeled so as to prevent indiscriminate renewal, as well as to prevent mistakes in their administration; when they are very important, be careful to have the name of the patient put on the label, that every one may know whose medicine it is.

Remember this: The very best time to tell a patient not to renew a prescription is while writing it. If you fear it will be renewed against your wish, stop short while writing and explain to him why it will be a good remedy, or make some other true remark about it, but that he must take only one bottle of it, or that it must not be renewed. Your order given at that time will seem to be founded on some motive other than that of protecting your own pecuniary interest, will impress him strongly, and will be invariably obeyed; this is probably the most effective of all plans to prevent prescriptions from being renewed and adopted as a regular resort in similar cases. With this exception, make it a rule neither to talk, listen, nor answer questions while writing prescriptions.

Never write a prescription carelessly. Legibility is the first requirement, neatness the second. Cultivate the habit of scru-



tinizing everything you write after it is written, to assure yourself that there is neither omission nor error, and sign your name or initials to every prescription, but not until you have satisfied yourself that it is as intended. Mistakes are seldom discovered unless at the moment of their occurrence.

In consultation, the prescription agreed upon should be written by the regular attendant, and, if the consultant is still present, should be offered to him for inspection; but only the regular attendant's name or initials should be signed to it.

A very, very useful rule in many cases is to specify the hours at which medicine is to be taken; thus, if it is to be taken every five hours, instead of writing "a teaspoonful every five hours," write "Take a teaspoonful at seven, twelve, five, and ten o'clock daily," taking care that the specified hours do not interfere with those for nutriment, and be especially careful to give instructions as to whether the patient is to be awakened at night, or from refreshing day-slumber, either for medicine or food.

In giving directions in regard to doses, bear in mind that spoons and drops vary greatly in size. Much trouble and uncertainty can be avoided in cases where medicine will have to be taken for any length of time by getting a graduated medicine-glass, which is both convenient and precise. A minim is a definite quantity, a drop is not; therefore, in prescribing potent fluids, you should order minims instead of drops.

Neither alarm your patients nor their friends, nor risk the dangers of the chloral, opium, or other bad habit being acquired, by allowing the sick to know that they are taking such remedies.

If you instruct a patient how to use the hypodermatic syringe on himself, or to inhale chloroform or ether, or give him cocaine, chloral, opium, alcoholic liquors, or other exhilarating and fascinating agents without discrimination, or to use according to his own judgment, if he have any predisposition toward them he will probably acquire the habit; and if he does, you will surely

and *deservedly* incur the blame. The slaves of such blighting habits always cast the blame for their acquired passion, or their withering enslavement, on the physicians who first ordered the drug or stimulant for them, if they have the least ground for doing so.

Hypodermatic medication not only has its place as a valuable remedial agent, but at times becomes really indispensable; it also has various drawbacks that should prevent its indiscriminate use. Among the lesser evils connected with it is that those who are soothed and temporarily comforted by it, or have become habituated to it, are apt to harass and worry you for its application at all hours, day and night; and you will often find it a real hardship, after doing your day's work, to be obliged to go and administer a hypodermatic (night-cap) of morphia to the Rev. Mr. Cantsleep at eight o'clock P.M., to Mrs. Allnerves at nine, to Colonel Bigdrinks at ten, and to Miss Narywink at eleven o'clock, and probably be called from bed again to insert the sleep-giving needle for one or all of them before morning.

Much of such work is not only a hardship but a nuisance. Far better is it for both the patient and yourself that anodynes be administered by the mouth or rectum in such cases, than for you to have all this extra trouble, and at the same time expose him to what may prove, to him, a fatal charm, and, to you, a sorrowful lesson.