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PHYSICIAN AND PATIENT.

PHYSICIAN AND PATIENT;

OR,

A PRACTICAL VIEW OF THE

MUTUAL DUTIES, RELATIONS AND INTERESTS

OF

THE MEDICAL PROFESSION

AND

THE COMMUNITY.

FROM THE TEXT OF

WILLIAM HOOKER, M.D.

EDITED BY

EDWARD BENTLEY, M.D.,

LICENTIATE OF THE ROYAL COLLEGE OF PHYSICIANS, ONE OF THE PHYSICIANS
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INTRODUCTION

BY

THE EDITOR.

It has been the subject of common remark, that no work upon the mutual duties, relations, and interests of the medical profession and the community has hitherto appeared in England, and considering the many able men capable of performing this task, and whose opinions and experience in such matters would carry weight and add importance to this interesting subject, it certainly is matter of surprise, and the more so, when we reflect that it is impossible for the public to form a just estimate of the character of the profession, unless they are made acquainted with these duties and interests.

I have found the task of editing the following Work somewhat difficult, from the fact of the Author having treated all the subjects so volumi-

nously and so ably, that little has been left me to add. I have been compelled to omit much that he has written—in some cases whole chapters, in order to adapt it to the English taste, and the state of the medical profession as now existing. To do so without detracting from the merit of the original, at the same time to retain all that is valuable and to the purpose, has cost me some amount of labour.

The title of the work is somewhat objectionable, as not conveying to the reader an adequate idea of its contents. I have not felt myself justified in altering it; and had I felt inclined, I possibly should have encountered the same difficulty which must have presented itself to our Author. It has well been remarked by Burke, "That there is a kind of physiognomy in the title of books no less than in the faces of men, by which a skilful observer will as well know what to expect from the one as the other." In the majority of instances this quotation is doubtless applicable. In the present instance, although our readers may disapprove of the physiognomy, I trust they will examine the contents.

Our Author, in his Preface, states:

"That a few words may be proper in explanation of the objects for which this book was written. The forms which quackery assumes are endless, but the material out of which they are solved is essentially the same in all ages and in all countries. There are

certain medical errors which are common to man everywhere and in every condition. It is these which constitute the material of quackery, whether it appear among the savage or civilized, the rude or the refined, the illiterate or the learned. One object of this book is to develope these fundamental errors, and to show the *modus operandi* by which the genius of imposture has produced from them the fantastic and everchanging shapes of empiricism. I notice particularly some of the specific forms of quackery which are now prevalent, not because they differ essentially from those which have preceded them, but because they have a present interest to the reader. One of the objects at which I aim is to expose to the public the fallacies of those sources of evidence, upon which they rely in estimating the comparative merits of Physicians, and to show them what tests they have at command which will not prove fallacious. The proper use of these tests would save the public from mistaking, as they now often do, the plausible pretensions of the superficial practitioner and the charlatan for the evidences of real skill and wisdom.

"Another object will be to present the claims of the medical profession to the respect and confidence of the community. As it now is, the profession stands in a somewhat false position before the public. The grounds upon which we ask their regard and trust are not generally understood. The confidence which is

reposed in us is not as intelligent as it should be. It is unsettled and capricious. It is overweening at one time, and it is entirely withheld at another, and for the most frivolous reasons. The inconsistencies of the well-informed on this subject are surprising. Many, who on some occasions confide implicitly in anything but educated science, are found at other times submitting themselves and their families to the haphazard administration of empiricism.

"But while I attempt to establish the claims of the medical profession to the confidence of the people, and to defend it against the aspersions which are unjustly cast upon it, I endeavour faithfully to exhibit the abuses which exist in the profession itself.

"The quackery which is practised among medical men is a much greater evil than that which is abroad among the community. I attack it, therefore, with an unsparing hand. In so doing, I expose many of the tricks and manœuvres which are employed by those Physicians who, pursuing medicine as a trade, instead of a profession, study the science of patient getting, to the neglect of the science of patient curing. When the rules of an honourable professional intercourse shall come to be properly understood, and appreciated by the public, one of the great sources of the success of quackery will be removed. In exposing the errors and faults of the medical profession and of the public, while I have unflinchingly aimed at the truth, I have endea-

voured to avoid a censorious spirit, and to give to human frailty all the tolerance that can properly be demanded. I trust the reader will therefore find that, in the language of my motto, 'There are no wasps, no hornets here.' That I have escaped all error myself I do not claim. Some points may be too strongly stated, and some provisionary and modifying considerations may be omitted. I ask of the reader a reasonable indulgence, but none which shall be inconsistent with an honest and candid criticism. In the practice of medicine, there are some points upon which there should be a common understanding between the Physician and the friends and attendants of the sick. From the want of such an understanding, the purposes and plans of the practitioner are often interfered with, and sometimes are effectually thwarted. A considerable portion of this work is devoted to an elucidation of the points referred to. I write in part for the profession, and in part for the community at large. I ask both to look candidly at the views which I present of their mutual duties, relations, and interests."

It appears to me that a work such as the present will supply a deficiency which has long been felt to exist. We have had volumes of all kinds from the press, but none which truly represents the mutual duties of Physicians and patients, a most important subject, and one which, if rightly understood, would materially tend to dissipate those heart-burnings which so frequently dis-

grace our profession. The adoption of some such code of medical ethics as will be found appended to the chapter on Intercourse of Physicians, is strongly recommended for perusal and adoption.

The original consists of nineteen chapters, some of them very long, and containing matter somewhat irrelevant to the subject. I have used the discretionary power vested in me, by condensing as much as possible all the important features into as small a compass as is compatible with the utility of the book, bearing in mind the fact of the Author's intention that it has been written for professional as well as non-professional readers. I have omitted altogether the following chapters:—1. Thompsonism; 2. Homœopathy; 3. Natural Bone-setters; 4. Means of Removing Quackery; 5. Insanity; and I believe that in adopting this course I have exercised a sound discretion. Although all kinds of quackery have met their advocates in this country, Thompsonism is not yet practised, consequently no allusion need be made to it.

Homœopathy, although its influence is spreading far and wide, is looked upon by the intelligent and scientific members of our profession as a mere delusion, and therefore the less importance attached to it the better. It appeared to me, that by devoting a chapter to its consideration, I should be giving it a position which its merits do not demand. As it is one of the fashionable quackeries of the day, I have introduced a notice of

Hahneman, its founder, and the principles upon which its practice is based, in the chapter on Quackery. Natural bone-setters, although once existing, are now extinct in England, and therefore must not pass in review. Of the Means of Removing Quackery: on this subject so much diversity of opinion necessarily exists, that to attempt to discuss the matter satisfactorily, a whole volume must needs be devoted to it, and even then it is possible that no good result might follow; it is enough to know that the profession are keenly alive to the necessity of some consentaneous action for the extermination of this hydra-headed monster. When treating of quackery, I have briefly given our Author's views on this subject. In a work such as the present, I trust I shall be excused for excising the chapter on Insanity. It has been treated by our Author to the extent of twenty-four pages; on its causes, its forms and signs, the advantages of retreats and hospitals, the duty of the State, and its legal relations—all questions of some difficulty, and requiring the aid of considerable experience to assist in discussing. If farther proof were needful of the intricacy of the subject, I should find it in the following observations of Dr. Holland:*

"Insanity, from having the characters of a malady, and this often of a humiliating nature; from its deep

* "Medical Notes and Reflections." By Henry Holland, M.D., F.R.S.

import as such to all the relations of human life; and from the strange and painful forms it assumes, has ever been viewed with more profound interest than any other of the states allied to it. The feeling has led Physicians and writers of every age to seek earnestly for some formal definition of madness; a vain and unprofitable research. Its shape and aspects are as various as those of the human mind in a sound state, and as little to be defined by any single phrases, however laboriously devised. When such definitions are attempted, especially in courts of law, they fitly become matter of ridicule, or causes of contradiction and perplexity. Mental derangement, however the name be used, is not one thing, nor can it be treated as such. It differs in kind no less than in degree; and in each of its variations we may trace through different cases all the gradations between sound and unsound understanding, or the points where reason is thus disordered."

I entertain the opinion that a subject of so great magnitude, and such vital importance to society at large, as well as individuals, should be treated in a manner that the seriousness of the subject demands; and that a few scattered observations, thrown loosely together, would be more likely to be productive of mischief, than either amuse the reader or add interest to the work. Those of our readers who may feel desirous of acquainting themselves upon this subject, are referred to Dr. Conolly's able treatise on Insanity, a work which has done much to

revolutionize the treatment of patients suffering from this too frequently intractable malady.

The book now consists of fourteen chapters; the subject matter treated of will be found in the index. I have in no way interfered with the original views and opinions of the Author, or any of the subjects; some of them are more strictly applicable to the eye of the professional man; but all possess an interest, which I hope the curtailment I have thought it necessary to make has in no measure detracted from.

While I have abstained from interfering with the original views of our Author submitted for consideration, I have thought it becoming to leave out many passages in which harsh expressions occur respecting medical men and clergymen.

Of the chapters which I have retained, the only one to which allusion need be made is that on Quackery. It may be thought that, under this head, I should have introduced all the extravagancies of the day. Such a course, while I am confident it would have been disgusting to the profession, might have been the means of introducing to the notice of the public a fallacy which otherwise would have remained in that oblivion for which it was originally destined.

In conclusion, I have to remark, that in the execution of my task I have received some important hints from my kind and valued friend, Dr. Jeaffreson, which

I take this opportunity of acknowledging. I have also made use of the "Principles of Medicine," by Dr. Williams, F.R.S., the late distinguished Professor of Medicine in University College, a work of great learning and merited reputation.

LONDON,
JUNE, 1850.

PHYSICIAN AND PATIENT.

CHAPTER I.

UNCERTAINTY OF MEDICINE.

THE uncertainty of Medicine is a common topic in all circles, and yet it is one which is very generally misunderstood even by the intelligent and reflecting portion of the community.

They mistake as to the nature of this uncertainty, its causes, its practical influence in the treatment of disease, the means which should be resorted to in order to diminish it, and the best methods of guarding against the errors into which it is liable to lead us. These errors are, I may remark, so numerous, and so common, and interfere so constantly with the usefulness of the Physician, among high and low, educated and uneducated, almost equally, that the subject is one of vast practical importance. It is important not only to Physicians, but to the public, and to the public

especially, for they are the sufferers from the multiform and often fatal injuries which these errors engender.

It will be profitable, then, to examine the different points to which I have alluded, so that it may be seen how far the science of medicine merits confidence, and by what tests an intelligent and thinking man may distinguish between that which rests upon substantial evidence, and that which is delusive.

That this is a distinction which often fails to be made by the shrewd and learned, as well as by the ignorant and unwary, the Physician has occasion daily to lament. The deductions of a rational and careful experience are continually confounded with the false assumptions and plausible fallacies of the mere pretender, and the fanciful vagaries of the enthusiast.

So far as my remarks will enable the reader to make the distinction to which I have referred, just so far will my object be accomplished.

When the Chemist mixes substances together, the composition of which he knows, he arrives at results which may be strictly denominated certain and invariable. If he be not able to do so at once, he can do so ultimately, by a series of experiments, varied to test each doubtful point. The results which he obtains are so exact that they can be expressed by numbers and definite proportions. The Physician can imitate the Chemist, it is true, in the application of tests in the investigation of disease, but it is necessarily a very humble and distant imitation; and no approach to the

certainty and definiteness of chemical analysis and synthesis can be expected in medical practice. When the Chemist mixes substances together, he knows what they are, and when he sees their effect upon each other, he has a right to expect the same effect to follow with absolute certainty, whenever he shall make the same mixture again. But the Physician cannot infer, from the effect of a remedy in one case, that the same result will certainly occur in another case which appears to be precisely similar; for he cannot know enough of the two cases to determine, beyond a doubt, that they are exactly alike. Age, sex, temperaments, habits, vital and other forces are brought into operation which essentially modify the effects of remedies.

If you suppose that the Chemist knows the nature of only a part of the substances which he puts into his retort, that the retort itself is made of materials which will act upon these substances, and be acted upon by them in return, and that, in the midst of this experiment, some foreign body gain admittance, producing an entire change in the process, the Chemist then resembles the Physician in the uncertainty of his results.

He will then, like the Physician, be obliged to make many experiments and observations to establish any one fact; and instead of drawing, as he now does, a well-defined line of separation between what is known and what is not known, he will, like the Phy-

sician, have a middle ground of probability and supposition.

The causes which tend to make disease complicated, and prevent uniformity in the effects of remedies are principally these, viz.:

1. The sympathy existing between the different organs of the body.

2. The influence of unseen causes or agents (vital forces).

3. Natural changes, arising from the tendency which exists in the system to throw off disease, appropriately called the *Vis Medicatrix Naturæ*, or restoring power of nature; and, in connexion with this, the tendency to a definite limit, manifest in some diseases; as, measles, small-pox, and scarlet fever.

4. Mental influences.

5. Idiosyncracies, or individual peculiarities.

We will examine, in a familiar way, each class of these causes separately.

1. The sympathy which exists between the different organs of the body. The fact that when one organ is disordered in any way, the other organs sympathize, or suffer with it, is familiar to every one. This sympathy destroys the simplicity of disease in two ways: in the first place, it gives rise to many symptoms at a distance from the organ affected; pain, for example, is often far removed from the disease which causes it: thus, pain in the right shoulder, from disease of the liver; in the knee, from disease of the hip-joint; and

in the head, from disordered stomach. Convulsions, in the great majority of cases, especially in children, are a mere symptom developed by the sympathy of the brain and nervous system with disease in some other organ, as, disordered stomach, irritation from dentition. Now if sympathy renders disease complex, by developing such marked symptoms as those we have mentioned, at a distance from the affected organ, much more will it do this by the numerous less observable, and less definite symptoms, attendant upon our various bodily maladies.

In the second place, sympathy destroys the simplicity of disease, not only by exciting symptoms in organs at a distance from the part affected, but also by creating actual disease in those organs. A single example will suffice. The child, whose brain sympathizes with the disease in its stomach, may, after a time, have inflammation fastened upon its brain in consequence of this sympathy, the symptoms at first being obscure, but afterwards clear and unequivocal.

The influence of sympathy in modifying disease constantly occasions much perplexity in the mind of the Physician. It is often difficult, and sometimes impossible to decide whether an organ be really diseased, or only sympathetically affected.

The simplicity of disease is thus destroyed by sympathy, even when all the organs, except the one which is attacked, are in a healthy state at the time of the attack ; and when they are already in an unhealthy,

unnatural condition, from previous disease, the complication is still greater. Chronic cases are often complex from this cause, requiring the utmost discrimination to unravel their history, and make out their origin. It is often impossible to discover such starting-point; sometimes there is none, but several different diseases in different organs, all affecting each other through sympathy, presenting together a confusion of symptoms.

In such cases the manifestations of diseased action are at one time most prominent in one, and at another time in another organ. These variations in the phase of disease are often unaccountable and capricious, embarrassing the Physician as he attempts to determine the effect of his remedies, and to proportion them to the importance of the symptoms as they show themselves in the various organs.

In some cases disease will leave the organ in which it seems to be obstinately fixed, and appear in full force in some other organ, which had, up to that time, been only sympathetically affected. This is more apt to occur in children, because in them the sympathies are more active than in the adult. Such changes occurring often without any obvious cause, and so suddenly, and sometimes so secretly, must tend to make our knowledge of disease, and of the effect of remedies, confused and uncertain.

2. The influence of unseen or secret causes is another source of the uncertainty in Medicine.

The fact that some causes, whose nature and extent cannot be appreciated, are at work modifying disease, and the effects of remedies, constantly forces itself upon the attention of the practitioner. The causes of disease, and of the changes which occur during its progress, are much more concealed from our view than is generally supposed. Patients are fond of fixing upon something to which they can attribute their sickness; but, in the great majority of cases, the conclusion which they adopt with so much confidence is a mere supposition, and does not rest upon any substantial proofs. Even in the case of a common cold, you will find that the reasons given for believing that this or that cause produced it, often will not bear a strict examination, according to the acknowledged rules of evidence. Ordinarily, some exposure is looked upon as being, without a doubt, the cause, when it may have been only one of the causes, or may even have had no agency at all in producing the result.

Some of the causes of disease, though, from their definite and invariable results, we may be perfectly aware of their presence, are yet of an occult nature, escaping all the tests devised to detect them. For instance, the miasm, as it is termed, which is the cause of intermittent fever, has never yet been detected in the atmosphere by the application of any chemical test. And yet no result in the wide range of disease is more definite and palpable than that which this miasm produces; and so secretly does

it make its impression, that the disease sometimes lies dormant for a long period, even for weeks and months, the system all the while showing no signs of its presence. I once had a case of intermittent fever which was not developed till a year had elapsed from the time of the patient's exposure to the cause.

The nature and mode of operation of the causes of many diseases are involved in mystery, and are subjects of discussion and dispute among medical men. The formidable and often fatal malady, that results from a dissection wound, is attributed by some to a poison evolved in the decomposition of the body, while others suppose that it arises from the irritation of the wound simply, circumstances concurring to increase the irritation in one case, while it is left to subside in others. It is agreed on all hands, that the contingencies on which the disease depends are not ascertained; and they are so often absent, that the cases in which the malady does actually occur, bear a very small proportion to the whole number of instances in which such wound is received.

The same may be substantially said of the causes of typhus fever, cholera, and scarlatina. Some think that these diseases are caused by subtle poisons, which enter the system in many supposed ways, while others believe that they arise from causes which make impressions merely upon the system, and thus awaken trains of morbid action. Without offering an opinion

on these disputed points, the fact that there is so much secrecy in the operation of morbid influences, must, it is clear, render much of our knowledge of disease uncertain.*

If, then, there be so much ground for difference of opinion in regard to the nature of the causes of disease, and their mode of operation, where the results are of so definite a character as we see in the disorders to which I have alluded, much more is this the case with those diseases which, with their Protean shapes, make up a large proportion of the maladies that call for the daily attention of the Physician. These do not commonly spring from one cause, but from many causes concurring together, some of which may be ascertained, while others are only disputed, or concealed from the most scrutinizing investigation. Under these circumstances, it is a difficult task for the Physician to discover the actual condition of the patient. It would be a comparative easy one if he knew what all the agents were that had combined to produce disease, even though they were numerous and complicated in their

* "Many conjectures have been advanced, some of them with much plausibility, but without any substantial support. Dr. Prout states, that shortly before and during the prevalence of malignant cholera in this country, he noticed a small but decided increase in the average weight of the atmosphere, as if from the addition of some ponderous gas. At the same time he remarked an unusual acidity in the saliva even of healthy persons."—*Principles of Medicine, by Dr. C. J. B. Williams, F.R.S.*

operation. He could then thread out, with some success, the trains of morbid action; and perhaps assign to each cause its proper place, in his estimate, of their agency in causing the disease. But in some cases he knows little of the mode of action, even of those agents whose influence he can perceive; and then there are some quite as important which act in entire secrecy, developing results which cannot be foreseen, and that cannot be calculated upon after they have made their appearance. Such developments are often observed in the progress of disease, and necessarily embarrasses in its treatment. They sometimes completely alter the whole character of the case. In some cases, which were in the commencement comparatively mild, a group of severe symptoms all at once start up, exciting astonishment and alarm in the mind of the practitioner.

It is sometimes impossible to detect the immediate cause of an attack of sickness, even when the transition from health to disease is apparently instantaneous. For example: A gentleman while quietly sitting in his counting-house, is attacked suddenly as if it were from a blow, with a great sense of oppression in the region of the heart, almost arresting its action, and at once prostrating his strength. No reason can be discovered why the attack should occur at this time in preference to some other. Doubtless there is some hidden cause, or combination of causes, which at the moment were called into operation, and we are unable to discover how

long the preparation for this consummation had been going on.

The Physician often finds, on making his first visit to his patient, that although he may consider his attack as a thing of to-day, there is evidence that the disease has been lurking in his system for some length of time, gradually extending its ravages, till, at length, it has made a palpable outbreak. The patient may attribute his sickness to some one cause, but there have been many causes uniting together, one after another, swelling the current which has now broken forth as a flood.

As a general rule, the longer this preparation has been going on, the more obstinate does the Physician expect the case will be, and the more difficult does he find it to obtain a definite knowledge of the nature and extent of the malady. And if he would trace every train of disease up to all its sources, both original and tributary, he would often be obliged to go back weeks, months, and, in some cases, even years. It frequently happens in attempting such an inquiry, that those facts, which in the eyes of the patient are the least material, and are often overlooked by him altogether in stating the history of his case, afford the most impartial evidence as to the origin of the disease.

These remarks apply with greater force to chronic than they do to acute disease, but, in some measure, are equally applicable to both.

Chronic cases are frequently rendered exceedingly complex and obstinate, by the course which the patient

has taken with himself, before he places himself under the care of the qualified practitioner.

He first tries domestic medication—then takes patent medicines, recommended by his neighbours, or trumpetted forth in the newspapers—then hydropathy or homœopathy—then at last comes to a Physican, and puts himself under his care. The case which was, perhaps, sufficiently complicated in the beginning to require strict investigation, is now rendered, by this variety of practice, very intricate. The difficulty in understanding it lies in the varied effects which the different agents brought to bear on it have produced—effects which, in the retrospect, it is almost impossible to estimate with any correctness, because the Physician has only the history given him by the patient, and the appearance of his present symtoms to guide him in making up his opinions. Had he seen the case in its untouched condition, and then witnessed the operation of the different remedies, he would have been better able to arrive at satisfactory conclusions. Chronic cases need to be watched for some little time, in order to acquire a just and thorough knowledge of their character. And when they have been submitted to a series of processes at haphazard, with no intelligent eye to observe, it is no wonder they should be complicated and puzzling. In such cases the Physician is situated very much as the Chemist would be, into whose hands should be put a mixture which has been experimented upon, over and over again, by different chemists, and

those too who were ignorant and bungling; and as you would not demand of him that he should arrive at once at definite results in examining the composition of such a mixture, but would give him time to apply various tests to it, so it should not be expected of the Physician that he should understand, at once, a case which has been dabbled with by ignorant experimenters, one after another; but time must be given to watch his tests, and exhibit their real character and condition.

It must be obvious that those who go through this round of experimenting before they put themselves under the care of an educated Physician, not only lose valuable time by so doing, but generally inflict upon themselves positive harm; that frequently which, at its onset, was only a slight malady, is converted into a serious, and, too often, incurable disease.

3. I now pass on to the consideration of the third class of causes, which render medicine an uncertain science, viz.: Natural changes, arising from the tendency which exists in the system to throw off disease, appropriately called the *Vis Medicatrix Naturæ,* or curative power of nature; and, in connexion with this, the tendency to a definite limit, which is manifest in many diseases, as, for example, small-pox, measles, scarlatina and hooping-cough.

To recur to our chemical illustration—I have said that it would add vastly to the uncertainty of the results of the Chemist's experiments, if the retort into which he puts his substances to be experimented upon, could itself

act upon these substances, and thus modify their action upon each other. The body of the patient may be considered the Physician's retort, and the diseases and remedies introduced as the materials contained in it. Under this head we are to examine certain principles which reside in this retort, and which have a constant and important influence upon diseases and their remedies, modifying, sometimes manifestly sometimes secretly, their action upon each other.

I will speak first of the tendency to throw off disease, the *Vis Medicatrix Naturæ*. The extent to which this tendency operates is far from being properly appreciated, even by medical men, and much less by those out of the profession. The changes which it produces are certainly confounded with the effects of remedies; and this is one of the chief sources of the error which encumbers medical experience.

The reader will see, as we proceed, that boast, as doctors often will of their cures, as if they were wholly theirs, this *Vis Medicatrix Naturæ* is the chief doctor after all; and she, good, kind angel, hovering over the bed of sickness, without fee and often without acknowledgment of her services, saves the life of many a poor patient, who is near being drugged to death by some ignorant quack or over-dosing apothecary.

The following are examples of the extent of the influence of this curative principle:

If some offending substance be present in the stomach, vomiting is produced, the substance is evacuated,

and this organ having relieved itself by an effort of nature, as it is commonly expressed, now goes on with the performance of its usual functions. In this case, the ordinary action of the organ is entirely reversed, in obedience to the curative principle. If an attempt be made to allay the vomiting before the offending substance is thrown off, it is an injurious interference with a salutary effort. Sometimes the effort is ineffectual, and needs the assistance of art. It is often difficult to decide whether vomiting is caused by irritation, which should be quieted by medicine, or whether it is prompted by this curative principle. Want of due discrimination, either from lack of knowledge or carelessness, often leads to error.*

The operation of this principle is beautifully ex-

* "The existence of this power has long been recognized, and in former days it was impersonated. It was the *Archæus* of Van Helmont, the *Anima* of Stahl, the *Vis Medicatrix Naturæ* of Cullen. But without supposing it to be ought distinct from the ordinary attributes of living matter, we see its frequent operation in the common performance of secretion, in the careful manner in which the noxious products of the body and offending substances in food are ejected from the system; in the flow of tears to wash a grain of dust from the eye; in the act of sneezing and coughing to discharge irritating matters from the air passages; and in the slower, more complicated, but not less obvious example of inflammation, effusion of lymph and suppuration, by which a thorn or other extraneous matter is removed from the flesh."—*Principles of Medicine, by Dr. C. J. B. Williams, F.R.S.*

hibited in the succession of the processes of inflammation.

You see a swelling. It, after awhile, begins to soften. There is matter in it, but it is not yet very near the surface. But soon, at some point, it comes nearer and nearer to the surface, the well of the abscess thus becoming constantly more thin, till at length it opens and discharges. The discharge continues till the swelling is nearly all gone, and the remainder is absorbed, and the part restored to its natural state.

Now this is quite a series of processes, all contributing to one result, and it is presided over or directed by the *Vis Medicatrix Naturæ.* The object of this series is a definite one; and each process does its part in effecting it, and does it commonly in the right time, and in the right manner. Just look, for a moment, at the complicated character of this apparently simple operation. Here is quite a large deposition of substance, which is to be removed, and this is the object to be effected. Observe how it is done. The softening of the swelling is not a mere change of solid substance into a fluid, as if by decay, but it is the result of an active process, which we call suppuration. When this process is properly performed, good pus is made. This process of suppuration, when it is well done, does not go on here and there in the swelling, making it like a honey-comb, with a multitude of little abscesses; but there is a consent, an agreement of action by the vessels of the parts,

as really as if they worked intelligently. It is this concert of action which not only makes the line of movement in the abscess, but points it towards the surface, instead of giving it some other direction, laterally or inwards, upon some of the internal organs. But it is farther to be observed, that in this agreement of action, the vessels of the part do not all do one thing. Three different offices are performed by them in the different quarters of the abscess. While some of these little workmen are forming the pus, there are others thinning the wall of the abscess in the direction of the surface, by absorbing or taking up the substance there; while there are others still in the rear and at the sides of the abscess, depositing substance, in order to make a barrier to prevent the pus being diffused on the surrounding parts. Each class of these workmen perform their particular work with even more exactness and harmony than even would be expected of any company of intelligent labourers under the direction of a leader. The absorbents absorb together; the wall-builders build together; and the makers of pus make pus together, and deposit it in a common reservoir.

But if we observe farther, we see an entire change come over the whole scene of operations; when the absorbents have completed their passage for the matter through the skin, the pus is gradually discharged from its reservoir, and the occupation of the pus-makers is

soon gone. The wall-builders also cease their work, and while the vacancy becomes filled up by contraction and deposition, the wall of defence, so carefully maintained so long as it was needed, is now taken up by the absorbents—workmen which seem to know just when, as well as how, to do their duty, and is emptied into the common circulation, to be discharged from thence with the general refuse by the various outlets of the system.

The object of this is the restoration of the part to its healthy condition, and it is effected by a principle existing in the system, it matters little comparatively by what name you call it. The name is simply expressive of a general fact, as the term gravitation is, and is not intended, any more than that term is, as an explation of the nature of the fact indicated.

This same principle is in operation in all diseases, resisting them, hemming them in, and, as they retreat, following hard upon their footsteps, repairing their injuries as well as it can. It is true that its efforts are often ineffectual, that they are sometimes overpowered by disease, that they are frequently perverted by injudicious interference, and that they are sometimes stimulated to a higher degree than is necessary, producing over-action, and thus making this conservative principle an instrument of injury, perhaps destruction. It might be interesting to illustrate these several points in the operation of this principle, but it is not essential to our

purpose. We now pass to the consideration of the principle of self-limitation, which we find existing in many diseases. These diseases have a regular rise and decline, including a set of processes, and a succession of symptoms peculiar to themselves. When they have once fairly begun they cannot be abridged; neither are they prolonged beyond their natural limits, though they may, and often do, leave results behind them which are sometimes taken for a continuance of the disease itself. The period of continuance is more definite and fixed in some of these diseases than in others. Thus small-pox runs through its course with more regularity of period, and with a more uniform series of phenomena, than scarlet fever, which, though having a certain general character and average period, is extremely diversified in its degree of severity, and its accompanying circumstances. The more simple, regular, and definite any disease is, the more accurate can our observations be in regard to it, and the less apt are we to confound the effects of remedies with the natural changes that take place in its progress.

The reader is now prepared to see how it is that mistakes may be made by confounding the effects of remedies with the changes that rise from the two tendencies of which I have been speaking. These mistakes have often been committed, even in those diseases which are commonly simple and uniform, and definite in their shape and course. Take, for example, fever. It

was once the custom of Physicians to give much medicine in this disease, with the idea that it was controlled and lessened by such a course, and that the system was thus enabled to throw it off more easily and effectually. Experience has corrected this error, and the Physician now stands by, and sees results occur in the progress of the malady without the agency of medicine, which he used once to consider as produced, in part at least, by the drugs he administered. Let me not be misunderstood to say that no medicine at all should be given in this disease. The office of the Physician is to watch it; and if nature, in going through the processes necessary to a favourable termination needs to be assisted by art, it should be done. But we should be careful not to ascribe to art what is really effected by nature. Medicine often does much good; it moderates the febrile symptoms and supports the strength. But to attribute the successful termination of a case of fever to the remedies employed, would be as great an error as to maintain that poultices and other applications made to an inflammatory swelling, are the cause of its suppuration and discharge—in other words, that they cured the inflammation. All that can in truth be said of them is, that they assisted nature. And as these applications may sometimes be of too stimulating a character to suit the case, and therefore may increase and extend the inflammation, so the remedies used in a case of fever, if they be not actually needed, may aggravate the disease.

And if fortunately the patient recovers under such injudicious treatment, it will be inferred the medicines cured him, although he recovered in spite of them, because this same *Vis Medicatrix Naturæ* came to the rescue.

If there be so much liability to error in a disease so simple and uniform as fever, it is far greater in those complaints which are more complicated, from collateral and accidental influences.

A better example for our purpose cannot be adduced than is to be found in scarlet fever. There is no disease which exhibits in so striking a manner the uncertainty of medical knowledge and experience as this does. The most opposite and various modes of treatment and remedies have been lauded as successful. What is praised by one is condemned by another; and it is the individual experience of every candid practitioner, that a mode of treatment which at one time is attended with marked success, at another is wholly ineffective. It cannot be otherwise in a disease which varies so much as this does in its degree of severity, in its real character, and in its attendant circumstances. A respected medical friend, in reviewing his cases of scarlet fever, found that he had treated one hundred cases since he had lost a patient. But on the very day which he made this review, he was called to a case of scarlet fever, which ended fatally; and out of thirteen cases in the same neighbourhood he lost seven. With such variations in the severity of the disease, it is difficult to avoid

erroneous inferences as to the comparative success of modes of treatment; and this difficulty is increased by the fact, which is remarkable in this disease, that the degree of severity is by no means always capable of being measured by the symptoms which present themselves. In the experience of every Physician who has seen much of this complaint, many cases have ended fatally, which up to within a short period before death appeared to be doing better than some other cases in which recovery took place. In the treatment of all diseases, too much credit is very commonly given to medicine, and too little to nature; and sometimes when some remedy is praised for its efficacy, and the patient and his friends, and perhaps even the Physician, think that it has saved his life, it had no agency in promoting his recovery. Perhaps it even retarded it.

I pass now to the consideration of the fourth class of the causes of the uncertainty of medicine.

Mental Influences.

It should never be forgotten in our observation of disease, that we have not to deal with the body alone, but with the body inhabited by a mind, which is connected with every particle of that body by countless nervous filaments, and therefore acting through them upon it, and affecting, to a greater or less degree, all its diseased conditions.

The influence of causes acting through the mind is often concealed from our view, and even when it can be

plainly seen, it is difficult to estimate its amount with correctness. Effects are often produced through the mind, that are attributed by the patient, and sometimes by the Physician too, to some remedy that has been administered. A dyspeptic who has contracted his disorder through mental effort, or from the anxieties of business, applies to his Physician. He prescribes some medicine, and at the same time recommends him to take a journey, or go to some watering-place. He returns cured, and gives the credit for the most part to the medicine, or medicinal waters which he has drank with scrupulous regularity, either of which may have had little if anything to do with the cure ; the relaxation and diversion of his mind being the chief or sole cause of his recovery. This is a palpable instance of erroneous inference ; but we shall have but a narrow idea of the influence of mind upon disease if we confine our view to cases of so decided a character. Its influence is constant in all diseases, sometimes to be seen plainly, as in the case just mentioned ; often entirely concealed from the most careful scrutiny ; and sometimes revealing itself slightly, so that the watchful eye of the Physician catches mere glimpses of it, like passing shadows, gone in a moment.

The fifth class of causes of the uncertainty of medical science remains to be noticed, viz. :

Individual Peculiarities, or Idiosyncracies, as they are termed.

Every individual may, strictly speaking, be said to be peculiar to some extent, and there is much force in the popular idea of the benefit resulting from a Physician's being acquainted with his patient's constitution. But, besides these common differences, some have very great peculiarities. A few examples will suffice. There are some persons in whom the odour of Ipecacuanha will produce asthma. Some persons are uniformly made sick by eating strawberries. Cases are constantly met with by Physicians in which some medicines have a peculiar effect. The various effects produced by opium in different individuals furnish many examples. When idiosyncracies are known, they can be calculated upon; but they are not always known. We cannot be aware of them when they respect the action of remedies which the patient had never taken.

I have now finished the consideration of the various causes of uncertainty in medical science. If I have succeeded in making them to be appreciated, the reader will agree that there is no science that requires higher talents for its successful investigation, and none that is so liable to wrong influences and conclusions, if the student of it be a careless and credulous observer. Notwithstanding the liability imperatively demanding caution on the part of the Physician, there has been much of careless observation in this science; and the recorded experience of the medical profession is therefore encumbered with a mass of errors. In order to

get rid of these errors, and to establish the proper distinctions between certain and uncertain, between the true and problematical, a judicious sifting and testing must be resorted to, credulity and scepticism being equally avoided.

CHAPTER II.

SKILL IN MEDICINE.

The uncertainty of medicine is often an excuse for blind experimenting. It ought rather to act as a stimulus to the most careful observation. This uncertainty in medicine exhibits to us in what the real skill in the practice of the medical art consists. It consists in appreciating the actual state of the patient in all respects, and then applying our remedies in such manner as are calculated to do the greatest amount of good.

In order to appreciate the true condition of our patient, we must not only find out the seat, nature, and amount of disease, but, as far as we are able, acquaint ourselves with every concomitant circumstance. Disregard in these points frequently leads to error in practice. For example:

Many Physicians are disposed to consider the morbid state of the system in almost every case as arising from

disease in some particular organ. They, therefore, in examining the symptoms search for this disease, and when they think that they have found it, they refer to this, either directly or indirectly, all the phenomena which the case presents. In their treatment of the case, therefore, they direct the remedial means principally to the local disease. They lose sight of the fact, that often there are several organs simultaneously affected, and that the organ which seems to be most diseased is sometimes found less so than some other organ which exhibited no marked signs of its morbid state. They lose sight too of another important fact, that the disease of an organ is often a mere result of a general bad condition of the system. If, in such a case, the Physician considers the local disease the main thing to be attacked by remedies, and directs his efforts to that point, a great error is committed. Some Physicians, from having directed the attention specially to the investigation of diseases of certain organs, are apt to acquire exclusive and narrow notions of disease, and are always disposed to refer to the favourite organ for the origin of the malady. Undue attachment to certain modes of investigation, to the exclusion of others, is also frequently a source of error. Too extensive a reliance upon what are termed physical evidences of diseases of the chest may be cited as an example. The value of percussion and auscultation as evidence of disease of the lungs and heart is not to be doubted, but if relied upon exclusively they become equally sources of errors.

Error must necessarily result in the application of our remedies, if we take too exclusive a view in the investigation of symptoms. A remedy may be applicable to a disease which the Physician finds developed in a given case, but there may be some condition of some organ which may render it wholly inapplicable to that case.

The general condition of the patient sometimes fails to be appreciated by the practitioner. He may be pursuing a course which would be admirably adapted to cure the disease in a more vigorous patient; and yet, in the case in hand, it may be ruinous. Though it may cure the disease, it may destroy the patient.

Sometimes fearful issues depend upon the decision of the Physician. For instance, here is a case which has been going on for some time without giving much occasion for anxiety; all at once it assumes a new aspect; a new set of formidable symptoms have come on, requiring an entire change in the treatment. A variety of perplexing questions arise in the mind of the Physician. If we attempt to remove these new symptoms, how much reason is there to fear that the attempt will so affect the debilitated patient as to destroy life? Severe as the symptoms are, is there a probability, that if a mild course be pursued, the patient may weather the storm? Will he certainly die if the symptoms are left to go on without any attempt to arrest them? And if so, what measures will probably arrest them with the least amount of risk to the patient's life?

Such are some of the momentous questions which press upon the Physician's mind. There is no time for consideration; he must act with promptness and decision. In order to decide such questions, under such circumstances, great comprehensiveness of mind and concentration of thought, a cool and clear judgment, are necessary. A mind of narrow views and loose habits of observation will fail to arrive at a right decision.

Some, under such circumstances, will doubt and doubt, till the time in which anything effectual can be done is passed by, and the patient dies without having a single intelligent effort put forth to save him. Others, in the confusion of their ideas, pursue a vacillating course, at one moment inefficient, at another destructive; and no rational and steady plan is adopted. Others, still, without waiting to consider the different questions which have been mentioned, see in the new group of symptoms nothing but a new enemy to be attacked, and plunge at once into the fight; a reckless course is entered upon, which either kills or cures.

The judicious Physician, in contrast with all these, is neither bewildered nor precipitate. He takes a rapid glance at all the circumstances of the case, and looks carefully at the important and perplexing questions which start up one after another, and then decides intelligently, coolly, and definitely upon his plan of treatment. He may err, it is true; but if he does, it is not his fault, for he has made use of all possible pre-

caution to prevent it. The plan which he fixes upon he does not pursue obstinately, as being, without doubt, the best. While it is that which he believes to be the best at the time, he watches its progress; and if he sees reason afterwards to alter it, he does so. Aware of the uncertainty of his knowledge, while he decides at every step what it is best to do, he is ready to reverse that decision, and change his course whenever any new development in the case shall call for it.

Sometimes he decides that it is best to wait and watch the movements of the case. Many seem to demand that he shall pursue an active course of treatment all the time; that, to conquer the disease, he shall keep up a constant cannonade upon it from beginning to end, not reflecting that if he do so, many of his shots must be worse than lost. Some Physicians yield to this demand, and pursue this destructive course. The public call them bold practitioners; and they do gain some apparently splendid victories over disease; but if the results of their whole campaign could be fairly estimated, they would be found not to deserve the reputation for success which is accorded to them. The prudent and judicious Physician, like the prudent and judicious general, fires as few random shots as possible, taking good care, too, that he hit none but enemies,—husbands carefully all his resources, rests from his battle with disease whenever it is best to do so, maintaining for the time a masterly inactivity—retreats when he finds his line of movement is likely to

prove disastrous—calculates probabilities as accurately as he can at every step, and endeavours to make every measure tell upon the great result; avoiding, as far as possible, those which will not, and especially those which will, hinder or defeat it.

Perhaps there is no one theory in medical practice in which failure is so common, as in the accurate proportioning of remedies to the condition of each case. We may discover very clearly the nature of the remedy, and devise with great correctness upon the appropriate medicines, and yet may err, after all, in applying them in their proper doses and at proper intervals. The variations in these respects required by different cases, have a wide range, some demanding larger doses to produce the needed effects, and others being strongly effected by small ones.

In some cases of severe pain, for example, very large doses of opium, in some of its forms, are necessary to give relief; while in other cases, in which perhaps the pain is is by no means slight, small doses accomplish the purpose. Similar variations in the quantities of remedies are required by other circumstances, which are less obvious in their indications on this point than so palpable a symptom as pain is. The contingencies on which these variations depend, are often, indeed, uncertain, and so secret, that they elude the most watchful and patient investigation, much more that which is hasty and careless.

Experience gives to the shrewd and judicious Physician a sort of tact in detecting these contingencies, and in so modifying his practice as to meet, with some good degree of fitness, the various indications which they present. This tact is to be acquired at the bed-side of the sick, by patient watchings of the workings of disease, and of the influence of remedies upon it; and though the experience of others is a valuable auxiliary in acquiring it, it is only an auxiliary, and cannot communicate it alone.* There are a thousand little things that are observed in watching disease from day to day, which materially influence the Physician in the details of his treatment, but which it is impossible to record in the history of the case. It is, therefore, peculiarly true of the wise and skilful Physician, that when he dies much wisdom will die with him. And the student of medicine always finds, when he comes to actual practice, that disease in the sick chamber is a very different thing from what he supposes it to be when listening to the descriptions of it in the lecture-room. One of the first lessons that he learns is, that the long troop of maladies arranged in the syllabus of the Professor, gives but a faint idea of the protean shapes of

* We would strongly urge upon the attention of the Medical Student the necessity of confining his reading to one or two books; and from our own experience should recommend: "The Practice of Medicine," by Thomas Watson, M.D., and "The Principles of Medicine," by Dr. C. J. B. Williams, F.R.S.

disease, as they appear before him in all their complications, with mingled and confused lineaments, instead of the distinct ones with which they are necessarily described in books and lectures. He sees that the general principles which he has learned are to be applied with almost endless variations; and that a searching and ever-vigilant observation is needed to apply them aright. The points which have been elucidated in regard to skill in the management of disease, are very commonly disregarded by the community, and too frequently by the Physician.

CHAPTER III.

POPULAR ERRORS.

It is our intention in this Chapter to notice some of the popular errors which have resulted from the uncertainty of medicine. One of the most common is a false estimate of the importance of positive medication. This error appears in a variety of forms. A patient once avowed the opinion, that in all cases of recovery from sickness, the recovery is to be attributed to medicine, and that nature never cured any one of real disease. This error is seldom carried to so great an extent as this, although it does exist, in some slight degree, even among the profession, and is exceedingly prevalent in the community at large, and consequently, exerts considerable influence upon the popular method of treating disease.

A common example of the false idea of the curative agency of medicine, may be seen in the prevalent notion respecting the healing of wounds.

The cure is usually attributed to some healing property in the applications made to the wound. But the union of the divided parts is effected entirely by a natural process, and the only use of any application is to bring the lips of the wound in apposition, so that the process may be effectual in securing union.

As another common example of an undue disposition to refer results in the course of disease to positive medicaments, may be mentioned the fact that those who have the care of the sick, often attribute any changes that may occur, whether favourable or unfavourable, almost as a matter of course, to the remedy that was administered immediately prior to the change taking place. They do this sometimes when the medicine has not had time to produce any effect. They do not reflect that some remedies act much more slowly than others, nor that changes are often induced by other agencies than the action of medicine. This is an everyday error.

When one recovers from sickness, it is very common for his neighbours and friends to inquire, what it was that cured him, as if there was some one remedy that effected the cure. It is true, that in some cases, the agency of some one medicine is so prominent, that it may very properly be said to have been the cause of the recovery. But this does not often happen. In the great majority of cases, the cure is to be attributed to the whole course of treatment, including many different remedies and measures. Very often the negative

portions of the course are of as much importance as the positive, sometimes more so. Thus, in case of inflammation of the eye, the exclusion of light is as necessary to the cure, as blistering and leeching. The exclusion of noise and excitement from the room of a patient with inflammation of the brain, is as essential as any positive medication which may be employed.

The undue reliance which is placed upon positive medication, is seen in the disposition to demand of the Physician that he shall be doing something to overcome the disease. Those who make this demand do not reflect that in the warfare with disease there are times to do, as well as times to rest from doing. In some cases, indeed, there are periods when it would be certain death to the patient to employ any positive agencies of any amount of power. A shrewd Physician, who was often found fault with for giving so little medicine, once remarked: "That it takes as much knowledge to know what not to do, as it does to know what to do." This is an important truth. And yet those who drug their patients freely, are more apt to satisfy the mass of the community than those who place less reliance upon positive medication. The friends of persons who have died, often remark, as a matter of consolation, that they are sure enough was done, that no means of relief which was suggested was left untried; not seeming to dream that it was possible too much was done. It sometimes appears to be the idea of the friends of the sick, that one remedy after another must be tried, in order to

overcome the disease, until the effectual one is found, and that all the remedies which fail in this trial, simply fail, and do no positive harm. Accordingly, when any serious case occurs, they are disposed to call in many Physicians, one after another, with the impression that one may think of something which the other did not.

It is a very common idea that medicines have a sort of natural relation to disease. Some talk about disease as if it were a poison, whose power can be destroyed by the appropriate agents, very much as an alkali neutralizes an acid. All medicines which do not have the neutralizing influence, are in their view merely palliatives. It is this idea which lies at the foundation of the opinion so often expressed, that opium never cures any real disease, but merely gives temporary relief. No opinion can be more erroneous than this. Opium, in some of its numerous forms, is one of our chief means of curing disease, as well as of alleviating its sufferings. It is an effectual remedy for many painful affections. For example, it is the great remedy for spasmodic colic. There are auxiliary remedies, which can be used with profit, it is true; but after all, opium is the chief remedy. And in the great majority of diseases, with which the Physician meets in his daily practice, opium materially assists in their cure, by soothing and quieting the irritation of the system, so that the curative power of nature may pursue undisturbed and unburdened her process of restoration.

Another error to which this idea of the neutralizing

influence of medicines may give rise is this: what is found to be useful in any disease, is supposed to be so in all cases of that disease. If a remedy be good for a certain malady—fever for example—it is apt to be considered as being good in all cases of fever, without regard to circumstances. There is a great proneness to suppose all cases of one disease to be alike, and therefore to require similar remedies. The Physician often finds it difficult to make people understand that two cases, in which the disease bears the same name, may require very different, nay, almost opposite plans of treatment. The accompanying circumstances of disease vary so much in different cases, that this supposed invariable relation of particular remedies to the cure of particular diseases, is impossible. This remark applies even to our most efficient remedies. Colchicum is one of the most effectual remedies which we have for rheumatism, and yet there are many cases of this disease in which it is forbidden by the condition of the patient. The idea, that medicines have a kind of natural relation to disease, assumes sometimes a more definite shape than either of those to which we have alluded. Some suppose that almost all, if not all, diseases have their specific antidotes and remedies. It is often asserted by those who entertain this idea, that there are medicines in the plants that grow in any country, which can cure every disease that prevails in that country, if they could only be found. Indians and Indian doctors are supposed to know many of those specifics. The newspapers

announce, too, occasionally, the discovery of specifics for the cure of the most formidable diseases—consumption, cancer, hydrophobia, tetanus, &c. These announcements are accompanied sometimes with statements of cures of the most positive character, and apparently well authenticated. No doubt the statements are correct in one respect—the patients recovered.*

By a specific remedy for disease, we mean one which will cure that disease under all ordinary circumstances: that is when there are no circumstances in the case, apart from the disease, which tend to prevent the cure. Some doubt the existence of specifics at all. There certainly are some few, as sulphur in the cure of itch, mercury in syphilis, and quinine in ague.

One of the strongest evidences that the community have a very imperfect conception of the varieties of disease, and of the necessity of accurate discrimination, is the propensity to look for some one grand remedy for all diseases. This propensity is exceedingly common, and exists in every variety of degree. It has shown itself, in some measure, even among Physicians. Enthusiasts in our profession have always been disposed to attribute to favourite remedies a sort of universality in their operation upon disease. Every new medicine

* "Nothing is more common than to hear a person state confidently, as from his own experience, that such and such a patient was cured by this or that medicine; whereas all he absolutely knows is, that he took the medicine, and that he recovered."—*Whately's Logic.*

that comes to notice has almost every kind of virtue ascribed to it. And it is only by long-continued and well-weighed experience that the statements made in relation to any remedy can be sifted, and the real truth be discovered in regard to the degree and extent of its efficacy, and the circumstances which should govern its use. And while the test of experience has corrected our valuation of some remedies, and enabled us to use them with more skill, there are others, once supposed to be valuable, which, under the application of this test, have gone wholly out of use. It is thus that the medical profession corrects, by experience, the errors into which it is led by the uncertainty of medical science. But the community at large pursue a very different course. They never correct these errors, but only supplant one error by introducing another. While Physicians reject what is found by experience to be valueless, and retain what is truly valuable, the multitude reject alike the good and the bad, in making their constant change from remedy to remedy, and from system to system.

CHAPTER IV.

QUACKERY.

FROM the facts and considerations already presented, we are prepared to see in what way quackery, in its various forms, has obtained such a hold upon the community. If results in medical treatment could always be traced to their real cause, there would be no room for the arts of the empiric. It is the erroneous reference of effects to causes which is the great source of quackery.

Let us see how the result is produced.

Take any remedy, no matter what, whether it be positive in its operation or wholly inert, and it can be made to acquire an extensive reputation for curing disease. Suppose that it is of a positive character. Let a large number of persons in a community be persuaded to take it. It would be appropriate to a few out of the whole number of cases, just as a man firing into a crowd of men at random would be apt to hit some one of them.

Then there are some who, through the renewing power of nature, get well whilst using the medicine, perhaps even in spite of it, and falsely attribute the cure to it. The many that are not benefitted soon give up the use of the remedy, and the fact that they have taken it is known to a few, and soon forgotten even by them. But the few that chance to derive benefit from it, or that are cured by nature while taking it, proclaim everywhere the virtues of the remedy, and extol its efficacy by laudatory certificates, for what they falsely term the benefit of their fellow-creatures. The newspapers teem with flaming advertisements. The consequence is, that the remedy comes into extensive use, and continues in popular favour, till some other remedy, by the same process, supplants it. And what is remarkable is, that when once a remedy has passed from popular favour, no matter how great its fame has been, it can never be revived, unless under a new name, and with new pretensions. And why? Because it has been tried, and its reputation was found to be a splendid bubble, that has burst and fallen. And the public, like the child when a bubble has burst, has done with it for ever, and busies itself in raising another, which, in its turn, is succeeded by another, and so on to the end, if end there be, which seems a hard possibility with the bubbles of quackery. It has become so monstrous an evil, that there will be great difficulty in removing it. The credulity of the public is so great and so extensive, that the plainest and strongest facts, brought out even in multitudinous array,

are almost powerless before it. The capital invested in this system of imposture is immense. In the City of London, there are several houses reaping a large annual income from the sale of quack medicines alone.

Quackery, however, does not consist in the mere sale and administration of nostrums, it has a far wider and more injurious scope. It is even to be found in the ranks of the profession. What are Homœopathy and Hydropathy but systems of quackery, rendered the more dangerous by having the qualified practitioner as their disciple and advocate? It has infested every grade of society, from the poor mechanic, who expends his hard-earned pittance upon the faith of some newspaper advertisement, to the nobles of the land, and even to royalty itself.

One of the most seductive quackeries of the day is the practice of Homœopathy. We propose to give a short account of its founder, and to show how it is that it has gained such hold upon the credulity of the public. Hahneman, the founder of the homœopathic system of practice, was born at Meissen, in Saxony, in the year 1775. At the age of twenty he went to Leipsic, and whilst pursuing his education, he supported himself chiefly by translating English works on medicine. After taking his degree, instead of practising medicine, he gained his livelihood by translating books, and contributing to various scientific German journals.

In 1790 he first broached the idea which is the great principle of his system, and which was to overturn

all other medical practice. In 1796 he published his first paper on the subject of Homœopathy; in 1805 his first work. He died a few years since, at Paris, at an advanced age, having lived to see his system very extensively adopted. At the present time, an effort is being made by his disciples in this country to establish an homœopathic hospital, under influential and aristocratic patronage. His Grace the Duke of Beaufort is the president.

The great principle which lies at the foundation of the homœopathic system, and which has given it its name, is found in the Latin aphorism, *similia similibus curantur*, in plain English, like things are cured by like. In other words, a disease is cured by remedies which produce upon a healthy person symptoms similar to those presented by disease. Thus vomiting is to be cured by a nauseant, diarrhæa by a laxative. It is not pretended that this is a newly-discovered principle, for it has been acted upon from time immemorial. Of this fact, the following are examples: senna for colic, rhubarb for diarrhæa, stramonium for insanity; the sweating sickness has been treated by sudorifics, frozen limbs by rubbing them in snow, and burns by putting them to the fire and by stimulating ointments.

What Hahneman claims is, that he has taken this principle, and demonstrated its applicability to the whole range of disease, and made it the basis of a system of practice.

We see occasionally, but only occasionally, effects

from agents in the treatment of disease, which seem to have their explanation in the principle, that one disease is cured by temporarily creating another similar to it. Hahneman fixed his eye upon these few facts; his mind became filled with the one idea which he there saw, and he was soon blind to everything else. Losing thus his mental equilibrium, he fell into error, precisely in the same way that thousands have done before him.

The second great principle of Homœopathy is that a peculiar power, a dynamic power, as Hahneman calls it, is communicated to medicinal substances by minute division, with agitation and trituration. This he considers as his grand discovery. This was wholly an original idea with him, and if it be a really discovered fact that a peculiar power is thus given to medicines, the credit belongs to him, and to him alone.

The minuteness of the division prescribed by Hahneman is extreme. He does not talk of doses so large as the millionth part of a grain. A hundred millionth of a grain is quite a formidable dose. A decillionth is the common dose, and this numeral is expressed, after the old method of enumeration, by an unit with a string of sixty cyphers. If we suppose the population of the earth to amount to a thousand millions, a grain, if taken in the dose of a decillionth of a grain, would supply every inhabitant of the earth with a septillion of doses.

Hahneman and his followers do not talk of these ex-

ceedingly small doses in regard to powerful medicines only, but also in regard to medicines inert.

Hahneman thought much of the amount of agitation and trituration which were employed in preparing medicines. He gives very particular directions as to the exact number of minutes to be consumed by different portions of these processes. He is also very particular as to the number of shakes to which medicine in solution should be subjected.

Enough has been said of the general principles upon which this system of practice is founded. We will now endeavour to show how it is that it has obtained so great a hold upon the community. First, This system of practice is especially calculated to produce a great effect upon the mind. The very idea that there is a peculiar power imparted to the little globules by their preparation, acts upon the imagination of the patient. It gratifies the love of mystery, so common and so ready to respond to the appeals which are made to it. The minute examination of symptoms of which such display is made by the Homœopathic Physicians, adds to this influence upon the mind, by its imposing air of deep and patient research.

Second, A strict regard to diet and regimen.

Third, The influence of the curative power of nature, the efforts of which are not interfered with by Homœopathy. This is the chief cause of all the cures which Homœopathy claims to itself, as the undoubted results

of its infinitessimal doses. The two influences first named prepare the system for the operation of this curative power.

Fourth, A comparison between the results of homœopathic practice and those of the practice of over-dosing Physicians. Such a comparison will generally tell in favour of Homœopathy, because the plan of giving no medicine and relying upon a favourable mental influence and a strict regulation of diet and regimen, is much better than over-dosing,

Fifth, The facility with which people are imposed upon in their attempts to estimate the comparative merits of modes of practice by their results, is another source of the popularity of Homœopathy. Most persons have an opportunity of witnessing but a limited range of facts in medical practice; altogether too limited to enable them to arrive at any just conclusion, Yet these limited observations are reported abroad among the community, and become the boasted facts by which Homœopathy, like every other delusion, has gained its popularity.

Such being some of the sources of the popularity of Homœopathy, it is not to be wondered at that it has acquired extensive favour with the public, and that many sensible persons have been captivated with it; for the evidence upon which they base their preference is so limited and loose, that it is calculated to mislead any who rely upon it. If they will examine carefully the evidence upon which the success of Homœopathy is

so confidently asserted, they will find it insufficient and deceptive.

Efforts, it is true, have been made by the medical profession to correct the tendency to empiricism which is so ripe in the community. But these efforts have been made with wrong means, and in a wrong direction, and consequently have failed to strike at the root of the evil.

Much reliance has been placed upon giving to the people a knowledge of anatomy, physiology, dietetics, &c. Books have been published, journals of health issued, and popular lectures delivered. Valuable information has thus been communicated. Still it leaves the great sources of empiricism nearly, if not quite, untouched.

These are pouring forth their destructive streams more abundantly than ever, notwithstanding the great increase, of late, of popular knowledge. And this is what we should expect. For the knowledge obtained from popular books and lectures of the human system as a piece of mechanism, can have but little influence upon our notions in regard to the operation of remedies on that system, for these, for the most part, lie beyond the mere mechanical principles of the organization, and therefore cannot be materially elucidated by a knowledge of those principles. For example, the knowledge which the dyspeptic gains from popular instruction of the situation and the shape of the stomach, of the number of its coats, and of the process of digestion,

cannot enlighten him in regard to the treatment of his disease, and will, therefore, not guard him against delusion on this subject. He will be just as ready as he was before to take some patent medicine, or resort to some boasting empiric.

None of the common popular errors can be removed by the knowledge referred to. If a man should adopt the notion that the blood is the seat of all disease, and, therefore, that remedies relieve disease by purifying the blood, would it be possible to dislodge that error, simply by showing him the heart, and describing to him minutely the circulation? The mechanical contrivances of this beautiful and wonderful piece of machinery have manifestly no reference to the state of the blood contained in it. How can we know, from an examination of the heart, arteries and veins, whether he is right in attributing all disease to a corrupt state of the life-giving fluid? Or what light will this examination give him in relation to the remedies which he supposes enter the circulation and rectify the blood, by neutralizing whatever it contains which is foul?

A popular knowledge of anatomy and physiology exerts but little influence in restraining quackery; it sometimes evidently increases it, by giving its possessor an excellent idea of his medical acumen. He upon whom it has had this effect is much disposed to adopt opinions and theories on slight or plausible grounds, and in this way is constantly led into error.

The Physician meets persons of this character every

day. They are always ready to talk, and seem to feel quite at home with him on medical subjects, and some of them have really acquired considerable information upon these matters; but they have built upon it a superstructure of untenable theories and notions, and are commonly carried about by every wind of doctrine in medicine.

It is not meant that none but Physicians ought to know anything about the human system, nor that the knowledge of it obtained, from popular books and lectures, can be of no advantage in the warfare with quackery. Though when relied upon as the chief weapon in this warfare it is of little avail, and is often even turned against the cause of truth and science, yet, as an adjunct to other means, it may prove very valuable. We have seen that the principal popular errors in medicine arise from the partial views of the operations of disease and the effects of remedies, and are false conclusions in regard to the relation of cause and effect. These false conclusions are the basis of quackery; and, therefore, one of the chief means of removing quackery is to be found in the exposure of the fallacy of these conclusions.

It may be said that this has often been attempted, and with so little success, that there is little encouragement for repeating such attempts, and that it is best to let the community find out their errors by their own experience, such as it sometimes is. Those who take this ground assume that the efforts which have been

made for this object, have been of a proper character. Has this been so? Or has there not been too much of ridicule and sarcasm? These are means which are appropriate, to a certain extent, as auxiliaries to sober argument, but never should be relied upon, as the only or chief instruments in combatting error. There has been too much calling of hard names. On the part of Physicians there has not been enough of calm, candid, and patient discussion with the well-informed. To the medical man quackery appears so nonsensical that he has no patience with those who embrace it. He does not remember that many of his own profession have, in their reasoning about cause and effect, committed some of the very same errors which have engendered that quackery. Perhaps if he looks back upon his own course, he may find that he himself has, at some time, fallen into an error, which might have led him into empiricism, if he had been out of the profession, but which was prevented from producing this effect upon him by that sense of dignity which characterizes the man of science, and by that disposition to careful scrutiny, which the pursuit of medical science is peculiarly apt to impart. He should, therefore, avoid being betrayed, by the absurdity of quackery, into the utterance of hard expressions, or a too free use of sarcasm. On the contrary, he should endeavour to show any intelligent friend who has chanced, in some way, to be deluded by empiricism, that he has been deceived, and point out to him just how it has been done. He should

show him what the mistakes are which he has made, in relation to the connexion between cause and effect; and endeavour to impress upon his mind the truth, that there is more necessity for cautious discrimination, in forming conclusions on this, than on any other subject in the wide range of science; and how common a thing it is in medicine to attribute results to causes, which have had no agency in producing them; and that if Physicians themselves are apt to commit this error, much more must they be who are ignorant of medical subjects, and have but limited means of observation.

It is this individual influence, which may thus be exerted by the profession, that must be relied upon as one of the principal means of relieving the public of the evils of quackery. It is not a mere occasional effort —some address, some short article in a public journal, some fling of biting sarcasm, or some sally of wit—that will do it. Men of strong sense and good judgment, when they are led into error, as such men often are on the subject of medicine, are not to be delivered from that error by such means. Remedies of a more searching character, and a treatment more patient, thorough, and persevering, are required to reach their case.

That this individual influence should be exerted by medical men, is exceedingly desirable, because the class of persons to whom allusion has been made, and who may be successfully reached by it, are the chief pillars of empiricism.

It is true that the ignorant, the enthusiastic, and the

novelty-seeking, make up the great mass of the patrons of quackery; but they are kept in countenance by those men of acknowledged good sense, who are found in considerable numbers in every community, supporting empiricism in some of its forms by the weight of their example. The plain, unlettered man who takes some patent medicine, is encouraged to do so by the advice and example of some neighbour of general repute for shrewdness and wisdom, or perhaps of commanding talents and influence, and by the array of great names which he sometimes sees appended to the certificate. A sort of general licence is thus given to quackery by this occasional endorsement by men of this character.

But there are other reasons besides those mentioned, which baffle our efforts to overthrow quackery.

The credulity in the public mind that gives rise to the errors on which quackery is based, is encouraged by a similar credulity existing, to a considerable extent, in the medical profession itself.

If the Physician is seen to believe upon mere plausible evidence one thing, his friends will feel justified in believing some other thing resting upon similar evidence. If he is not careful in sifting evidence, he cannot expect others will be. If, for example, he gives full credence to all the juggleries of animal magnetism, and all the extravagancies of phrenology, how can he hope to dissuade an undiscriminating public from extending a like credulity, in regard to the pretensions of quackery?

One of the greatest hindrances to the successful war with empiricism, is the spirit of quackery which actuates a large proportion of the profession, manifested by an overweening desire for reputation, with a total indifference to the grounds upon which it is based.

The promotion of a thorough education of the medical profession would be found the most effectual means of exterminating quackery. The lower the standard of education of the medical profession, the greater will be the number of pretenders who will gain admission into its ranks, and consequently the greater the prevalence of quackery in the profession, and of course in the community. This result is the more certain to follow, because deception and imposture are practised upon the public so much more easily in medicine, than in regard to other subjects. It is for this reason that it is for the interest of the community to have a proper standard of medical education maintained, much more even than it is for the interest of the profession itself; for so little are they qualified to judge on medical subjects, and so much are they obliged to take medical practice upon trust, that it is most important for them that they should have all the benefit of the safeguards which the requisites of our professional organizations throw around them.

It is a curious fact, but one worthy of remark, that those who are most shrewd and judicious in all worldly matters, and who entertain a high opinion of education,

often put the quack of a day on a level with the accredited Physician, laden with the carefully-gathered experience of years, or, perhaps, even above him; and welcome with open arms the advocate of some new system, for the moment in high favour, with scarcely any regard to the inquiry, whether he has been educated in a proper manner for the responsible post into which he has thrust himself. Many a man of fair address and a good show of cunning, with but a smattering of medical knowledge, has dubbed himself a Physician, and adopting Homœopathy, Hydropathy, or some other system just then in fashion, has imposed not only upon the ignorant, but even the intelligent and learned.

This ought not to be the case. The public should, one and all, feel that they are personally interested in upholding a well-educated medical profession. Here is a science which is confessedly difficult above all others, and in which, as we have seen, careless observation is peculiarly liable to error. How important then that those who take charge of your health, your life, should be careful and skilful observers. Education is obviously as much needed to form good habits of observation in this, as it is in other sciences. But whenever you give countenance to quackery, whether it be in the shape of a secret nostrum or a fashionable system, you strike a blow at the standard of medical education; in effect, you say to the Physician, observe, watch, study, as much as you will, we esteem all your labour and experience vain. When men of

wisdom and influence do thus, as they often do, it certainly casts contempt upon education, and therefore tends to lower its standard in the profession. For, if Physicians see that they can acquire the esteem of the public without study and labour, many will be disposed to give them up, and take the easier path to success, into which they are thus invited.

The sensible and influential in the community can render effectual aid in the overthrow of quackery, by promoting the observance of the rules of medical intercourse. These rules are not sufficiently understood and appreciated by the public. If they were, those who have influence in society would frown down the base acts of a cunning competition, and would give no countenance to the false issues upon which empirics so much depend for their success.

CHAPTER V.

GOOD AND BAD PRACTICE.

One would suppose that the difference between good and bad practice in medicine would be palpable to the most common and superficial observation. But it is evidently not so. Facts in great abundance show that it is far otherwise. The history both of medicine and of quackery furnishes many instructive lessons on this subject. If we confine our view to the medical profession, we often see two directly opposite modes of practice praised by their adherents, as being successful in the same complaint. We see the profession and the community both divided on this point, each party asserting with zeal the claim of its favourite system of practice to pre-eminence. Now if it were easy, by looking at results, to decide in all cases what is good and what is bad practice, it it evident the opposite modes of treament could not be in vogue at the same

time. The proper distinction would be made, and the good practice would be approved, both by the profession and the public, while that which was seen to be injurious would at once be neglected.

So also, if it were easy to make this distinction, the skilful Physician could always be recognized as such, while the unskilful and ignorant practitioner would not be able, as he now often is, to obtain from the public, in spite of his deficiencies and blunders, the meed of praise due to real merit and actual success. The quack, too, would stand forth in his true light, in contrast with the man of science in the results of his practice, instead of claiming and receiving from the multitude, as he often does, the credit of being pre-eminently successful. If it were true, that some one system of remedies and doctrines is wholly good, while all others are bad, it would be very easy for the community to decide between what is good and what is bad practice in medicine. It would only have to watch, and whatever it saw uniformly doing harm, reject, and whatever it saw uniformly doing good, retain. But the subject is not thus simple. There are some good points in every system of practice. However bad it may be on the whole, it will do some good in some cases. By bad practice is meant simply that which is inappropriate to the particular case under treatment. It is obvious that a correct decision upon this point, made from observation of results, is arrived at with much more difficulty than it would be, if what is good

in practice were wholly and always good, and what is bad were wholly and always bad.

The cases in which the difference in results between good and bad practice is immediate and palpable, are few, in comparison with the whole number of cases which come under treatment. It is in these few cases only that it is of present vital importance to pursue exactly the right course. And if the community could select these from the whole mass of cases, separating them both from those which are mild, and from those which were originally mild but have been made severe by injudicious treatment, and then should make these cases the basis of an estimate of the comparative success of different modes of practice, it might arrive at a just conclusion. The really skilful would like to be put to such a test, in comparing him with the ignorant and unskilful; for it is in such cases that quackery and unskilfulness most signally fail, and it is only by escaping this test that they escape the disgrace which is their due.

The failure just spoken of, though not generally obvious to the common observer, does sometimes open the eyes of those who have relied upon their own judgment in medicine, or upon the plausible pretensions of quackery. Unfortunately, such persons commonly have to regret that their eyes are open too late. For example, a family may go on for some time, even for years, without asking the services of a Physician; and though they have sickness occasionally, they get

along apparently very well by their own domestic management, with now and then the use of some patent medicine, or the advice of some popular empiric. All the cases of disease which occur in this family during this period, are of such a character, that Nature herself could cure them unassisted, or even when injudiciously meddled with. They all result, therefore, in recovery, though an impaired constitution is produced in some of the members of the family by this irregular and bungling management, At length one of them is taken sick with a disease of so grave a character, and in such an amount, that a nicely-adjusted mode of treatment affords the only chance of safety. Everything now goes wrong, and, perhaps, after the case has become desperate, a Physician is called in. I know not what is more trying to the feelings of a humane Physician than such a case as this. He sees before him a fallen man, perhaps a kind neighbour, or a valuable friend, on the brink of the grave, the victim of error, He cannot rebuke the family for the course they have pursued, for they have been honest in it, and it would do no good now; it is too late, and it would only add to the anguish which they suffer, in the prospect of losing one so dear to them. He sees that for a long time they have been drinking in quackery, and now that they have come at last to the very dregs, they have called him in to partake with them of its bitternees. There is a struggle between his feelings and his sense of duty.

He would gladly have nothing to do with a case thus thrown upon his hands in the hour of its extremity, but he is bound to do all to save a fellow-being from death, even to the last, and then he remembers that recovery has sometimes taken place when death seemed inevitable. He, therefore, addresses himself to his task, but in vain: the patient dies. An examination of the body reveals, as clearly as anything can be revealed, the fact, that the treatment which was pursued previous to his taking charge of the case was inappropriate and destructive. Physicians are obliged occasionally to witness such scenes. In the case just related the influence of bad practice was palpable; but it was not so during the time it was doing its deadly work, but only after that work was done. And in most cases in which bad treatment has been ruinous in its results, the evidence is not such, even at the conclusion of the case as will satisfy the public, at least that portion of it which is inclined to quackery. A *post-mortem* examination is not always obtained; and when it is, it will not always afford us satisfactory evidence, as disease and medicine may destroy life without leaving any manifest and undisputed traces of their action to be revealed by the scalpel of the anatomist.

If a lawyer makes a mistake in framing some instrument, it is readily seen to be a mistake, and definite and known results follow, clearly exposing his ignorance. But if a quack or a Physician, through mistake in the

treatment of a case, destroy life, or fail to save it, when it could be saved by the use of proper means, we very seldom have the opportunity of exposing such ignorance, because it is so difficult to connect effects in the human system indisputably with their causes. Suppose the fatal mistake is manifest to Physicians who happen to know the facts of the case, how can they demonstrate it to the satisfaction of the public? The only undoubted proofs of it are often buried with the patient; and even if they are not, but are brought to light, the community do not appreciate their value, as the Physician is often pained to find. It is by no means easy to cull out from the mass of cases those in which the treatment must necessarily affect the question of life and death. There are inherent difficulties in the way of doing this. Even the careful observer may mistake in the attempt to do it, from the fact that the first appearance of a case does not always indicate the amount of disease, or its obstinacy. While some cases which appear of a grave character at the outset, turn out to be mild ones, when the disturbance of the attack is once over; those, on the other hand, which seem to be mild, are sometimes found to contain in concealment the elements of destruction. And if this difficulty embarrass the Physician in making the selection spoken of, much more then would it embarrass the community.

But there is another more effectual obstacle which prevents the public from making this selection with any

degree of correctness. It is found in the representations which are made by different Physicians and empirics under their care. There is great difference in Physicians in regard to the degree of hope which they indulge in relation to their patients. One who is apt to be desponding will, from this cause, make such representations of the cases under his care, as will create the impression, that his patients are much more gravely sick than those that are quite as sick under the care of another Physician who has a strong tendency to hope. Besides this, some make wilful misrepresentations for their selfish ends. A common artifice for the purpose of gaining credit is to make great cases out of small ones. This is easily done. Suppose a case: A child is taken sick, and the parents are full of anxiety. The Physician sees at once that the case is not at present grave, and that remedies will, probably, in a short time give relief. If he be honest hewill say so, and remove the undue anxiety of the parents. But if he be disposed to make capital out of the anxieties of his employers, he will say that the child is very sick, and perhaps that "it is well you have called me so soon," or, "I wish you had called me before; but I think on the whole the little one can be relieved." Every Physician knows how readily the imagination of a parent may be excited in relation to the symptoms of disease in a darling child. He has seen things, believed to be true, under the influence of such an excitement which have not the slightest foundation. How

easy is it then, in such a case, to practsie deception, or, at least, to leave the parents to deceive themselves with the figments of their own fancy. If the Physician manages adroitly, his skill will be proclaimed with all the zeal which gratitude for a restored child can prompt. How dishonest, how cruel is such a course. For the sake of his own reputation, he has given poignancy to the pangs of anxiety in the bosom of fond parents, when it is his duty to quiet their fears by telling them the true nature of the case.

The Physician who practises such a deception is indeed occasionally detected; but if he have tact enough to avoid being often detected, and effrontery enough to face down those who see through his arts, such occasional detection is but a small hindrance to success. In the case supposed, the friends of the Physician, of course, would claim for him that there really was danger, and that he had the sagacity to see what common eyes could not; and the parents of the child would be very slow to believe that all their fear and anxiety were unfounded. Their pride, if nothing else, would prevent them from admitting this to be true.

The accounts which empirics give of the cases under their care, are commonly misrepresentations. For from their ignorance of medicine, they are not capable of appreciating, in any just measure, the character and amount of disease, and the influence of remedies. Besides they have ordinarily very little regard for truth,

the object of most of them being to make the credulity of the public subserve their pecuniary interest. They are accordingly very loose in their relics of disease, and often represent things to be alike, which have no real resemblance to each other. If a man who was in pain has obtained relief under their management, and some one else, who had pain in the same part of the body, or somewhere near it, has died under the care of a Physician, they are apt to say, without any further evidence, that the pain was from the same cause in both cases. So also when any epidemic is prevalent they represent many as having it, when their ailment is nought but a common cold or disordered stomach; and so get the credit with some people of having cut short a disease which, under the care of educated skill, cannot be prevented from going through its natural course.

It is manifest that misrepresentations thus made by empirics, must add much to the difficulty of judging of the comparative success of different remedies and modes of practice; and this difficulty is increased by the reaction of falsehood, which is certain to be made to these misrepresentations, as busy rumour passes them about in the community.

Another obstacle to the formation of a just estimate of comparative success in medical practice is found in the influence of bad treatment upon cases, in which the disease is small in amount and mild in its character. While the judicious Physician cures all such cases so

readily, that they excite no general interest, the empiric makes bad cases of some of them; and yet they are apt to end in recovery, although they appear to be of so grave a character; for a case which has become bad by improper treatment, is not commonly in as dangerous a condition as one that has become bad in spite of good treatment. In the latter case, you see overpowering disease, while, in the former, you see little more than the bad influence of inappropriate medicine, which is apt to disappear when the medicine is withheld.

The common result of such a case is, that at length the treatment is given up, and, in consequence, the patient gets well.

As an example:—

A gentleman, who had a friend sick, under the care of a Physician who was strongly in favour of the stimulating mode of practice, was led to doubt the propriety of the treatment, and, as he watched the case, he doubted more and more. At length he ventured to lessen the amount of brandy and laudanum, taking care to conceal the fact from the patient, who was every now and then calling for them, because he felt a death-like sinking, and was afraid that his pulse was failing. He found that, in proportion as he lessened them, the case improved, and he very soon discontinued them altogether.

There is no doubt that, in this case, the stimulants,

though effecting temporary relief to the patient's sense of exhaustion, kept the man sick, and the discontinuance of them was the cause of his recovery.

Though the community do not generally distinguish between cases which are necessarily of a grave character, and those which are so made by bad treatment, there are occasionally individuals who do, to some extent, make this distinction.

A clergyman, blessed with a good show of common sense, in addition to high talents, and who eschewed quackery in medicine as well as in theology, was once conversant with the practice of two Physicians—of entirely opposite characters—during the prevalence of an epidemic. The one gave large quantities of medicine, and much of it was of a stimulating nature: he had a great many very sick patients, and there was much noise made about his wonderful cures. The other went about among the sick very quietly, gave but little medicine, and the number of his cases that were protracted and severe were very small.

As the community are not thus apt to discriminate, it is easy to see how the injudicious Physician and the quack often get the credit of success, in their management of apparently grave cases, when, in fact, these cases need never to have been of this character, but might have been cured at the onset, by a judicious course, in a very short time, or perhaps by the spontaneous efforts of the curative power of nature. The ignorant practitioner often suffers disease to

establish itself, and thus makes a long case, though ordinary skill would have succeeded in at once breaking up the attack; and yet, when the patient at last recovers, he may be applauded throughout a neighbourhood, perhaps a whole community, as having raised the sick man almost from the dead, when perhaps, in the same locality, in a case of a similar character, the attack was successfully broken up, and no credit given to the skill which did it. On this point the public often give a wrong verdict in their estimate of success.

In order to show the readiness with which the public commit errors in their estimate of comparative success, suppose a case which not unfrequently occurs: Here are two rival Physicians side by side. The one is really skilful, and, if the results of his practice could be justly estimated, he would obtain great credit for success. He engages in medicine, not as a mere trade, but as a noble science. He pursues a straightforward, honourable, and quiet course, resorting to no tricks to acquire practice. The other, on the contrary, is unskilful, cares little for medicine as a science, depends upon artifice, rather than real merit, to obtain practice; and though he may desire to be successful, he desires more that he may have the reputation of being so. The issue which is made by these two Physicians before the public is a false one.

Though the unskilful practitioner losesmore patients

than the other does, in proportion to the whole number who come under his care, yet he, perhaps, does not lose as many, in proportion to the number of those which are considered bad cases by the community: for he makes many cases bad which need not have become so, and besides represents many as being bad, that are really not attended with any danger.

To render this clear, suppose that each Physician has one hundred cases of some prevailing epidemic, that each has thirty bad cases, that the skilful Physician loses five out of these, the unskilful one eight, the real balance therefore being much against the latter; but the latter more than compensates for this difference, by making ten bad cases out of comparatively mild ones, of which he loses perhaps but one or two, and by representing ten others to be bad cases which are not so. How then stands the account? The unskilful has, it is true, lost more patients than the other; but then he has appeared to have more cases of the epidemic fall into his hands; for while his rival has had but thirty bad cases, he reckons up fifty of his as having been of this character, and the community know but little of those cases which are acknowledged to be mild ones; these make no noise, and are not commonly taken into account, in the estimates which the public make on this subject. It may be well to glance at some other points of difference in the results of good and bad treatment, in regard to which

the community are commonly even more deceived than those already spoken of.

In managing a case in which disease has become so seated that it cannot be broken up, but must be removed gradually, it is evident that the more judicious the means which are applied, from day to day, to the varying states of the case, the shorter will be the sickness. It is in the accurate adjustment of remedial means to the ends to be accomplished, that unskilfulness makes a great failure; and yet it is a failure which is, for the most part, concealed from the public because it can be satisfactorily detected only by a nice comparison of cases, and this comparison cannot be made by the public.

The adjustment of remedies to the varying states of disease has an influence beyond the mere circumstance of the length of the sickness. The judicious Physician saves his patients from unnecessary complication in their diseases, while the quack is apt, not only to neglect to prevent or remove such complications, but to excite and foster them. For example, if there arise in the course of a case of fever, some local inflammation, the judicious Physician notices the symptoms of it as soon as they appear, and immediately applies remedies to remove it, and commonly succeeds in so doing. On the other hand, unskilfulness would be blind to the fact that such inflammation exists, and would therefore make no efforts to destroy it, but would

perhaps unwittingly increase it. The same difference between skilful and unskilful practice could be pointed out in regard to other kinds of complications, congestions, irritations, and functional derangements of different organs.

But let us look beyond the results which occur during the progress of disease, and examine those which appear after recovery has taken place. When one recovers under injudicious practice, his system is not apt to be in a good state, his convalescence is not a clear one, and his recovery is not full and complete. Perhaps his vital energies are impaired, and his constitution has received an unnecessary injury, from which it may never wholly recover. Perhaps some bad chronic ailment is left behind, which, though it may trouble him but slightly for a long time, may yet be the germ of some future disease. Such a state of things is not inconsistent with a tolerable condition of health, even when there may be such disease, as will gradually accumulate, till it bring him to a bed of sickness, perhaps death.

These remote consequences of bad practice are the more certain to occur, if the patient go on after recovery to administer medicines to himself, according to his own whims, or those of others. Many tedious cases of this kind fall, at length, under the care of the Physician, from the hands of quacks, who are thus often spared from witnessing the results of their ignorance and im-

posture, as from bearing in the estimation of the public any responsibility in relation to them.

The influence of bad practice upon the health of families, it is evident from the above facts, must be very great; and yet it is seldom appreciated at all, and never as it should be. There is no question of the fact, that there is generally a much larger amount of sickness from year to year, in families that employ unskilful Physicians or empirics, than there is in those who are under the care of skilful practitioners. And though the public cannot discriminate accurately between individual cases in regard to this point, they can see the evidence of this general fact, especially in comparing good practice with gross quackery. This evidence will go on to increase, inasmuch as the evil effects of quackery, continued in a family from year to year, are constantly accummulating, a result which is materially aided by the unnecessary dosing commonly pursued by them in the interval of sickness. And from this accumulation we may infer, that what we now see of the bad consequences of quackery, is but a shadow of what we may see hereafter.

To sum up the points in which the practice of the really skilful Physician differs in its results from that of the injudicious practitioner and the quack:

1. He has a less number of fatal cases in proportion to the whole number that came under treatment.

2. He has a less number of bad cases, because he

avoids converting light cases into grave ones, and succeeds in arresting disease in many cases in its very commencement.

3. His patients have, commonly, shorter sickness.

4. They are in a better condition after they have recovered; less apt to have bad results left behind; and less liable to disease in future.

5. He has a less number of patients, and a smaller amount of sickness, in the same number of families.

That these points of difference between the results of good, and those of bad practice, may be appreciated with any correctness, two things are necessary.

First, We must possess a sufficient quantity of evidence. A few facts will not avail in deciding such points, they will only lead to erroneous conclusions. Comparison is to be made, it is true, between individual cases, but there must be many of them, in order to secure the avoidance of error.

The second requisite is the capability of observing correctly. There is no subject in the wide range of human knowledge, the investigation of which requires more care and skill than this does.

Now, it is obvious, that the community in general are very deficient of these two requisites for a proper appreciation of the comparative results of practice. Most men have a very narrow range of facts upon which they can found such an appreciation. Their observation of sickness extends little beyond their immediate family circle; for what they see of disease

anywhere else, is not like watching over it; and what they hear, as you have already seen, is not to be relied upon.

There is much which is styled fact, which is not so—it is either mis-statement, or the result of hasty and superficial examination. The actual knowledge which any new professional observer obtains of disease, by any observation of his own, to which he gives any fair amount of attention, is very narrow. But the reader will say, if it be so difficult, and almost impossible for me to discriminate between good and bad practice, by my own observation of their results, what shall I do? How shall I judge of the different modes of practice, and of the skill of different Physicians? In answer to this inquiry, if the reader is really convinced that it is almost impossible for him to judge of practice by the results which come within the compass of his own observation, then it is plain that he must give up, for the most part, this source of evidence as a deceptive one, and rely upon other means for arriving at correct conclusions on these points.

Physicians often err in their readiness to appeal to results, to show the public the superiority of their practice to that of the quack. There is no objection to such an appeal, when a sufficient number of well-observed and authenticated facts can be produced, bearing upon the point in question. But this cannot ordinarily be done, when the community are to pass judgment in the case. The quack likes to join issue

with the Physician here, for he knows how easily the public are deceived in relation to facts, and he makes his appeal to results with a bold confidence. The proprietor of a patent medicine points you to his wonderful cures, as the facts which must convince every one of its efficacy and value.

The Homœopathist comes with his little globules, and says, that laugh as you may at the tiny doses, his appeal is to the cures, which he claims they effect as if by magic. Talk with some practitioner who has adopted this mode of practice from purely mercenary motives, and who is rather ashamed of it, ply him with argument to show the fallacy of his doctrines, drive him from one stronghold to another, and, at last, you will come to his citadel, in which he feels perfectly secure from all your shafts. You will be told, with a cool kind of defiance, these are the facts—our medicines cure disease, and the people are beginning to see the truth.

The Hydropathist, too, will point you to narratives of scores of patients cured of all kinds of ailments by nothing but a cold wet blanket, and will say, wonderful as it may seem, these are the results. So it ever has been. The same appeal has been made in behalf of all the delusions that has ever obtained a currency in any community. The Homœopathist and Hydropathist appeal to their facts and their cures, as the sure proof of the efficacy of their practice.

But must the Physician say nothing about results to the public? Certainly he should.

In the first place, he should endeavour to guard those with whom he has daily intercourse against erroneous views of results in medicine, by showing them the difficulties that lie in the way of estimating them with correctness. If he succeeds at all in producing a proper impression upon their minds, and thus inclines them to be modest and careful, instead of being bold and heedless, in expressing their opinions on subjects, he will exert an effectual influence, in preventing them from being deluded by the partial views of facts, and the mis-statements upon which empiricism relies for its success.

In the second place, whenever he can make a comparison between the results of good practice and those of quackery, which can be fairly understood, let him do it. To warrant such a comparison, the facts should be clear, well-authenticated, and in sufficient number to justify the general conclusions drawn from them.

In the third place, whenever he can show, by facts, which can be appreciated by the common observer, that the practice pursued by any pretender has been entirely inappropriate to any case, especially if this can be done by evidence discovered in an examination after death, let him do it, and explain with all clearness the nature of that evidence to the friends of the patient, and, if necessary, to the community. At the same time, he should avoid joining in with the popular disposition to ascribe death to the treatment pursued as

a matter of course, whether the proof be or be not satisfactory.

There is no doubt that death is frequently the consequence of bad practice, when it cannot be proved to be so; but not even the quack, murderous as his course certainly is, should be condemned upon faulty and defective evidence.

CHAPTER VI.

THEORY AND OBSERVATION.

All real knowledge is based upon observation; and it is the facts discovered by observation, which, accumulating from age to age, constitute the store of human knowledge. Not a single grain has ever been added to this store, in all the ages of the world, through the intrumentality of theory alone. Theory, or hypothesis, has often suggested the existence of facts, and has directed in the pursuit after them, but observation after all is the only agent that has discovered them.

Facts are of two kinds—particular and general. General facts are discovered by a careful observation of a great number of particular facts. Thus Newton, by observing many particular or individual facts, established the general fact, which is called gravitation, viz., that all bodies are attracted towards each other, or have a tendency to come together. So in medical science, by an observation of many facts in individual cases, it has

been discovered that there is a tendency in the human system to restoration to health, whenever it is attacked with disease—a tendency, existing as a general fact, to which has been given the name, *Vis Medicatrix Naturæ*.

These general facts are sometimes termed principles or laws, and are sometimes spoken of as the relationships of facts. A theory, or hypothesis, consists in a supposition of relationships which have not yet been ascertained. Thus Newton, after discovering the great general fact of gravitation, supposed that there might be a sort of ether, connecting bodies together, and acting as the medium of their attraction. This supposition of a relationship, or general fact, not yet ascertained, is a theory, or hypothesis. So when Stahl supposed the principle called the *Vis Medicatrix Naturæ* to be in the soul, and when Cullen supposed that it exists in the nerves, and produces in fever a spasm of the extreme vessels, they both put forth a mere theory. Cullen speaks of Stahl's theory as being fanciful. It is so. But Cullen is just as fanciful, if by this word it is meant that it is unsubstantiated by fact. Cullen's supposition is more plausible, it is true, than Stahl's; but it is no nearer being a proved fact.

There is often much indefiniteness in the use of the word theory. Thus the doctrine, or law of gravitation, as discovered by Newton, is sometimes spoken of as his theory of gravitation. It was once his theory; that is, when it was a mere supposition of his mind. But when, by a series of observations it came to be a proved fact,

it was no longer a theory. So the laws of the circulation of the blood, as discovered by Harvey, are sometimes erroneously spoken of as his theory of the circulation.

Some theories are said to be founded on facts, while others are deemed to be very fanciful. But theory can never be said, strictly speaking, to be founded on facts. It has relation to facts, it is true, but in the attempt to explain their nature, it goes beyond them over into the domain of conjecture.

Every one who puts forth a theory, is apt to think that all previous theories are false, while his is proved to be conformable to facts. Dr. Cullen, in announcing his theory of fever, which is from beginning to end a series of unproved assertions, says: "I flatter myself that I have avoided hypothesis, and what have been called theories."

There is no science in which there has been so much theorizing as there has been in that of medicine. Its history seems to be almost altogether a history of untenable theories. These theories are at least the prominent objects that present themselves to view. Every period has had its favourite theory, which has exerted its influence upon the general medical mind. Almost every great name in medical history is associated with some celebrated hypothesis. And it would seem that sometimes the attention of the whole profession has been almost exclusively directed to the strife between the advocates of opposing theories. This overweening

attachment to theories has been a very great obstacle to the advancement of medicine as a science. It has turned the medical mind away from the legitimate pathway of discovery, and the strict observation of facts has been neglected in the contemplation of mere fancies.

It is true of medicine, as it is of every other science, that every advance which has been made has been effected by observation, and by observation alone. It is the good observer, and not the mere ingenious theorizer, who has made these advances. And if the theorizer has added anything to the store of knowledge, it is only when he has come down from his airy flight of fancy to the drudgery of humble common observation. He has for the time forgotten his favourite theory, and has subjected hypothesis to its proper subserviency to observation, in suggesting the points to which that observation may be directed.

It is in this way, and in this alone, that many authors of theories, escaping occasionally from the domination of a theorizing spirit, have added rich treasures to the storehouse of medical science. Even before the discovery of the circulation of the blood, though medical theories necessarily contained many absurdities, yet many of their advocates were acute and accurate observers; and their facts are valuable, though the theories, which they framed to account for these facts, may appear to us even ridiculous. They collected a great amount of good materials; but instead of erecting with them a structure full of beauty and symmetry, capable of re-

sisting the commotions of ages, they reared a motley pile which easily tumbled into ruins. They were men of the most persevering industry. They seemed to forget entirely that "of making many books there is no end; and much study is a weariness of the flesh." Quartos and folios were produced in abundance, full of mixtures of wisdom and folly, as incongruous as were some of the old prescriptions with their hundred or more ingredients. And as some of the articles, which composed these hundred-headed enemies of disease, are now among our most valuable remedies, so there are portions of those strange compounds of fact and speculation, which will always stand as monuments of genius and industry. They are among the principles which form the basis of medicine. The student, as he now reads the older works in medical science, regards but as matters of curiosity the theories of lentor and viscosity, acrimony, &c.; and picks out from the mass of rubbish the pearls and precious stones, which are almost concealed beneath it.

Theory is simply suggestive. This is its true vocation. It establishes no fact, and no principle. It should be the mere handmaid of observation, and should be kept in perfect subjection to her control. It never should be a rival, much less should it have supremacy, as it has too often done, in the domains of science.

Thus restricted to its proper sphere, theory is of essential service in extending the boundaries of science.

It often suggests the line of discovery. It constantly reaches beyond present knowledge. We theorize, that is, we suppose; then by observation we discover. If we find our hypothesis or supposition to be correct, we discover a positive fact. If we find it not to be, we discover a negative fact, and not valueless because negative —some of our negative facts are worth quite as much as positive ones.

The abuse of theory consists in the obliteration of the distinction between what is known, and what is merely supposed. So long as this distinction is carefully preserved, no harm is done by theory. No man was ever more thorough, in maintaining this line of separation between the known and the supposed, than was Newton. "I shall not mingle conjectures with certainties," a passage in a letter announcing his great discovery of the compound nature of light, is a maxim which always governed him, and should govern every searcher after truth in every branch of science.

This maxim has evidently been little regarded by the great majority of theorizers in medicine. They have exalted mere conjectures into the same rank with facts; and so far as they have done this, just so far have they exerted an influence to retard the progress of medical science. If all the energy and talent, which have been expended on theories, could have been directed to the observation of facts, what a mass of rubbish, which now encumbers the science of medicine, would have remained

uncollected, and what an amount of pure unadulterated facts, which as yet are undiscovered, would have been garnered into the storehouse of knowledge!

As observation then is the only source of improvement in medical science, it is important to inquire what influences are adverse to skill in the observer. The influence of an overweening fondness for theory has already been sufficiently pointed out. I will pass, therefore, to the consideration of some other circumstances which tend to impair skill in observation.

Every Physician can add much to his stock of knowledge by a proper review of cases which have come under his care, But a faulty mode of doing this will lead him into error. For example, one Physician is so exceedingly fearful, that in those cases in which death has occurred, something which he did or left undone was the cause of the fatal event, that he sees nothing clearly, and arrives at no definite and available conclusions; and he ends every review with nothing but unavailing regrets. Another, on the contrary, is too self-confident, scarcely harbouring the idea that he could have ever committed any error. This notion of infallibility, though not distinctly avowed, is indulged to a greater or less extent by many Physicians. If they do not think that they never err, they at least think that it is very uncommon for them to do so. To such the past is worth nothing as corrective. They add from it nothing to their stock of ascertained facts,

though they may add to their medley of true and false inferences. Both of these extremes should be avoided. The Physician, in reviewing his cases, should not fear to find errors; for if he investigated them properly at the time with the best lights which he could command, and acted in good faith, he is not to be blamed if he did err. But, on the other hand, he should not pronounce any measure which he has adopted to be an error without substantial evidence.

The disposition to form conclusions from a limited number of facts is a fertile source of error in medical observation. This has already been alluded to.

This disposition is very common among young Physicians. A small number of cases is often sufficient to lead them to adopt conclusions, which a larger number of cases would show to be false. The fact that their experience has been limited should teach them to be cautious in their inferences; but very often this caution is never learned, till a larger experience has revealed to them their errors. The disposition under consideration is often increased, and sometimes rendered inveterate, by the practice, so common especially among young aspirants for medical fame, of speaking quite freely in non-professional circles of the results of their experience. This practice is not only disgusting, but it contributes essentially to the establishment of a habit of loose observation and reasoning.

But the disposition to adopt conclusions from a

limited observation is by no means confined to young practitioners. It is a very common error in the profession at large; and the annals of medical experience are borne down with errors, which come from this source. A few illustrations will suffice.

A few years ago a pamphlet appeared from the pen of Dr. Sewall, of Washington, on the pathology of drunkenness, with plates exhibiting the state of the drunkard's stomach in different stages of disease. Among others is a plate representing the appearance of the stomach of a man who died of *delirium tremens*; and Dr. Sewall says, that it is a true representation of the state of the stomach in all those who die of this malady. This sweeping assertion is based upon nothing but his personal observation, which, it seems from his own account, was very limited. He speaks of having had *several* opportunities of inspecting the stomach after death in such cases, and says that the appearances on dissection have been extremely uniform. How many he meant by the word "several" I know not; but one thing is certain—that nothing short of many observations could establish the fact, that the plate in question exhibits the true state of the stomach in all cases of death by *delirium tremens*.

Now what is the truth on this point? This question is not to be answered by what any one man has found in "several," or even in many cases. It can be properly answered, only by taking the observations of many

different Physicians, who have had extensive opportunities of making examinations after death in this disease. The uniformity of appearances, spoken of by Dr. Sewall, we find, has not been observed by others; but the stomach has been found in various states in the different cases.

Dr. Sewall infers from the appearances in his cases, that the opinion advocated by some, that *delirium tremens* has its seat in the stomach is correct. Even if such appearances were competent proof in regard to this point, which is by no means true, it would require a larger number of cases than can properly be included under the term "several," to establish the correctness of such a conclusion. It is worthy of remark here, that others taking, like Dr. Sewall, the partial view of facts presented by a limited experience, but having their attention directed to another quarter, have located this disease in some other organ. Thus some have supposed its seat to be in the brain, and have based this opinion, as Dr. Sewall did his, upon what they found in examinations after death. The truth is that all the phenomena of this disease show, that it is a peculiar affection of the nervous system, and not a local disease of any one organ. Now in the generally disordered condition of the drunkard's organs, this affection is of course liable to be complicated with various local diseases. And *delirium tremens* of itself alone is not apt to end fatally; but when death occurs, it is ordinarily

the result of some local complaint united with this disease. Wherever this complaint happens to be,—in the stomach, or the liver, or the brain, or some other organ,—there will be found, on examination after death, the greatest amount of disease. And a partial view of facts has often led Physicians to mistake these local complications of *delirium tremens* for the disease itself.

In examining disease, whether in a single case, or in groups of cases, it is essential to the formation of correct conclusions, that all the symptoms be observed, and that their importance be duly estimated.

Much error has arisen from a disregard of this plain truth. Take, for example, the observations of different individuals in regard to fever. Boerhave, looking mainly at one class of symptoms, taught that fever was caused by a bad state of the blood; Cullen, looking at another class of symptoms, considered fever to be an affection of the nervous system; Clutterbuck, fixing his eye upon another class of facts, was very sure that the cause of fever is always to be found in the brain; Broussais, directing his attention to the symptoms developed in another quarter of the system, asserted that all fever arises from an inflammation of the mucous membrane of the stomach and of the upper portion of the intestines; Dr. Cooke, narrowing his vision down to a certain set of symptoms, proclaimed that the primary cause of fever is a weakened action of the heart,

producing an accumulation of blood in the venous system.*

It is thus that a disposition to form conclusions from a limited experience, and to take a partial view of facts, leads to errors of opinion, and consequently errors of practice. Illustrations on this point might be multiplied, but it is not necessary.

Allied to the influence just mentioned is another, to which I will give a passing notice. I refer to the hobby-riding which is so common in the medical profession. Every good thing seems to be destined to this use till it loses its novelty; and therefore its real value can never be accurately ascertained, till it has passed what may be called the hobby-period of its existence. No careful discriminations are made to any extent until this period is finished. Even the experience, which is recorded in journals of medicine during its continuance, needs to be thoroughly sifted by after observation. The influence of this hobby-riding is therefore a great hindrance to the progress of medical science. And

* Respecting these, Hunter, in one of his lectures, thus speaks playfully, but most truthfully, of the various theories of digestion, which have arisen from exclusive views of different sets of facts. "Some physiologists will have it that the stomach is a mill;—others, that it is a fermenting vat;—others, again, that it is a stew-pan; but in my view of the matter, it is neither a mill, a fermenting vat nor a stew-pan—but a *stomach*, gentlemen, a *stomach*."

this influence is not confined to the particular subjects to which it is applied. It does not merely throw obstacles in the way of their investigation. It is not thus limited and evanescent, for it is counter to the true spirit of observation, and impairs its hold upon the profession as a whole.

The riding of hobbies is very much regulated by fashion. For there is a fashion in medicine as well as in everything else; and it not only bears rule in the community at large, but it exercises no inconsiderable authority in the medical profession itself. Some particular diseases and modes of treatment are ever, sometimes one, and sometimes another, uppermost in the popular mind.

When anything new comes up in regard to disease or its treatment, which attracts considerable attention, there is a strong temptation to make a hobby of it. Multitudes suppose that they have the disease, and need the treatment. This may be really true of but few of them, but such is their belief. There is no time for accurate discrimination, if the object be to make fame and money. If a Physician honestly undertakes to decide what cases need the treatment and what do not, he will not be as successful in gaining *éclat* and in getting the people's money, as his neighbour will be, who catches the popular breeze with all his sails, knowing that it is not wont to blow in one direction for any length of time.

A few years ago dyspepsia was very fashionable; but now it is so old-fashioned, that we hear but little about it, and no hobby-rider thinks at the present day of setting up any pretensions to great skill in the treatment of this complaint. Diseases of the throat have taken its place in the public mind, and multitudes are running to those who are reputed to have peculiar skill in clipping off tonsils and palates, and swabbing out windpipes. The new treatment, as it is called, is good practice in some cases; but the almost indiscriminate application which some hobby-doctors make of it, is ridiculous and contemptible. The confirmed consumptive, who has his palate clipped or his throat or windpipe swabbed, and because he fancies that he feels better, revives for a time the delusive hope of recovery and cheerfully pays the doctor his fee, has a most unjustifiable cheat practised upon him.

When this fashion shall have passed by, as pass it will, like all other fashions before it, and this hobby shall have ceased to be ridden, how little will be the knowledge of diseases of the throat and windpipe, which will be found to be added to the stock of information in the possession of the profession, by those who have now the reputation in the community of being very skilful in the treatment of these complaints! Some, who have had less *éclat*, and have therefore reaped less pecuniary benefit, will have made the proper discriminations; and to them will the profession be

indebted for all that has been really discovered in relation to the nature and treatment of these diseases.

A habit of making loose and exaggerated statements has become so common in the medical profession, that it is really no small obstacle in the way of the accumulation of accurate observations in medicine. The credulity of the public tempts to an indulgence in such statements in the common intercourse of Physicians with those who are around them, and to whom they relate their cases and state the result of their experience. If they yield to the temptation, the habit grows, and it inevitably begets and fosters another habit—that of loose observation. The statements of such Physicians are not to be relied upon, even when they appear on the pages of some medical journal. Much of the recorded experience of the profession is undoubtedly, from this cause, worse than valueless.

I mention as another very common cause of inaccurate observation in medicine, an easy credulity, and a consequent fondness for novelty and change. It is a very prevalent opinion that the medical profession is opposed, as a general thing, to anything which is new, and that it really thus stands in the way of the march of improvement. This may have been true once, when the authority of antiquity held an almost undisputed supremacy over all the votaries of learning and science. But it is far from being true now. One of the prominent faults of the medical profession in the nineteenth

century is, on the other hand, that it is, as a body, too fond of new things, and too much disposed to receive them upon doubtful evidence. There is a great disposition to hail every new remedy with enthusiasm. The annals of medicine are therefore burdened with false statements in regard to the effects of remedies. Though the public think that there have been of late many discoveries of new medicines of great value, there really have been but few. There have been many improvements in the forms of medicines. I mention as examples, quinine and morphine—the active principles of bark and opium. But there have been but few absolutely new medicines introduced which are of any importance. Many have been announced with much flourish, and have been extensively used for a time, but the confidence which has been put in them has in most cases been found to be misplaced. And it may be remarked, that Physicians, who try all the new remedies recommended, from time to time, in medical journals, do not add so much to their stock of available experience, as those do who are more cautious, and less ready to adopt everything which is new.

The science of medicine, in all its departments, is in a very changeable state. The discoveries, which are made from time to time in anatomy, physiology, and pathology, the theories which are put forth, and the new remedies and modes of treatment which are continually proposed, keep up a constant excitement in the

profession. In this unsettled state of things, with so many novelties to attract the attention, the temptation is so strong to act as a mere gazer, and, setting aside the labour of investigation, to adopt what is asserted upon deficient evidence, that there is the more need of maintaining that cautious observation, which is the only preventive of error.

I cannot forbear to notice here one circumstance, which exerts a great influence in favouring the unsettled state of medicine, and consequently in encouraging the fondness for new things. I refer to the fact, that there are no authorities, properly so called in medicine The theologian has his standard authors, who are a kind of authority to which he appeals, and above all, he has the Bible as an unerring standard, and every opinion which is advanced he can bring to this test. The lawyer also has his standard works, in which are embodied the principles of law, and they are settled authorities to which he can appeal. In medicine, on the other hand, though there are works which contain the principles of the science, they have none of that fixed and undisputed authority, which standard works on other subjects are apt to have. There is, therefore, a contempt of authority in matters of opinion in medicine tolerated by the community, and even by the profession, which is not tolerated in regard to any other subject. While the lawyer appeals to 'the law,' and the divine to 'the law and the testimony,' the doctor often

assumes the right of disputing all authorities from Hippocrates down to the present time.

One more cause of inaccurate observation remains to be noticed. It is one, however, which, at the present time at least, is so uncommon, that it cannot have any extensive influence. I refer to scepticism. When it does exist, it not only narrows the limits of knowledge, but actually leads to positive error. The sceptic, in his demand for stern, fixed facts, rejects some facts, which are established by evidence that is sufficient to satisfy any mind possessed of candour and common sense; and the rejection of a well-proved fact, being itself an error, must necessarily lead to other errors. The sceptic too, with all his doubting, is always, to some extent, and some points, a credulous man. As he doubts on some points against clear evidence, so he will assuredly believe on others against evidence just as clear. His beliefs are no more worthy of confidence than his doubts. The sceptic is therefore disqualified by his scepticism for accurate observation. This is especially true in the practice of medicine, because, as you have seen, there is so much uncertainty in it, and the Physician is obliged to base so much of his treatment upon probabilities. Some one has said, that the best guesser is the best practitioner. There is some truth in this remark, though it is of course by no means strictly true. It is well for the Physician to guess when facts are wanting, but he must be careful

not to esteem his guesses to be facts, as is too often done.

In medicine, as well as in every other science, but little mental effort is required to frame theories. All the hard work which is done—the work by which all knowledge is accumulated—is the work of observation. It therefore needs a higher order of mind to ascertain facts and their relationships, than it does to theorize. "Any man," says Pott, an eminent English surgeon, "may give an opinion, but it is not every mind that is qualified to collect and arrange important facts."

It is important that the Physician should have at the outset good habits of observation. If he does, every day's experience will add to his store of facts, and at the same time relieve it from some of the chaff of error which has been brought in unawares. He will be all the time becoming a better practitioner. But if, on the other hand, he starts with a loose habit of observation, experience will be to him a source of error. He will have no clean store of facts, but he will garner in a strange mixture of facts, and suppositions, and errors; and every day's experience will add to the difficulty of separating the good grain from the mass of refuse, with which it is mingled. He will be all the time becoming a poorer practitioner.

The idea, then, that experience will at any rate confer knowledge is a false idea. It is not true, that the old

Physician, as a matter of course, knows more than he did when he was young. If he has observed well, he does know more; but if he has not observed well, he not only does not know more, but he knows less. In the latter case, he may indeed have more ideas and opinions than he had when he began his practice, but he does not know as many real and ascertained facts, and those which he does know are so encumbered with the long accumulating rubbish of error, that they are of little use to him.

It is easier to adopt a theory with a corresponding system of remedial means, or even to originate one, than it is to encounter the labour of strict daily observation at the bed-side of the sick. Many Physicians pursue the former course, and go through with a routine of practice from year to year. If they have some tact in managing the capricious credulity of the public, they succeed in attaining the object at which they aim. Some of them, though they live on the opinions advanced, and the facts discovered by others, contrive to get up quite a reputation for originality, by making so much account of these opinions and facts, that the public awards to them, in part at least, the credit of their discovery. It gives them a sort of *éclat* to stand out from their medical brethren, as the advocates of some peculiarity of doctrine or practice.

The medical profession has had too much to do

with theories, and modes, and systems. Every prominent theory can be shown to be unsubstantiated by facts, and is therefore valueless. Every mode, or system of practice, however numerous are the facts which are adduced for its support, can be shown to exclude many facts of a valuable character; and being thus exclusive, it must lead to practical error. All these systems, therefore, should be discarded. A true eclecticism should be introduced into medicine, and it should have relation not to opinions and theories, but to facts only. Whenever a fact is really ascertained, it should be treasured up in the store-house, ready for practical use. If it be apparently inconsistent with other facts, this is no reason for rejecting it. If it be really proved, it should be received, and its consistency with other facts may afterwards be discovered. Indeed, quite a large proportion of the facts practically applied in medicine, are independent facts, neither explained themselves, nor capable as yet of being used in the explanation of other facts. I have alluded to this point before. A single example here will suffice. No fact in medicine is better established than that arsenic in almost all cases cures hemicrania, or periodical neuralgia on one side of the head. How or why it does this no one knows. The bare fact is known.

In this connexion I will make a remark or two upon a subject which is often the topic of conversation in

common as well as professional circles, viz., the *modus operandi* of medicines, or the mode by which they cure disease. It is a common, but a very erroneous idea, that this subject is easily understood, and much reproach is cast upon Physicians for their differences of opinion in relation to it. The *modus operandi* of many remedies is, as I have already said, wholly unknown, and the knowledge which we have of it in any case is more or less imperfect. And after all, though it may gratify curiosity to know how a medicine cures disease, it is comparatively a matter of little importance. The fact that it does so is the material fact. The knowledge, which it is practically important to obtain in relation to any remedy, is a knowledge of its effects, and of the circumstances which modify them. And Physicians, however much they may speculate about the *modus operandi* of medicines, commonly view this subject in this practical light at the bed-side of the sick. The question whether opium is essentially a sedative or a stimulant is forgotten, when a patient suffering the tortures of spasmodic colic is to be relieved. The material fact is, that it can relieve the pain—how it will do it is not just then a subject of consideration.

A reform is now in progress in the medical profession. The struggle to break loose from theory is fairly begun. A deep consciousness, that the science of medicine is cumbered by a mass of rubbish, has awakened a dispo-

sition to a more careful and rigid observation. The *Materia Medica* of the profession is especially burdened in this way. The virtues which are attributed to a large portion of the remedies in use require to be tested in order to strip the statements which are made in regard to them of all that is inaccurate and false, Much of the positive medication of the present day will probably be proved by the tests of a rigid observation to be aimless, but by no means harmless.

The over-dosing, which has been so much in vogue both with the community and the profession, is already fast losing its popularity. Heretofore the great object of the Physician has been to do positive good to the patient—to overcome disease by a well-directed onset of heroic remedies—and it has been a secondary object altogether to guard against doing him harm. But medical practice is becoming reversed in this respect. It may at the present time be said of quite a large proportion of the profession, that it is the principal object of the Physician to avoid doing harm to the patient, and to prevent harm from being done to him by himself and by his friends: and then, after looking well to this object, he is ready to do whatever positive good he sees can be done in the case. Accordingly, cautionary and quieting measures, intended to remove the obstacles which may hinder the operation of the curative power of nature, are getting to predominate in medical treat-

ment over the more active and direct measures for overcoming disease. "The golden axiom of Chomel, that it is only the second law of therapeutics to do good, its first law being this—not to do harm—is gradually finding its way into the medical mind, preventing an incalculable amount of positive ill." So remarks Dr. Bartlett in a work,* which I deem to be one of the best and most effectual efforts, which have been made in promoting the revolution, which is now taking place in the practice of medicine. It is a work which, if I mistake not, is to exert a thorough and extensive influence upon the interests of medical science.

I cannot conclude this chapter without paying a passing tribute to the memory of one, my preceptor and friend, who stood among the foremost in the work of reform now going on in the medical profession. I refer to the late Dr. Hale,† of Boston. He was eminently a

* An Essay on the Philosophy of Medical Science.

† The reader will permit the author to gratify his own feelings of regard for Dr. Hale as a man, as well as a Physician, by inserting here the following extract from the memoir of him, from the pen of Dr. Channing. "Dr. Hale was an honest man. He was honest in sentiment and in purpose. He had little or no tolerance for what he thought unfair; and any believed misuse or abuse of trusts he resolutely opposed, however active or however strong was the agency by which the wrong was attempted to be consummated. These were not the elements of popularity. You

man of accurate observation. His inquiry always was after the facts. He asked not what a man supposed, but what he had observed—not what he thought, but what he had found to be true. His valuable contributions to the recorded experience, and the literature of the profession, bear him witness on this point. His labours, so deservedly prized by his brethren, are ended;

could hardly make a very popular man out of such. But for the honour and exceeding praise of humanity, there are men who have found something better worth living for than the present fame—men who are happy and satisfied to do that which may live after them, and the memory and the use of which can only be for good. Dr. Hale enjoyed life—the best thank-offering for living. He was social and hospitable, for he would contribute to the pleasure of others as well as his own. He was always cheerful, because he was truly hopeful. He looked on the bright side of disease in himself and in others; and if he laboured so well for their recovery, he never questioned his own.

"Dr. Hale was a religious man. In the development of the religious sentiment was his power. It was kept active by habitual, daily devotion. It influenced his whole life, making him an earnest student and a faithful practitioner—giving him strong interest in all wise efforts to extend Christianity in distant lands, and by his example, recommending to others the religious life. In his religion was his benevolence, which with very narrow fortune, led him to attempt and to accomplish most important objects. In this was his cheerfulness in suffering and all trial; and out of his religion came the peace and the hope of his death hour."

but we have reason to rejoice, that he has left behind him so many of a like spirit, who are endeavouring to redeem our science from the dominion of fanciful theory and loose reasoning, and to place it under the control of a true and rigid OBSERVATION.

CHAPTER VII.

POPULAR ESTIMATES OF PHYSICIANS.

THERE is no class of men whose talents and attainments are so erroneously estimated by the public, as are those of Physicians. Some of the causes of this erroneous estimate have been brought to view in the chapters on the Uncertainty of Medicine, and on Good and Bad Practice. I propose in this chapter to treat of this subject more distinctly, to point out some other causes operating with those which I have already mentioned, to show the results of this false estimate of medical character and attainments, and to develope some plain principles on which a correct estimate may, for the most part, be secured.

I presume it is sufficiently clear to the reader, from the views which I have before presented, that the community cannot judge with any degree of correctness

directly, of the practice of Physicians,—either of the truth of the principles on which it is based, or of its actual results.

How then shall the community judge of Physicians? This question I will endeavour to answer.

The view which I gave, in the first chapter, of the uncertainty of medicine, I trust, made it obvious to the reader, that a thorough education is pre-eminently necessary to the proper practice of the medical art. In endeavouring, therefore, to form an estimate of the qualifications of any Physician, let the evidence of his having obtained such an education be well considered.

But what is this evidence? Is it to be found in the bare fact that he has a diploma, obtained from some respectable medical institution? While a diploma is worth something as evidence, as there must be some improvement of the means of education, in order to pass the examination requisite to obtain it; yet it must necessarily be defective evidence. That the truth may be more fully ascertained, let the inquiry be made, how far the Physician has improved the advantages he has had; for it must be remembered, that it is especially true of medicine, that a diligent and wise use of limited opportunities will impart more knowledge and skill, than can be acquired by a careless and unwise use of the most extensive advantages afforded by the profession.

I will allow that there are difficulties in the way of

arriving at the truth in this inquiry, and the public are often most grossly deceived by the parade which is made by some Physicians, in regard to the opportunities which they have enjoyed. Still I apprehend, that the erroneous judgment of the public in regard to such cases, arises from a too ready confidence in mere pretensions, and that it can be avoided for the most part by a little more pains-taking in making the inquiry, and by applying tests of another character, to which I shall soon allude.

But education in the science of medicine is practically despised by quite a large portion of the community. Though this sentiment is not often distinctly avowed, yet it exists to a greater extent than is generally supposed. It shows itself in an indifference to the true evidence of a Physician's qualifications, and in a readiness to put the quack on a level with the thoroughly-educated Physician, or even above him. These indications of the prevalence of this sentiment, are not confined to the ignorant; but they often appear among the well-informed, and even the learned.

Sometimes this sentiment is boldly avowed in language like the following: "I care little about the evidence of a Physician's having had an education. The fact that he is successful in treating disease is worth vastly more than a piece of parchment. Many a man has risen to eminence in other professions by his own exertions, without any great amount of education;

and why should not this be the case in the practice of medicine? There was a Franklin, who rose by his own efforts to a post of honour and usefulness far above multitudes of his cotemporaries, who had a most finished education; and why should there not be Franklins in medicine, as well as in other departments of knowledge?"

The assertion, that success in curing disease is worth more than a piece of parchment, is strictly true. But the evidences, on which a correct estimate of success can be formed, are not ordinarily, as the reader has seen in the chapter on Good and Bad Practice, within the reach of the community; and the attempts which it makes to form an estimate from the defective evidence at its command, often result in the bestowment of the praise due to success upon those who are really uusuccessful.

As to the use which is made of so great a name as that of Franklin, to justify a disregard of education in medicine, I remark, that those who hold such language forget three very plain truths. 1st. That self-education is, after all that can be said, education. It is education acquired in spite of difficulties, and without the aids which men usually have. 2nd. That education thus obtained indicates the possession of uncommon power of mind. There are but few Franklins in any profession. It is not common for men to rise to eminence with the small means which he enjoyed, and in face of the diffi-

culties which he encountered. 3rd. That Franklin, and all those men who have thus risen to eminence, so far from despising education, made most diligent use of all the means of education which they could command, aspiring all the time to higher and higher advantages; and while they lamented the deficiencies of their own early training, they laboured most assiduously to give to others the most extensive means of acquiring knowledge. Very different from this, I cannot avoid remarking in this connexion, is the spirit of those pretenders in medicine, who affect to despise education, and who claim that they have an innate skill, which education can neither impart nor improve.

I shall in another chapter maintain, that it is both the duty and the interest of the community, to demand that there shall be a respectable standard of education in the medical profession, and will, therefore, dismiss this topic for the present.

The second source of evidence, in regard to the qualifications of a Physician, is to be found in the unbiassed opinion of his medical brethren. I allow that there are difficulties in the way of obtaining such an opinion. There is, on the one hand, the prejudice of rivalry, and, on the other, the partiality arising from mutual interest. Sometimes these influences extend beyond the individual, and arrange medical men in small parties, or cliques; and these often render it exceedingly difficult to discover the standing which any

Physician has among his brethren. Yet it is true, that every Physician has a general estimate put upon him by the profession, and it is commonly a correct one. And this estimate can ordinarily be ascertained by any one, who makes due allowance for the influences to which I have alluded.

While this strictly professional reputation, which is awarded to every Physician by his brethren, is commonly very nearly correspondent with his true merits, that which the public awards to him may be far otherwise. It is often the case, that, while a Physician, of whom his brethren have an exalted opinion, meets with but little favour from the community ; another, who is a very ordinary practitioner, and who is so considered by the profession at large, has an extensive practice, and a high popular reputation. Such a Physician may be treated with much outward deference by his medical brethren, on account of the position in which the public favour has placed him ; and this is often very erroneously considered as evidence, that he is held in great estimation by the members of the profession generally.

I pass now to the consideration of a means of estimating the qualifications of Physicians, which is of a more practical character, and more certain in its results, than those which I have already mentioned. And yet it is one which has been very generally neglected, for reasons which I shall give in a future stage of my remarks.

There are certain mental qualities, which are essential to the possession of skill in the practice of medicine. Whoever is found to possess these qualities, you may be sure, will with proper education make a good Physician. And if they are wanting in any one, no education nor experience can supply the deficiency. He never can be truly skilful as a Physician; and if such an one acquire a reputation for skill, which is no uncommon thing, all that we can say is, that the public are deceived in their estimate of his qualifications.

How then can an intelligent man discover, whether a Physician has these requisite mental qualities, and to what extent he has them? What tests can he apply to bring them out, so that he can see them distinctly, and measure them with any good degree of accuracy?

The science of medicine is so much a mystery to the common observer, that he cannot, as you have already seen, apply his tests to a direct examination of the Physician's knowledge. He is not competent to make the estimate in this way; and if he is not aware of this, he will certainly be deceived. If he wishes effectually to avoid error, he must apply a touchstone which he himself understands, and not one of which he is profoundly ignorant. What is this touchstone? Plainly this. Let him observe the mental qualities of the Physician, as they are exhibited in regard to any subject with which he is himself familiar in common with the Physician; and he has here a test upon which

he may rely with absolute certainty. He discovers in this way the character of the Physician's mind; and it is just to infer that the mental qualities thus laid open to view, stamp their impress upon the practice of his profession, and give to it its character. No change comes over his mind when he passes from other subjects to that of medicine. The same mental powers are there, and he will observe, think, reason, and act, just as you have seen him do in regard to common subjects.

Take an illustration from surgery. You see a surgeon set a fractured limb. You cannot judge whether he does it skilfully, because you do not understand how it should be done, so as to bring the broken ends accurately together, and keep them so. But if that surgeon, in passing your house, by some accident breaks the thill of his carriage, you can watch him as he splices the thill, and you can judge, for you are competent to do so, whether he exhibits mechanical talent in the operation. If he does, you can safely infer that the same mechanical talent will be brought into exercise in setting a bone, and that he will set it as skilfully as he spliced the thill. Other talents in a medical man can be tested in a similar manner.

The truth, of which I have given this single illustration, is so obvious when plainly stated that it hardly needs to be dwelt upon at all; and yet, it is so often disregarded by the community, in the estimates which

are made of Physicians, that it may be profitable to illustrate it somewhat at large. In doing this we shall accomplish another important purpose—we shall obtain a clear view of those qualities which are most necessary in the particular calling of a Physician.

Let us then cursorily notice some prominent characteristics, as they are seen in Physicians in your daily intercourse with them on common subjects, and apply the criterion which we have under consideration.

Look at the mode in which Physicians form their opinions.

You discover in your conversations with a Physician upon politics, religion, or the occurrences of the day, that he is very credulous. Have you a doubt that the same credulity follows him into a sick room, and mars the accuracy of his observations of disease and of the influence of remedies? And so, on the other hand, the Physician who shows a sceptical cast of mind on other subjects, will assuredly be a doubter on a subject clothed with so much uncertainty as medicine is, and his treatment of disease will be marked by hesitation and lack of energy and firmness.

You see a Physician apt to form his opinions on ordinary subjects hastily. Slight evidence satisfies him, and he makes up his mind at once. It may be that he does it with so much shrewdness that he is very apt to be right in his conclusions; but sometimes he is entirely wrong, because he has in his haste over-

looked some apparently light circumstances which are really of vital importance. There is quite a large class of such minds in the medical profession. They are better fitted to practise in acute forms of disease than in chronic cases. These latter require patient investigation to thread out all their intricate complications.

I once knew two Physicians of considerable eminence, who had directly opposite casts of mind, in regard to the qualities to which I have just alluded. They lived and practised in the same neighbourhood through a long life. The one would spend perhaps an hour in ferreting out all the hidden labyrinths of a chronic case, and I have often been delighted, as he would clearly and in choicest language unfold his views, after he had concluded his examination. The other never wanted more than a few minutes to learn all he wished to know of a case, and he was prepared to act. Possessed of much native shrewdness, it was astonishing to see how he would avoid error in forming his hasty opinions. He seemed to be aware in what his *forte* lay. He had an abhorrence of all long and intricate cases, and turned them over, so far as he could, to his brethren; and he took peculiar pleasure in managing acute cases, in which the changes were rapid, and the end, either for good or ill, came soon.

You discover in your conversations with one Physician on common subjects, that he is very slow and cautious in adopting opinions, and when he has once

adopted them he adheres to them with great tenacity; while another, on the contrary, is exceedingly changeable in his opinions. These opposite qualities, exhibited as they are abroad in society, go with them to the sick chamber, and there exert their full influence. The one will fix upon a course of practice in a given case with all due consideration, and when he has once fixed upon it, he will pursue it most faithfully, even though the progress of the case may furnish conclusive evidence that he is wrong. He will be blind to that evidence, because he believes most assuredly that he is right in his views of the case. The other will not pursue a course long enough to determine whether it be right, but will see continual reasons for change; and his course from the beginning to the end of a case will often present a medley of variations, from which no intelligent conclusions can be drawn. The one will have a few favourite remedies, which he reckons as old and tried friends, and he adds but few to the little group from year to year. The other will make frequent changes in the remedies which he employs, and will try in rapid succession the new medicines, which every fresh periodical brings to his notice.

Some men take strong views of everything which they see. They must always have an opinion, whether the evidence upon which it is based be sufficient or not; and that opinion fills the mind, and actuates all the conduct. They are apt to have very partial and exclu-

sive views, overlooking, in their ardour, points, which, though they may have little apparent prominence, may, if properly examined, lead to discoveries of great importance. Such men in the medical profession always make a decided impression upon the public mind, and have many strong and ardent friends; and if they possess considerable talent, they generally acquire a dazzling reputation. It is true that they commit frequent and often great errors. But when their bold opinions turn out to be correct, it adds wonderfully to their reputation for acuteness and wisdom, while their errors are mostly concealed, and the whisper that tells of those errors that chance to be discovered, is effectually drowned in the noisy commendation of their enthusiastic adherents.

There is no pursuit in which a habit of accurate observation is more needed than in the practice of the medical art.

How then can a common observer test a Physician in regard to this talent? If the observer were himself a Physician, he could do this by watching him in his examination of cases of disease. But as he is not, and is therefore ignorant of the subjects to be examined, he will fail in any attempt of this kind. He will be apt to commit, for example, this error. He sees that a Physician makes a great many inquiries of his patients in regard to their complaints, and he may for this reason alone conclude that he is a nice observer. This

minuteness of examination often gives a Physician very unjustly this reputation; and, in fact, it is one of the most common tricks of the trade. There is often a great parade of questioning with very little true observation. A Physician who is a skilful observer will learn more of a patient's condition, by watching him as he lies in bed, and making a few inquiries, than another will by a multitude of questions; just as one man, who scarcely appears to look at anything as he passes through a street, may really observe and know more about the various objects in that street, than another man, who appears with eyes wide open to look at everything. A mere glance will sometimes reveal to the skilful observer the true nature of the case, when the unskilful has not been able to discover it with the most diligent examination of the symptoms. I will mention a single example. A man who was severely sick was attended by two Physicians, who were somewhat at a loss in regard to the nature of his disease. Another Physician, who was called in, before asking a single question, suspected from the posture of the patient that he had a hernia, in common language, a rupture; and on examination this was found to be the case.

I might mention some other errors, to which the inquirer would be liable, if he attempted to judge directly of the Physician's mode of examining disease, but it is not necessary.

How, then, the question recurs, shall he test the Physician on the point under consideration?

Let him see how the Physician observes in regard to some subject, with which he himself is acquainted. He will discover in this way what his habits of observation are; and he may be sure, that these same habits mark his investigations of disease in the chamber of the sick. No man has different habits of observation for different subjects.

Suppose that you have a curious article in your possession, and you have become acquainted with all the facts in regard to it. If you show it to several Physicians, and observe the inquiries which they make in relation to it, you can discover the different characters of their minds, and may thus know how they observe and investigate disease.

One of them asks, perhaps, but few questions, and some of those are irrelevant. He discovers but little in regard to the article, and you may be sure that he will never discover but little in regard to disease.

Another, after making a few inquiries, starts some supposition or theory, and this directs all his future inquiries. He, of course, obtains a very partial knowledge of the facts, and this is mingled with errors. And so it is with him in his investigation of medical subjects. He is a theorizing practitioner.

Another makes many inquiries, but they are of a rambling character. He finds out many of the facts in

regard to the article, but by no means all of them. His observation is active, but it is without method and incomplete. Though he will be diligent in the investigation of disease, and will appear to most persons to be an acute and skilful observer, he never will obtain a thorough and complete knowledge of any case.

Another, by a natural succession of inquiries, discovers one fact after another, till he knows the whole. He does not ask a single irrelevant question. The answer to every question either developes a new fact, or confirms one already discovered. He separates accurately the probable from the true, wholly rejecting the merely plausible. He frames no theory. His search is only for facts. You may be sure that he will be a skilful observer in the sick room, and that in the investigation of disease he will be constantly adding to his store of valuable and well-arranged facts.

Do you wish to ascertain what characterizes a Physician's measures in the treatment of disease? Instead of watching his practice, of which, as you have seen, you cannot judge with any good degree of correctness, observe what measures he proposes when acting, not in the capacity of a Physician, but in that of a citizen, a neighbour, a member of an association, and what reasons he gives for these measures. If you find that he advocates measures which show common sense, shrewdness, and good judgment, and which accomplish the purpose aimed at, you may safely conclude that the

same common sense, shrewdness, and good judgment mark his treatment of his patients, and that he is a skilful and successful practitioner of medicine.

A very little thing will sometimes develope some characteristic of a Physician's measures. A Physician, as he starts his horse to leave you after a pleasant chat, finds the rein caught under some part of the harness. He pulls it up to disengage it; but, as he does not succeed, he gives it a twitch in which he succeeds no better. His face reddens, and he twitches again and again, each time more violently, and finally, by tearing out a loop in his harness, he disengages the reign. You may safely infer that that Physician will be apt to have just such twitching measures in his treatment of the sick, and will in this way mar some things which are of more importance than the loops in his harness.

It is quite a prevalent idea in the community, that a man may be an ignoramus in regard to other subjects, and yet may have great skill in medicine. It is supposed that there is in the healing art a sort of mysterious tact or skill, innate in the man, and not acquired like other knowledge.

In confirmation of this idea of the possession of innate skill, it is said that a man may be a fool on one subject, and yet may be a genius on another, A man may be, for instance, a great arithmetician, or a very ingenious mechanic, and may yet exhibit folly on most

other subjects. This may be true in some few instances, but it is not at all common; and rare cases never can establish a general rule or principle. And besides, a genius in medicine, if he be a mere genius, in the popular sense of the term, makes but a poor practitioner. For true skill in the practice of medicine requires the possession of a wide range of talents, and among these sound judgment, or, as it is familiarly called when used in reference to ordinary subjects, common sense, is pre-eminent. This is the *sine qua non* in the Physician. The most brilliant talents cannot make one a good practitioner without this qualification. They may make him an interesting lecturer, or writer, and may give him a high reputation in the community. But his lack of this practical talent must render him unsuccessful in the treatment of disease, and the lectures which he may give will be deficient in practical instruction, and the books which he may write will add nothing to that storehouse of facts, which come only from observation, guided by a discriminating judgment, and plain common sense. He may construct beautiful theories, and explain and defend them with ingenuity, but he never can be a reliable source of instruction and information to his medical brethren.

The reader has seen that there are then five ways of judging of the skill and the attainments of a Physician. 1st. By examining his opinions on medical subjects,

and the reasons upon which they are based. 2nd. By observing his practice, and comparing its results with those of the practice of others. 3rd. By inquiring into the evidences of his education. 4th. By observing the unbiassed opinions entertained of him by his medical brethren. 5th. By observing his mental qualities as they are exhibited in relation to those subjects which the observer himself understands.

If the inquirer be a Physician, he can very properly make use of the two first-named means of arriving at the estimate. But if he be a non-professional observer, he must for the most part give up these means, as being liable to lead him into error, and resort to the remaining ones. That he should entirely give up the two first means I do not claim. All that I claim is, that he should place very little reliance upon them, while his chief reliance should be upon the three last.

If intelligent men would adopt the course which I have indicated, in their attempt to estimate the professional merits of Physicians, they would for the most part avoid the errors which they now so frequently commit. But, as it now is, they very generally form their judgment from a direct observation of medical practice, and from the reports which their friends and acquaintances give of their observations; and they make but slight use of those means of judging, which I have shown to be the least liable to error. And I fear

that they will be slow to change in this respect, for the simple reason, that they will be slow to admit their incompetence to sit in judgment on modes of treating disease. Dr. Beddoes, an eminent English Physician, once remarked, that "there are three things which almost every person gives himself credit for understanding, whether he has taken any pains to make himself master of them or not. These are: 1. The art of mending a dull fire: 2. Politics: and 3. PHYSIC." And this is especially true of the last of these. Both the well-informed and the ignorant seem to think, that they are perfectly competent to decide whether a Physician is treating a case properly; and watch the effect of remedies in order to do this, and hesitate not to express their opinions on this point in the most positive manner. So common and inveterate is this habit in the community, that it will be difficult to eradicate it. And yet I think it can in some degree be done. Intelligent men can be made to see, by a candid exposition of the peculiar liability there is in medical experience to mistake in regard to the relation between cause and effect, that it requires an extensive knowledge of medicine to make accurate observations of the influence of remedies; and that, therefore, one who has had but limited means of observation, must be but a poor critic on the practice of Physicians. They can see that, though such an one may cope with others in the art of mending a dull fire, or on the subject of

politics, yet on so abstruse a subject as medicine, he ought to be somewhat modest in his opinions, and not put them forth, as is now so often done, with all the authority of an oracle.

Why then, let me ask, have not intelligent men been made to look upon this subject in this light? This question I will endeavour to answer.

There is, in the first place, a large class in the medical profession, who desire no change in the views of the community, but prefer to maintain their present false position. Their success, like that of the quack, actually depends on practising upon the credulity of the public. They would dread being scrutinized in the way which I have pointed out, by tests which the observer himself understands. They would prefer that people should continue to judge of them as they have done, by tests of which they are ignorant, because they can in this way continue to deceive them. The number of such men in our profession, I am sorry to say, is very large; and many of them have an extensive practice, and stand high in the public favour, and for this reason are quite indifferent both to their own standing with their brethren, and to the general standing of the profession itself. Though they do nothing, perhaps, which is sufficient to endanger their loss of caste among Physicians, their influence is detrimental to the interests of the profession, and favours in the worst possible way the hold of quackery upon the community.

There is another large class of medical men, who really desire to be honourable in their course, but who have felt themselves obliged to use to some extent the same arts with which the dishonourable impose upon their patients. They feel that they cannot reform public sentiment, but must take it as it is, and do the best they can with it. They find whims and caprices and false ideas among the intelligent, as well as the ignorant; and instead of taking any pains to correct the evil, they succumb to it, and set themselves to work to make capital out of it. They thus place themselves on common ground with the quack and the pretender, and subject themselves to be estimated by the same false rules which are applied to them. They thus have almost insensibly contracted habits of cunning and shallow pretension; and these are habits which are not easily given up. Of course this class of medical men will be inclined to look with distrust upon any efforts to reform the profession and the public, in the particulars to which I have alluded; and, though they may not actually oppose such efforts, or may from selfish motives even make a show of favouring them in certain quarters, they cannot be expected to give them any active support.

There is, however, one result of the course which this class of medical men have pursued, which seems to be opening the eyes of the most honourable among them, and which promises to bring them out from their

false and degrading position. They find that their cunning subservience to the false opinions of the people, has increased the hold of those opinions upon the public mind; and, as a wide door has thus been opened for quackery, they find that the same arts, in using which they have been so successful, are now used quite as dexterously by the whole herd of ignorant quacks and showy pretenders. They find that the Homœopathist is stealing away some of their best, and, as they thought, their most reliable patients. And of this they have no right to complain, because these pretenders obtain these patients by the same artful and deceptive means, by which these Physicians at first acquired them, and by which they have so long retained them among their patrons.

The result which I have pointed out is an accumulated result. The community are running wild now after various systems and modes of practice, and the public mind is all afloat, carried about by every wind of doctrine in medicine. It is now the hey-day of quackery of all kinds and degrees. The causes of the great prevalence of this evil are not temporary and recent, but they have been acting for a long time, and we now see the accumulated result. Among the chief of these causes is the course which has been pursued by a large portion of the medical profession. The profession itself has given birth to much of the quackery of the present day.

The evil of this comes upon the profession generally, but more particularly and grievously upon the class of Physicians of which I have just been speaking. The first class which I mentioned are not as much affected, because, being less scrupulous, they have a wider range of arts to be used; and the mortifications to which they are subjected in their competition with quacks more easily borne, because they have less of honour and conscience to trouble them in relation to their course. While this class will be utterly opposed to any attempts at reform, the second class of which I have spoken, seeing their false position, and beginning to suffer some of its vexatious results, will probably experience a sifting process, whenever efforts at reform shall be thoroughly entered upon. The least honourable, and those whose habits of imposition (for such they must be termed) have become fixed, will join the first class, giving up all scruple, and adopting in full the measures of the quack and the charlatan. But I am persuaded, that the largest portion of this class of practitioners have so much of honour and conscience, that, whenever a general effort shall be made to redeem the profession from its false position before the community, they will be ready to unite in that effort.

But this effort is not to begin in this class. There is still another class of Physicians who are to originate it. They are the men in our profession who have always pursued an honourable course, and have never

yielded to the temptations to use the arts of empiricism, however strong they may have been—who, though they have often seen their brethren use such arts successfully in their competition with them, without injuring their standing in the community, have never allowed such mortifications to induce them to swerve from the path of honour and duty. Efforts, it is true, have been made by such Physicians to enlighten the public mind in relation to its false estimates of professional merit; but they have been, for the most part, isolated and individual efforts, and they have soon been given up, for reasons to which I have before alluded. A general and united effort is needed to prove successful.

CHAPTER VIII.

INTERCOURSE OF PHYSICIANS.

THE object of this chapter is to introduce some points in relation to the intercourse of Physicians, which the community ought to understand, and to endeavour to correct some prevalent errors, which tend to destroy the harmony of the profession and to impair its usefulness. Mistaken notions are very prevalent even among thinking and judicious men, both in regard to the object of consultations, and the principles by which they should be regulated. These notions sometimes exert a very injurious influence, and the patient is deprived of the benefit to which he has a right, from the combined wisdom of those who consult upon his case.

What then is the main object of a consultation? is an important inquiry. It is considered by many as the chief object of a consultation to decide the question,

whether the patient will die or recover. It is an error to suppose that the decision of this question is the principal object of the consultation. Frequently nothing like a decision of this question can be arrived at. Farther developments in the progress of the case must be waited for before a prognosis can be justly formed.

Neither is it the object of a consultation to have the Physician, who is called in, prescribe to the attending practitioner what he shall do, though this is often considered to be the object, especially when the consulting Physician is much older. Dictation is very far removed from consultation.

Again, it should not be among the objects of the friends of the sick, in calling a consultation to obtain the opinion of a Physician upon the course of treatment which has been pursued. He has nothing to do with the past, except so far as it will avail him in discovering the true nature of the case, and in fixing upon the course to be adopted at the present time. He steps out of his province, if he says anything to the friends in regard to what has been done. The rule applies not only to criticisms upon practice, but to all expressions of approbation also. The patronising air with which some Physicians utter their commendations of the course which has been pursued by the attending practitioner, is a most flagrant insult. It generally involves

an unwarrantable and ridiculous assumption of superiority.

The friends of the sick often put the consulting Physician in an awkward position, by the inquiries which they make of him in regard to the measures which have been pursued. If he really approves of them, of course there can be no difficulty. But suppose that he does not, that he cannot say with truth, if he had been called to the case at first, he should have adopted precisely the same course. What answer shall he make then to the inquiries put to him? Shall he reply to them fully and frankly? By no means: it would be cruel to do so. He has no right to take such a course, unless there be gross and palpable malpractice, which the good of the patient and the community require should be exposed. This is the only case which can justify such a measure. There are often some exceptions to the rule in its application to expressions of approbations.

If, for example, an older and well-established Physician, on being called in to the patient of a junior member of the profession, sees that the propriety of the course which has been pursued has been called in question by some of the friends or busybodies, it is his duty to volunteer in the defence of that course, if he can conscientiously. Older Physicians often have such opportunities of doing essential service

to meritorious young men.* It is only such cases which form the exception to the rule laid down. The general practice of remarking upon what has been done, cannot be too severely reprobated, as opening a wide door for cunning intrigue and ungenerous insinuation.

One of the chief causes of the jealousies and quarrels among the members of our profession is the bandying about of the opinions of this and that Physician in regard to different cases. If the friends of the sick would ask simply for the result of the consultation, instead of endeavouring, to ascertain the opinions of each Physician in regard to the various points of the case, it would shut out all opportunity for intrigue; and to this result alone have they any right under ordinary circumstances.

When a consultation is held, it is expected some definite conclusion is arrived at, in relation to the nature of the case and its treatment. It is the result of a deliberative body, no matter of how few or how many.

The individual opinions expressed in the deliberations leading to this result are wholly confidential; and whoever reveals them, is guilty of a breach of confidence. So long as the attending practitioner is alone in the

* We gladly avail ourselves of the opportunity afforded us of recording our deep obligations to many eminent members of the profession, for the important services rendered in many trying cases of this description.—Ed.

case, he acts as an individual; but when a consultation is called, individual action ceases, and he is now to act in obedience to the result of the consultation. His duty is simply to carry out that result. He is the executive of the acts of the deliberative body. He alone is to give the directions in the management of the case. If the consulting Physician gives any directions, either voluntary or in answer to the inquiries of friends, he usurps authority which does not belong to him; his business is simply counsel and deliberation, not action.

The chief object of consultation is to be secured by thorough and free investigation, and discussion of the different points of the case. Anything which interferes with this mode of attaining the object has a tendency to defeat it. It is essential that consultations should always be held privately, the presence of others preventing that freedom of discussion which in some cases is so necessary. For each Physician knowing that his individual opinion will be reported by those who are present, would be very cautious in expressing it; and, therefore, there would be none of that freeness of suggestion and discussion which is so desirable. And farther, while the honest and high-minded Physician would be simply embarrassed, the selfish and unprincipled would express his opinion, rather with a view to its effect upon his own standing with those who are present, the welfare of the patient being alto-

gether a secondary consideration; his object being an exhibition of his skill and knowledge to the non-professional listeners.

The reasons thus briefly given are sufficient to show the reader the reasonableness of the rule which excludes the friends of the sick from the consultations of Physicians. It is sometimes spoken of as unreasonable, and a strict adherence to it is considered by some as implying a want of frankness and candour. Persons will always be found ever ready to attribute some sinister design to this bar put upon their curiosity.

Sometimes a second Physician is sent for to see a patient, without the knowledge of the one in attendance. This may be done from the whim of the moment, or from the earnest recommendation of some meddler, or from a desire to obtain the opinion of another practitioner, which it is perhaps thought will be more candid and unbiassed, without a formal consultation. Under such circumstances, he should refrain from offering an opinion, having no right to interfere unless he meets the attending practitioner in consultation, or the case is transferred to his care. It is a very common idea that Physicians are generally attached to a foolish degree to the rules of etiquette in their intercourse. Many talk as if the welfare of the sick, and sometimes even life, is sacrificed to it. The Physician is often entreated to lay it aside, as being an obstacle in the way of his usefulness. The common

impression on this subject is an erroneous one. The rules of intercourse which govern the medical profession abridge no man's liberty; a strict adherence to them favours freedom of intercourse, by maintaining material confidence, while a disregard of them destroys this freedom by engendering mutual distrust.

The disposition to jealousy and strife, unfortunately too rife among our profession, is frequently favourable to some breach of etiquette, arising from a neglect of the above wholesome regulations.

Subjoined are a code of Medical Ethics, adopted by the National Convention in Philadelphia, June, 1847. We strongly recommend them to the perusal of our professional as well as non-professional readers.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ARTICLE I.

DUTIES OF PHYSICIANS TO THEIR PATIENTS.

§ 1. A Physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge.

Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention, and fidelity, They should study, also, in their deportment, so to unite tenderness with firmness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect, and confidence.

§ 2. Every case committed to the charge of a Physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which Physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honour. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him, except when he is imperatively required to do so. The force and necessity of this obligation are indeed so

great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the Physician to arrive at a more perfect knowledge of the disease, to meet promptly every change that may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the Physician, and render him liable to be suspected of interested motives.

§ 4. A Physician should not be forward to make gloomy prognostications, because they savour of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the Physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies, which often disturb the tranquillity of the most resigned in their last moments.

The life of a sick person can be shortened, not only by the acts, but also by the words or the manner of a Physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A Physician ought not to abandon his patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to, all pecuniary consideration.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a Physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ARTICLE II.

OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

§ 1. The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices to comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely upon the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a Physician, whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should also confide the care of himself and family, as much as possible, to one Physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predis-

positions of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.

A patient who has thus selected his Physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their Physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin stimulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his Physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences; and a patient may sink under a painful and loathsome disease, which might

have been readily prevented had timely intimation been given to the Physician.

§ 5. A patient should never weary his Physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his Physician should be prompt and implicit. He should never permit his own crude opinions, as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much

mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the Physician.

§ 7. A patient should, if possible, avoid even the friendly visits of a Physician who is not attending him; and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting Physician without the express consent of his own medical attendant. It is of great importance that Physicians should act in concert; for although their modes of treatment may be attended with equal success, when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his Physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, if practicable, send for their Physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the Physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their Physician, as

the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his Physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ARTICLE I.

DUTIES FOR THE SUPPORT OF PROFESSIONAL CHARACTER.

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honour, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unwearied diligence, he resorts to every honourable means of enriching the science, he should entertain a due respect for his seniors, who have,

by their labours, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character and a higher standard of moral excellence are required, than the medical; and to attain such eminence is a duty every Physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and on emergencies, for which no medical man should be unprepared, a steady hand, an acute eye, and an unclouded head, may be essential to the well-being, and even to the life, of a fellow-creature.

§ 3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases; publicly offering advice and medicine to the poor gratis, or promising radical cures, or to publish cases and operations in the daily prints, or suffer such to be made; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of em-

pirics, and are highly reprehensible in a regular Physician.

§ 4. Equally derogatory to professional character is it for a respectable Physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret nostrum, whether it be the composition or exclusive property of himself, or of others. For if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for Physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ARTICLE II.

PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER.

§ 1. All practitioners of medicine, their wives and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A Physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consan-

guinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent on each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously, as such unasked civilities may give rise to embarrassment, or interfere with that choice on which confidence depends. But if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ARTICLE III.

OF THE DUTIES OF PHYSICIANS AS RESPECTS VICARIOUS OFFICES.

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of

the family Physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglects his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the Physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the Physician who officiates.

ARTICLE IV.

OF THE DUTIES OF PHYSICIANS IN REGARD TO CONSULTATIONS.

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honours of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a licence to practise from some medical board of known and acknowledged respectability, recognized by this association, and who is in good

moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations, no rivalship or jealousy should be indulged; candour, probity, and all due respect should be exercised towards the Physician having charge of the case.

§ 3. In consultations, the attending Physician should be the first to propose the necessary questions to the sick; after which the consulting Physician should have the opportunity to make such farther inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both Physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no opinions or prognostications should be

delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the Physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending Physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting Physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of Physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation, But as professional engagements may sometimes interfere, and delay one of the parties, the Physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a

new appointment. If it be the attending Physician who is present, he will of course see the patient and prescribe ; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in writing, and under seal, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants, —they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcileable diversity of opinion occur when several Physicians are called upon to consult together, the opinion of the majority should be considered as decisive ; but if the numbers be equal on each side, then the decision should rest with the attending Physician. It may, moreover, sometimes happen, that two Physicians cannot agree in their views

of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third Physician should, if practicable, be called to act as umpire; and if circumstances prevent the adoption of this course, it must be left to the patient to select the Physician in whom he is most willing to confide. But as every Physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any farther deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a special consultation desirable, when the continued attendance of two Physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A Physician who is called upon to consult, should observe the most honourable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with

a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. The consulting Physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practised by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favour of families and individuals.

ARTICLE V.

DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE.

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A Physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made ; no disingenuous hints given relative to the nature and treatment of his disorder ; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the Physician employed.

§ 3. The same circumspection and reserve should be observed, when, from motives of business or friendship,

a Physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A Physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the Physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candour and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief; and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a Physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign

the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of Physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional asssistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family Physician, if there be one, to be called; and, unless his farther attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a Physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 8. A Physician, when visiting a sick person in the country, may be desired to see a neighbouring patient, who is under the regular direction of another Physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and,

in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy Physician should not give advice gratis to the affluent; because his doing so is an injury to his professional brethren. The office of a Physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with, which might justly be claimed.

§ 10. When a Physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ARTICLE VI.

OF DIFFERENCES BETWEEN PHYSICIANS.

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of Physicians, or a court-medical.

As peculiar reserve must be maintained by Physicians towards the public, in regard to professional matters,

and as there exists numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ARTICLE VII.

OF PECUNIARY ACKNOWLEDGMENTS.

§ 1. Some general rules should be adopted by the faculty, in every town or district, relative to pecuniary acknowledgments from their patients; and it should be a point of honour to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ARTICLE I.

DUTIES OF THE PROFESSION TO THE PUBLIC.

§ 1. As good citizens, it is the duty of Physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens: they should also be ever ready to give counsel to the public in relation to matters appertaining to their profession, as on subjects of medical police, public hygiène, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations, —the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions,— in relation to the medical police of towns, as drainage, ventilation, &c.,—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labours for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to

enlighten coroners' inquests and courts of justice, on subjects strictly medical,—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in consequence of the time, labour and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed, than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in section 1 of this article, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of Physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circum-

stances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of Physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health, and even destruction of life, caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture or sale.

ARTICLE II.

OBLIGATIONS OF THE PUBLIC TO PHYSICIANS.

§ 1. The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that Physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications, to make a proper discrimination between true science and the assumptions of ignorance

and empiricism, to afford every encouragement and facility for the acquisition of medical education; and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from Physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

CHAPTER IX.

INTERFERENCE WITH PHYSICIANS.

GREAT latitude is allowed by the community in interfering with the practice of Physicians. It is the object of this chapter to point out some of the ways in which this interference is exercised, and some of the injurious consequences which result from it.

Sometimes the confidence which one feels in his own Physician leads him to put a low estimate upon the merits of other Physicians, and to attempt to destroy the hold which they have upon the confidence of their employers. This is a most unjustifiable interference. While it is right that every one should be attached to the Physician who has done well for him and his family in their sickness, it should furnish no ground for disparaging the Physician to whom another is attached, perhaps for just as good reasons. He may sincerely believe that his friend has misplaced his confidence.

But let him ask himself, am I sure—do I know that it is so? Have I the data on which I can properly base such an opinion? Am I competent to judge of the comparative merits of the two Physicians from observing their practice? If every one, who is tempted by a mere preference, or by pride of opinion to practise the interference referred to, should put to himself such questions as these, he would at least be less positive in his opinions, and less zealous in his efforts to unsettle the confidence of others in the Physicians whom they employ.

Let me not be understood to mean that interference is proper in no case whatever. There are cases, in which it is not only allowable, but it is even an imperative duty. If you see a friend confiding in a quack, or an unskilful and ignorant practitioner, it is your duty to persuade him to relinquish such a misplaced confidence. But you must remember that the evidence upon which you act should be clear and satisfactory, and that no mere preference can justify such an interference, however strong that preference may be. So also, if you have a friend, who trusts his own life and that of his family in the hands of an intemperate practitioner, it is a case which loudly calls for the warnings of friendship. But in this case you must have better evidence of the fact, upon which your advice is based, than mere suspicion, or vague reports.

Some of those who are fond of practising the inter-

ference under consideration, hesitate not to make the most severe and reckless attacks upon the professional reputation of Physicians. Indeed, such attacks are quite common in all circles. Though the non-professional observer is not capable of estimating correctly the results of medical practice, many are in the habit of expressing their opinions upon this subject freely, and sometimes very harshly, especially when any case comes to a fatal issue. In such a case the busy partizans of other Physicians are ready to cast blame upon the practitioner who has attended upon it, though all they may know in relation to it may be the idle rumours of gossip. The interests of the Physician are often seriously injured by the reckless opinions thus expressed by men, who, though wholly incompetent to judge in such matters, from their wealth and standing have considerable influence.

The professional reputation of medical men seems to be considered by common consent fair game for the shafts of all, whether high or low, learned or unlearned. Although the charge of malpractice is a serious charge, especially when it has relation to the death of a patient, it is exceedingly common to hear this charge put forth without any hesitation, and in the most positive manner, So common is it, that it awakens but little feeling; and though it be a shameful enormity, it seldom meets with rebuke. A very severe rebuke was once administered by a judge in Massachusets to a lawyer, for

hinting at the charge of malpractice against a Physician, who was one of the parties in a case before the Court, The insinuation was intended as a sort of make-weight for the advantage of his client. The judge at once inquired of the lawyer, if he intended to make that a point, giving him to understand, that if he did, he would be expected to produce evidence bearing upon it. The lawyer said that he did not. "You will withdraw that point, then," said the judge, "and indulge in no farther remarks upon it." Very soon, however, he made the same insinuation again. The judge interrupted him, and remarked, that, as a professional man's reputation was of the highest value to him, and was even the means of his livelihood, he would not suffer it to be wantonly attacked in any case; and he told the lawyer, that as he had twice brought the charge of malpractice against this Physician, he should not permit him to go on with his plea, till he had withdrawn it in writing. It would be well if the same regard for the value of professional reputation were felt by all our judges, and by all the wise and influential in the community.

Let me not be understood to claim, that the merits or Physicians should not be canvassed by the community. There should be freedom of opinion upon this subject; and, when it will accomplish any good purpose, there should be freedom also in expressing that opinion. But the opinions of those who are ignorant of the sub-

jects to which they relate, and who are not in possession of the facts of the case, ought at least to be uttered with some degree of modesty; and a mere blind preference is no justification of the bold opinionating, and the busy interference, which are so common with the train of zealous partizans, which some Physicians draw after them.

Some in their zeal carry their interference even into the chamber of the sick, and disturb its quiet with debates in regard to the propriety of the practice which is pursued. To say nothing of the evil resulting from the excitement thus produced, the influence of the Physician over the mind of the patient, sometimes of great importance, is often destroyed in this way. Hope is as real a cordial to the sick as any restorative medicine that can be given. And the meddler, who attempts to destroy the confidence of a patient in his Physician, and thus take from him the hope that he will be relieved by his skill, does as cruel an act as if he entered the sick room and snatched from the very lips of the enfeebled, languishing, and perhaps dying man, the cordial draught which was to revive him.

Some are zealous in their recommendation of medicines to the sick, and perhaps even urge the patient to take them without the knowledge of the attending Physician. Such meddlers have no scruples in regard to this interference with the Physician's course, so long as the responsibility of the case remains upon his

hands; but the moment that it is proposed to them to take the responsibility upon themselves, they shrink from it, notwithstanding the confidence and earnestness with which they urge the use of their favourite remedies.

It is amusing to see what various, and even opposite, measures are recommended by different persons in the same case. The friends of a patient, who are anxious that everything should be done to save a life so valuable and dear to them, are often perplexed and troubled by the great varieties of remedies urged upon them, and the plausible reasons, and asserted cures, upon which these recommendations are based. And not a little firmness is required to resist the importunity of these meddlers, especially as it is often prompted by undoubted kindness. But the welfare of the patient demands it, and no fear of giving offence should hinder from pursuing the proper course. The adequate remedy in such circumstances is to thank such meddlers for their kindness, and tell them that the measures which they recommend shall be mentioned to the Physician, and, if he thinks proper, they shall be used.

Some are disposed to restrict Physicians in regard to the medicines which they shall give. While the practitioner should avoid a useless war with the notions and caprices of his employers, and should sometimes even yield to them in unessential matters, it is ordinarily not only compromising his own dignity and independence,

but is doing an absolute injury to the patient, to make any concessions on this point. The omission of some remedy or measure, in obedience to prejudice, may prove very injurious, and even in some cases fatal. As a general rule, therefore, the Physician should claim his right to pursue his own course, independent and untrammelled. He, and he alone, is responsible for the proper management of the case before him, and his rights are certainly commensurate with his responsibility, and should not be interfered with. But those who make medicine a trade, and who care more for popularity and patronage than they do for the interests of science, or the welfare of the sick, often submit, as a matter of policy, to this interference with their rights.

The frequency of a Physician's visits should, for the most part, be left to his own judgment; for if he is not to be trusted in relation to this matter, he had better be dismissed, and another employed in his place. The conscientious Physician is often much embarrassed by the complaints of his patients on this point. Some complain that his visits are too frequent, and others that they are not enough so. The attendance of the Physician is sometimes discontinued too soon for the welfare of the patient, from motives of delicacy, where this fault-finding is practised. And on the other hand, the extreme frequency of visits, which is sometimes required of the practitioner, especially by the wealthy, is in many cases injurious. For example, it may impair

the mental influence, which it is important that the Physician should maintain over his patient, or it may impose upon him almost a necessity to use too much medication, or to make too frequent changes in his course of practice in the case.

All interferences with the practice of the Physician are inconsistent with the best management of the sick. They repress that freedom of thought and action, which is an essential element of success in the treatment of disease, as well as in everything else. Even when no interference is intended, the anxiety of friends is sometimes the cause of so much embarrassment to the Physician, as to be detrimental to the welfare of the patient. And there is no doubt that, in spite of all the care that is lavished by numerous friends upon the sick in the higher walks of life, they are often, from the cause above alluded to, treated with less skill and judgment than the miserably attended sick in the cheerless habitations of the poor. This may appear at first rather paradoxical to the reader; but let us examine this point, and you will easily see the reasonableness of the assertion.

I will suppose a case. A lady is sick, under the care of her Physician. Her husband and friends are exceedingly anxious in regard to the result of the case. They have many inquiries to make of the Physician about her symptoms, his fears and hopes, the operation of medi-

cines, &c. They ask him, perhaps, if he is not afraid that such a remedy will produce such an effect, and such an one such an effect; and they may even go so far as to attribute some unfavourable symptom to some medicine that has been administered. There are few Physicians who are so independent, that they will not feel themselves embarrassed under such circumstances. The responsibility of an important case in itself occasions sufficient embarrassment, without adding to it by such a course. Napoleon, that shrewd observer of men, saw this in the case of his wife, and governed himself accordingly. He saw that there was danger, and that the Physician was in a measure paralyzed by his sense of his responsibility. Instead of talking with him about the difficulties of the case, and expressing his apprehensions, he immediately said to him, "She is but a woman: forget that she is an empress, and treat her as you would the life of a citizen of the Rue St. Denis." This restored confidence to the Physician; and his treatment of his royal patient was successful, when, perhaps, a timid course would have been fatal to her.

Let me not be understood, that I would have the friends of a patient make no inquiries at all of the Physician in relation to the case. His intercourse with them should be candid and free, and the intelligent and honourable Physician wishes it to be so. All that I claim is, that the practitioner should not be harassed

with inquiries, and especially with such scrutiny, and such expressions of doubt as to the effect of remedies, as shall indicate their lack of confidence in the treatment, and therefore tend to destroy his own confidence in it. The Physician knows, and for the most part should be left to judge, how much ought to be communicated to the friends of a patient in relation to his case.

Neither let me be understood to mean that Physicians are afraid to have their practice watched and scanned. Every intelligent practitioner is willing that his treatment of any case should be scanned most thoroughly, but he would prefer that it should be done by skilful eyes. The friends of the patient should always remember, that they have not sufficient knowledge of the human system, and of the effects of agents upon it, to appreciate properly the workings of disease, and the operation of remedies; and they should, therefore, be careful not to put themselves in the attitude of clinical critics—a station for which none but a Physician is really fitted. The Physician himself is in constant danger of making wrong inferences, on account of the complicated character of the system, and the various circumstances which therefore modify the operation of agents brought to bear upon it: even he, prepared as he is by study and well-weighed experience to observe accurately, is obliged to sift well the evidence in regard to the effects of reme-

dies, in order to avoid mistake in his conclusions. How much more then should they be cautious in the inferences which they draw, who have never studied the human frame, and who have had but little experience of the treatment of disease. And yet many make no scruple in forming the most decided opinions of the practice of Physicians, in every case of which they have any knowledge, however limited, and in proclaiming those opinions with all the authority of an oracle. The practitioner is sometimes so much harassed by these meddlers, that he is in danger of mixing up with the measures of his practice expedients to satisfy or foil their officiousness—a compound which brings no benefit to the patient. The attention and the skill of the Physician should be concentrated upon one object—the proper treatment of the case before him. And the expenditure of his ingenuity, in using feints and practising concealments, to avoid a collision with the whims and prejudices of by-standers, impairs this concentration to the injury of the patient, and that sometimes a fatal injury.

The influence of scrutiny in impairing the skilfulness of action is seen in other subjects, as well as in the practice of medicine. The eloquent clergyman, who would ordinarily carry his audience along with him, while he is aiming with clear mind and zealous heart to attain the one great object of his preaching—the impres-

sion of the truth upon the conscience—would fail to produce the same effect upon an audience of critics. For, to say nothing of the embarrassment which the very idea of criticism occasions, his attention would be distracted by supposed criticisms, which would suggest themselves to his mind while he is speaking; and that concentration of mental and moral energies upon one object, which is essential to true eloquence, would be wanting. To be eloquent before such an audience, he must either disarm their criticisms, or he must forget that they are critics, and look upon them only as men whose minds are to be impressed, and whose feelings are to be moved by the truth.

Take another illustration of quite a different character. A noted juggler perceived, at the commencement of his performance, that he was very narrowly watched by a gentleman, whom he knew at once to be a very acute observer. He was embarrassed, as I have seen a practiser of the juggleries of animal magnetism embarrassed by a similar cause; and he felt that he could not practise his deceptions with so free and easy a hand, as he could if he were not watched by so intelligent an eye. The consciousness of being thus watched distracted his mind, and prevented him from concentrating its energies upon one object. The juggler immediately gave this gentleman a piece of money, telling him that he must look out or he would get it away from him in

the course of the evening. At the conclusion of the exhibition, the gentleman said to the juggler, "Well, Sir, here is your money; you see that I have kept it safely." "Yes," replied he, "and I meant that you should, for I chose that you should have something else to watch besides me."

The case of the Physician, whose practice is scrutinised by by-standers, is worse even than that of the criticised clergyman, or the watched juggler. For the criticism to which he is subjected is not skilful, and is therefore not capable of appreciating the merit of the measures which he employs. In the case of the clergyman, the analogy would be more correct if his audience were illiterate, and his subject were one of an abstruse and metaphysical character. Their criticism would then bear a strong resemblance to that to which the practice of the Physician is often made to submit. If the Physician investigate the case before him, thoroughly and scientifically, the reasonings upon which his treatment is based are often as much beyond the knowledge of those who have not been instructed in the science of medicine, as a strictly metaphysical argument is beyond the knowledge, and therefore the criticism, of a plain, unlearned audience.

A similar defect can be pointed out in the analogy of the case of the juggler. However much he felt embarrassed by the keen eye which he was conscious was

watching him, he knew that if the way in which his feats were performed was discovered, his skill would, nevertheless, be appreciated and admired. The Physician, as you have seen, has no consolation of this kind. He knows that those who watch him have generally so little knowledge of disease, and of its treatment, that they cannot estimate with any correctness the skill with which he meets the various phases presented by disease, with its numerous and changing complications; and yet they are quite confident that they are exactly right in their judgment on such points. He is watched by ignorance, and ignorance, too, believing itself to be wise.

And farther, as the clergyman, if he be one, who, instead of possessing true eloquence, is skilled in the mere tricks of oratory, would prefer an ignorant and indiscriminating audience, and fears one of an opposite character; and as a bungling juggler had rather be watched by unskilful than skilful eyes; so the ignorant Physician is more at home, when the eyes of the multitude are fixed upon him, than when he is under the scrutiny of his medical brethren. And as many, who are incapable of being real orators, study most faithfully the tricks of oratory, and so far succeed as to deceive the superficial and the ignorant, so there is many a Physician, who, instead of bestowing all his energies upon the management of disease, wastes them in learning the tricks of the charlatan, which will

enable him, like the mock-orator, to make a show of skill and acquire the reputation of possessing it with the multitude. This he can do with more certainty than the pretender in oratory, because he deals with subjects on which most men are profoundly ignorant, and yet think themselves to be very wise. It is for this reason, that the quackish Physician, in common with the open quack, addresses all his appeals to the multitude, and brings all his arts to bear upon the one point of making such false displays as will impress upon their minds the idea that he has uncommon knowledge and skill. He, therefore, loves their credulous gaze, while he hates the intelligent scrutiny of his brethren. There is no one thing, in which the difference between the empirical Physician and the high-minded and truly skilful practitioner is more strongly marked than in this.

The practice, then, of interfering with Physicians in the performance of their duties, which is so common in every community, impairs their usefulness, not only directly, by embarrassing them in their treatment of the sick, but also indirectly, by encouraging the intrigues and manœuvres of the dishonourable in our profession. We have no hope of persuading busy-bodies to abandon a practice of which they are so fond; but we have a right to expect, that the wise and good, who are so often betrayed into it by zeal for some favourite Physician, or

remedy, or by a generous kindness, or an urgent anxiety for the patient, will, upon seeing their error, renounce it, and pursue in future such a course as will secure to the sick the best efforts of the Physician in their behalf.

CHAPTER X.

MENTAL INFLUENCE OF MIND AND BODY IN DISEASE.

MANY seem to think that when the body is sick, it is simply a sickness of the body alone, and that the mind has nothing to do with it. Some do, indeed, allow that when actual mental derangement occurs in connection with any disease, the mind is affected by the body; but they are prone to lose sight of the fact in all ordinary cases of disease, and yet it exists in these as really, though not to the same degree. The influence of disease upon the mind is obvious to the most careless and superficial observer, when he sees the delirium produced by inflammation of the brain; but such cases seem to him to stand out as glaring exceptions to what he considers the great general fact—that the mind is independent of the ailments of the body. Physicians themselves too often overlook the influence of mind in

their treatment of disease, and the community generally have very inadequate views of its extent and universality. There cannot be any sickness of the body, however slight, that does not produce some effect upon the mind, and which is not influenced either for good or for ill through mental impressions.

It is important in the management of the sick, not only that this fact should be kept clearly and steadily in view by the Physician; but that it should be understood by the community, so that the efforts of the Physician may not be thwarted, as they often are, by the attendants and friends of the sick, when he aims to act upon bodily disease by impressions made on the mind. And I refer not in this remark merely to impressions of this kind where the attempt to produce them is so palpable that the most careless observer would perceive it, but to all those influences which the Physician is exerting upon the minds of the sick, in his daily intercourse with them. In truth, everything that he says and does in the sick room, is to be regarded as really a medicine, and producing as real if not as manifest effects upon the state of the patient, as any of the drugs that he administers.

It will be profitable to examine the influences which the mind and the body exert upon each other in sickness, the use which can be made of such influences in the cure of disease, and the abuse to which they are

liable from the mismanagement of those who have the care of the sick.

Before doing this, however, it may be interesting to look at the connection which exists between the body and the mind. There are various figures used to illustrate this connection. The most common one is that in which the mind is spoken of as dwelling in the body as a habitation. In a certain sense this is true. This tabernacle of flesh, as the Bible aptly terms it, is, in its present state, a habitation, which the mind is to leave in a short time, to return to it, however, at length, rebuilt and refitted in a more glorious, an incorruptible form, to dwell in it then for ever. But this illustration of the mysterious connection of the mind with the body is but a partial one—it does not express the extent nor the intimacy of that connection. The mind is not a mere dweller put into this habitation. Its union with it is not thus loose and easily severed. It is bound to its every nerve and fibre, so that the least touch of the body at any one point affects the mind. Instead of being put into the body, it has, being thus interlaced, as we may say, fibre with fibre, grown with its growth, and strengthened with its strength. In the feebleness of infancy the mind is just as feeble as the body, and they both grow together up to the vigour and firmness of manhood, and both decline together in old age. So close is their union through all the stages of life, and

so equally is each affected by the joys and sufferings of the other, that we might justly conclude that at death, when the tabernacle crumbles into dust, the mind falls with it never to rise again, had not a divine revelation told us that, indissoluble as this connection appears during life, Almighty Power will dissever it, and release the soul from the thousand ties that bind it to its habitation at the very moment of its destruction. Were it not for this assurance of our immortality, we could look forward in the uncertain future to nothing but blank, drear annihilation, as awaiting our minds, just as it does the minds of the brutes that perish.

In our carefulness to avoid materialism, we are too apt to look upon the mind and the body as two separate and independent things. At death they do, indeed, become so ; but who of us knows that they would, were it not for the fiat of the Almighty ? Who knows that there is not a necessity for the putting forth of his power in each individual case at the time of death, to prevent the mind of man from dying with his body, just as the mind of the brute does with his? The very prevalent notion that the mind is essentially indestructible, and that it is put into the body as a separate thing, having the power of itself to leave the body whenever it dies, rests on no substantial proof. That it is thus destined to leave the body is quite another thing.

Materialists, of whom we are pained to say there are many, though they flatly deny it, seem to think that the brain produces thought, pretty much as the liver makes bile or the stomach gastric juice. This doctrine would be gratuitous, a mere supposition, even if there were no Christian revelation to contradict it. But while we discard all such anti-Christian and absurd fantasies, we must not run to the other extreme, as some good men have done. It must be admitted, that in this life all the manifestations of mind are not only connected with, but are dependent upon, a material organization. The nature of this connection and dependence is, of course, a mystery, but of its existence there is no doubt. So far as injury is done to the brain and nervous system, just so far are the manifestations or actions of the mind impaired. And, on the other hand, moral causes, acting directly upon the mind, affect through it the organization. And when insanity results from moral causes thus acting, it is not a direct one, but an indirect one—the organization affected by the mind is thrown into a diseased state and reacts upon the mind, influencing its manifestations. If the mind thus acted upon were a spirit, separated from the body, the result would be merely the feelings, which the motives applied would naturally produce, and not the unnatural feelings of insanity. It is not strictly proper then to speak of a "mind diseased."

Let me not be understood to mean that mental derangement in every case is to be attributed to disease, that leaves such palpable traces that the dissecting-knife would reveal it if death were to take place. There are diseased operations in the body, that are hidden from our view—so hidden, that they not only leave no traces, but often develope no characteristic bodily symptoms.

Although the principles above stated are often overlooked, and sometimes doubted, or even denied, there are some cases in which they stand out so plainly, that everybody acknowledges for the time their truth. For example, if a man, by a blow on his head, has a piece of his skull pressed inward upon his brain, he becomes senseless; and, if he arouse at all from his stupor, his mind is obviously in an unnatural state. The surgeon raises the depressed bone, and thus taking off the pressure from the brain, restores the mind of the man to activity and sanity. In this case it is plain to every one, that the mental manifestations were suspended by a cause acting directly upon the material organization, and that they were revived again by the removal of this cause.

Take another example. A man of strong and clear mind becomes deranged, and at length arrives at perfect idiotcy. He goes down to the grave in this condition. No one supposes that in such a case the mind is affected independently of the body, but the mental state is of

course attributed to bodily disease; and affection fondly, and we may say rationally, cherishes the expectation, that when the mind shall be freed from this tabernacle of flesh, it will emerge from its long night of darkness, and possess again its faculties in full, just as the man who lies senseless from pressure upon the brain, is restored to mental activity when that pressure is taken off by the trephine and elevator of the surgeon.

Now what is true of the cases that we have cited is true in every case—all mental aberration, however slight it may be, results from the connection of the mind with the body, and would not occur without this connection. It is the product of some impression made upon the material organization, either directly, or indirectly through the mind. This impression may be momentary and evanescent, or it may produce a real change of structure. It would be interesting to enlarge upon these points, but it is not necessary for our purpose.

We speak of the brain as the seat of the mind, or soul. If we mean by this simply, that this is the great central organ of that system in the body (the nervous sytem) through which the mind acts upon external things, and is acted upon by them, it is correct so to speak. But if we mean to localize the mind, as sitting there, and especially if we fix upon some one part of the brain, as Descartes did upon the pineal gland (a body smaller than a pea) as the seat, the throne of the mind,

the illustration is an erroneous one. The mind acts upon the whole body, through all the parts of the nervous system, and each portion of that system has its own peculiar offices to perform in obedience to the mind. This is as true of the brain as it is of the rest of the nervous system. This organ is a complex one, and the different parts have their different offices. This we know in regard to some of these parts, and we can justly presume it in regard to others. And we do this without adopting the fanciful ideas of phrenologists in locating the different faculties of the mind.

While the brain is the great central organ of the nervous system, by which the mind imparts and receives impressions, there are other parts of that same system which seem to bear some other relation to the mind than that by which they transmit these impressions to and from the mind through the brain, as the nerves ordinarily do. They seem to have a connection with the mind independent of the direct agency of the brain, and for aught we know they have such a connection. When the mind is affected by any passion, either of the cheerful or the depressing kind, its sensible effects upon the body are not observable chiefly in the brain, but in the region of the heart and the other organs adjacent to it. The thrill of joy is felt there, and grief produces there its sensations of oppression, prompting the occasional sigh to relieve it.

Such facts as these led an eminent French physio-

logist, Bichat, to adopt the theory, that while the intellectual functions have their seat in the brain, the moral sentiments have theirs in the ganglionic system of nerves (as it is called), which has certain great nervous centres in the region of the heart, stomach, &c.

I will not stop to expose the fallacy of this plausible theory. It is sufficient for my purpose simply to advert to the fact, that the moral sentiments of the mind or soul are manifested more in that part of the body than in the brain. The very language of the affections, and the gestures which accompany the utterance of that language, or supply its place when feeling is too big for utterance, are in consonance with this fact. We speak of the heart, and we place the hand upon the heart when the moral sentiments are in lively action. And when feeling is so great as to be overpowering, or when the attempt is made to suppress it, there is with the load which is felt at the heart, a sensation of choking (no word expresses it so well as this homely one), preventing utterance; and then when it finds vent, it seems as if there was a gushing forth from the heart, not merely figuratively, but from the material heart that is throbbing in our bosoms.

It gives but a faint idea, then, of the all-pervading connection of the mind with the body, to suppose the mind to be locked up in some chamber of the brain, there receiving by the nerves messages from every quarter, and sending forth messages in return by the

same media. There is no evidence of the existence of one great central point of attachment for the mind, but the ties of its connection with the body are multiplied and diffused. It is not merely, therefore, positive disease existing in the brain that affects the mind. Disorder of mind is infinitely modified by the different seats and modes of disease in different portions of the nervous system, as well as in different parts of the brain itself. I speak not now of palpable insanity alone, but of all the various states of mind occurring in sickness.

One of the most common and prominent characteristics of the state of mind in sickness, is weakness. The weakness of body caused by disease is generally accompanied by a corresponding debility of mind. When Cassius speaks of Cæsar, as asking, "Give me some drink, Titinius, as a sick girl," you see something more than weakness of muscle—the giant mind of the mighty Cæsar is prostrated to effeminacy.

And as weakness of muscle is attended with unsteady, irregular, and sometimes even spasmodic action of its fibres, so it is with weakness of mind. Its efforts are fitful, and it is easily thrown off from its balance. A feeble man tottering along, occasionally resting upon his staff, or taking hold of a post or a fence, is thrown down by the gentlest touch, or by stumbling over even a slight obstacle, that he chances not to see so as to

avoid or guard against it. And in the tedious journey of sickness, mind and body totter along in their feebleness together, and either is exceedingly liable to fall. And if the one fall, the other is pulled down with it. The guide, therefore, of these two travellers in this journey, must see to it, that all obstacles in the way of either be removed or avoided, that no rude hand be permitted to touch them, and that all those supports be supplied on the way which either can best use.

The mental weakness which disease occasions, is often exhibited to the Physician under affecting circumstances. Minds that have been able to grasp the most difficult and abstruse subjects return, in the debility of sickness, to the simplest ideas—those which are both common and precious to the child, the man, the angel, and to God himself. The "strong meat" is turned from, for the "milk of babes." I remember one of lofty intellect, fading away with consumption, who well exemplified this remark. Her aged father was reading to her a chapter in one of the epistles of Paul. "It is good," said she, "but I cannot understand it now. It bewilders me. Something more simple—something from the Apostle John is better for my poor feeble mind."

The mind, weakened by disease, is easily disturbed and agitated, except in those cases in which disease blunts the sensibilities. Derangement of mind is often

the product of mere weakness, under increase of excitement, without any fresh accession of local disease. A familiar illustration of this you may see in fever. Very often there is mental derangement only during the paroxysm of fever, the mind being quite clear in the remissions. Especially is this the case with children, whose sensibilities and sympathies are in so much more lively a state than those of the adult.

Slight causes, therefore, which would produce little or no effect upon the mind of one in firm health, may affect strongly the mind of a sick man. A single example will suffice. The patient is sick with typhus fever. He had been very much deranged, and great care had been taken to guard against any excitement, which might act injuriously upon him. He was now getting better, and his mind had become calm and clear, though still, like his body, it was very weak. A friend came in one morning, as usual, to inquire about him. He knew that all visitors had been prohibited from going into the sick room, but he wished very much to see his friend, and as he had an opportunity, he looked in through the door, as it chanced to be a little open. The dull eye of the sick man saw him dimly, and he at once became as much affected as if he had seen a dreadful vision. His distempered fancy conjured up ideas of a painful character, which remained upon his mind for a week, and endangered as well as delayed his convalescence.

This incident leads me to remark that Physicians find great difficulty in securing a due degree of quietness in the sick room. I use the word quietness in its widest sense. I do not mean the avoidance of noise merely, but of all improper excitement. Visiting is generally a nuisance in the chamber of sickness.

No one should enter the sick room from curiosity, or from a mere vague desire to do good. Nothing but the actual prospect of doing good should prompt him to go there. Indeed, everything which interferes with the proper quiet of the sick should be most scrupulously avoided. It should always be remembered, that in many cases of disease, mental excitement may do as much harm as the excitement produced by stimulating medicines. And it is as much the business of the Physician to direct in the management of this matter, as in the administration of remedies; for it has as real, if not as great, a bearing on the recovery of the patient. Indeed, sometimes it is vastly more important than all the medicine that is given in the case. I call to mind a case which illustrates this last remark so strikingly, that I will state it as briefly as possible. A patient was taken sick, with some important business pressing upon his attention at the time of the attack. He was persuaded to dismiss it entirely from his thoughts for the time. He was soon relieved by the remedies that were used, and he was in a fair way for a recovery. He was, however, in such a state, that it was very important

that he should be kept from all excitement; and as I saw that he was disposed to do the business now with some friend, whom he wished to have called in for the purpose, I told him and his family, in plain terms, the risk which he would run if he should pursue this course. He, however, disregarded my injunctions, and the consequence was, that in the evening of the same day he was very sick, and in a few days died from disease in the brain, which was clearly induced by the mental excitement. If he had followed my directions as scrupulously in regard to this point as he did in regard to the medicines which were given, recovery instead of death would probably have been the result.

Some in their anxiety to secure the quiet of the sick, go to an extreme, and give almost the silence of the grave to every sick room. They institute a sort of prison discipline, and shut out both the light of heaven and all cheerfulness of intercourse. The very means which they take to produce quietness, the stealthy step and the whisper, are apt to disturb the patient more than noise or excitement would do. Discretion should be exercised by the Physician, and the friends of the patient should rely on him to direct this part of the management of the case, as well as that which is strictly medical. He must judge as to the degree and kind of excitement appropriate to the case, and direct in its application, for the same reason that he should, in a

case of disease of the eye, direct as to the amount of light which should be admitted to it.

It is often very difficult to carry out these principles, especially in families that have but a small number of apartments. The fear of giving offence, too, very often opens the door wide for visitors, against the most positive injunctions of the Physician. To obviate this difficulty, I have in some few cases put upon the door a card, forbidding this kind of intrusion—an expedient which I have found to be very successful. One case was that of clergyman's family. So many were sick, that the house was a perfect hospital. A large portion of the parish poured in of course, to offer their sympathy and their services. Most of these persons did more harm than good. I attempted to remedy the evil by directions to the nurses, and by conversation with individuals, but in vain. At length I put up a card on the door of the house, to this effect: "Visitors are requested to go directly into the parlour. No one is to enter the sick rooms but those who have the care of the sick. No talking in the entry." This effected the desired change at once. I introduce this case simply to show the difficulties which exist on this point, especially in country towns, and the very plain remedy which can be applied. There is no reason why a universal rule should not be adopted in every case in which it is deemed necessary by the Physician.

The attendants on the sick often make a great mistake in supposing the patient to be fast asleep, or so stupid as to receive no impressions from their conversation. Often, from this cause, he is obliged to hear what may do him great harm. Amid the confused thoughts of his dreary bewildered state of mind, the idea of his own death is conjured up by some remark, to trouble and affright him. Instead of getting the rest which his weary body and mind so much need, his nerves are disturbed by the hum of conversation, and his mind is harassed by a succession of dread thoughts and visions, suggested by remarks, of which it is supposed that he takes no cognizance.

Some, who are very cautious on these points in regard to adults, never think of their application to children. Often, for example, does the Physician find, on entering the sick room, those whom kindness and curiosity have assembled there, talking loudly, while the mother is trying in vain to soothe the troubled child by rocking the cradle as if for a wager. Much, too, is often said in the presence of sick children that ought not to be, on the false supposition that they do not understand what is said. Many a child is frightened by horrid stories, and by gloomy comments upon his own case. Visitors stand over him, and besides fretting him by their staring, they say something, perhaps, of this sort: "Poor thing! how sick he looks! I don't believe

he can get well." And then they go on to tell about some little child, perhaps his playmate, that had died recently, and whom, perhaps, he saw laid in his grave, and utter in his hearing, with all due solemnity an sorrowfulness, the opinion that he is affected much like him, and will probably die in the same way; adding, by way of consolation to the poor mother, that then they will be in heaven together. Children have sensibilities, and hopes, and fears, like adults, and they understand, even at a very tender age, enough about death to be affected, and often very strongly, by this holding up of its grim visage directly before them. The mind, and the nervous system, by which the mind is connected with the body, are as excitable in the child as in the adult, and the avoidance of unnecessary alarm and excitement is as important in the sickness of the one as in that of the other.

I cannot forbear here to notice one thing, which often exerts a bad influence upon the mind of the child in sickness. It is the habit which many people have of threatening their children, when in health, with sending for the doctor, as a punishment for their misdeeds. The inevitable tendency of this is to increase the mental depression and agitation which disease produces, by the gloomy associations which are thus necessarily attached to sickness in the mind of the child. The Physician should never be held up as a bugbear to children, but

should uniformly be spoken of in their presence in such terms, that when he visits them in sickness they may rejoice to see him, both as a friend and as one who is to bring them relief. There is no doubt that many a child is seized with an ill-defined terror when the Physician is called in, and thinks of him only as some dreadful monster, that cuts off children's ears, and gashes their flesh almost for sport. The effect of such a feeling on the weakened and agitated nerves is always injurious, and undoubtedly is sometimes fatally so. One may get some adequate idea of the feelings of children under such circumstances, by imagining himself, in a state of weakness and disease, to be visited by an incarnate demon, who has both the power and the disposition to torment him.

I am anxious to impress most faithfully the mind of the reader with the importance of giving rest to the mind in sickness. I have already remarked on the extent and the intimacy of the union between the mind and the body. It is never to be forgotten in the chamber of sickness, that the mind, not only is not by itself, alone and independent, but that it is not connected with sound nerves, but acts upon a deranged body, and is acted upon by it, through the multitude of nervous filaments, which, scattered everywhere, are receiving impressions at every point, and transmitting them to the mind. If, therefore, the mind, thus disturbed by

disease, be at the same time troubled by causes applied directly to it, the result must be a reaction from the mind through the nerves upon the disease itself. The mental and the bodily irritations must increase each other. It is, then, just as important to withhold all irritating causes from the mind, as from the diseased organ. For example, if the brain be inflamed, that inflammation may be aggravated as certainly by exciting the mind, as it would be by the administration of any stimulant to the body. In either case the same result occurs —the brain is stimulated—the only difference is in the channel through which it comes. And it is the duty of the Physician to shut out the irritation from one channel, as much as from the other. When the eye is inflamed, one part of the curative means is to exclude the light, because the light, by exciting the nerve of sight, would increase the inflammation. But the action of the mind is as really connected with the brain and nervous system, as the act of vision is with the eye ; and, therefore, it must be guarded against in inflammation of the brain, as vision is in inflammation of the eye. The same may be said, to some extent at least, of every other part as well as the brian, for every organ is supplied with nerves connecting it with the mind.

As an illustration of these remarks, I will introduce a case, showing the influence of the irritation of passion upon a diseased body. I refer to the death of John

Hunter. "On October 16th, 1793," says his biographer, "when in his usual state of health, he went to St. George's Hospital, and, unexpectedly meeting with some things that ruffled his temper, he allowed himself to give way to passion; the heart became overloaded with blood, the ossified aorta, not yielding to the effort of the heart, the countenance became dark, angina pectoris immediately ensued, and turning round to Dr. Robertson, one of the Physicians of the hospital, he was incapable of utterance, and died."

This, it is true, is an extraordinary case; but the result of mental irritation in common cases of disease, though not as great and as palpable as in this case, is, nevertheless, as real. While it caused in the case of John Hunter a sudden and final suspension of the heart's action, it would, in a man suffering from some inflammation, aggravate that disease, by driving the blood too forcibly into the inflamed part, and by making its irritable nerves partake of the general excitement of the system. The effect might not be at any moment very powerful, but if the irritation be repeated or continued, although it may be vastly less in amount than it was in the case of Hunter, the accumulative effect of the excitement upon the disease would at length become very great, perhaps destructive. And in certain low states of disease, when, in the midst of great weakness, the nervous system is in an extremely agitated con-

dition—a condition, in which little causes may produce powerful effects—a comparatively slight irritation induced in the mind, connected as it is with every trembling filament of that nervous system, may overwhelm the very powers of life as certainly, if not as suddenly, as did the strong passion of Hunter, in overloading his diseased heart, and thus stopping its action.

But withholding irritation, and securing rest and quiet, do not comprise all the Physician's duty in relation to the body of the patient. He is sometimes to excite the mind to positive action, for the same reasons that exciting medicines are sometimes administered to the body; and he may thus often exert, through the mind, a very happy influence upon disease. This remedy, as I have already hinted, is to be applied with discretion, according to the nature of each case, and so as not to interfere with that rest, which I have shown to be so necessary to the mind in the treatment of disease. The excitement must, with some few exceptions, be agreeable in character, in order that it may produce a genial influence upon the nervous system. The mode, the time and degree of its application, require the exercise of discrimination as much as the dose, and form, and time of any stimulant or other medicine that is given to the patient. The judgment and tact of the Physician are never more needed than upon such points as these. Tissot, a French Physician, relates an amus-

ing case, showing the utility of discrimination in regard to the kind of mental stimulation to be applied. A lady was affected with a lethargy, and many applications were used to rouse her, but to no purpose. At length a person, who knew that the love of money was the ruling passion of her soul, put some French crowns into her hand. After a few minutes she opened her eyes, and was soon entirely aroused from her stupor.

The influence of the imagination upon the body is familiar to every one. I will mention a few cases to show its power.

Dr. Beddoes, an English Physician of great enthusiasm, had imbibed, among other new ideas, the notion that palsy could be cured by inhaling nitrous oxide gas. He requested that eminent Chemist, Sir Humphrey Davy, to administer the gas to one of his patients, and sent him to him for that purpose. Sir Humphrey put the bulb of a thermometer under the tongue of the paralytic, to ascertain the temperature of the body, so that he might see whether it would be at all affected by the inhalation of the gas. The sick man, filled with faith from the assurances of the ardent Dr. Beddoes, and supposing that the thermometer was the remedy, declared at once that he felt better. Davy, desirous of seeing how much imagination would do in such a case, then told him that enough had been done for that time, and directed him to come the next day. The appli-

cation of the thermometer was made from day to day in the same way, and in a fortnight the man was cured.

When Perkins' tractors were in vogue, Dr. Haygarth of Bath, had a pair of wooden ones made of precisely the same shape with the orthodox metallic ones, and contrived to colour them so that the deception should not be discovered. He then applied them to quite a number of patients, with the same results that followed the use of the genuine tractors, which cost five guineas a pair. Pain was relieved as if by magic, and the lame were made to walk. Their operation in these cases is of course to be accounted for in the same way with the operation of the thermometer in the case just related.

Some medical students determined to try the influence of imagination upon a countryman who was going into town to market. They met him one after the other, each telling him how pale and sick he looked. At first, as he felt perfectly well, he paid no regard to it, but after two or three had thus accosted him, he began to think there must be something the matter with him. By the influence of imagination he soon began to feel badly, and to look really pale. And as he still continued to meet persons, who declared themselves struck with his peculiarly sickly and ghastly appearance, he grew worse, and the result was that he sickened and died.

I could cite numerous cases illustrative of the influ-

ence of the imagination upon the condition of the body, but these will suffice.

The Physician has constant opportunities for making use of the influence of mental association to much advantage in the management of the sick. He does this almost insensibly in his daily intercourse with his patients, exciting trains of agreeable associations in their minds, varied to suit the mental and moral character of each, thus aiding materially the operation of his remedies.

It is important in the treatment of disease, to remove all causes which awaken disagreeable associations in the minds of the sick, for they often retard, and sometimes prevent, the recovery of the patient. It is as clearly the duty of the Physician to detect the causes of such associations, and to remove them if possible, as it is to detect and remove the material causes of any irritation or inflammation.

Dr. Rush mentions a case that came under his observation, in which the influence of disagreeable associations hindered the recovery of the patient. "A gentleman in this city," he says, "contracted a violent and dangerous fever by gunning. After being cured of it, he did not get well. His gun stood in the corner of his room, and being constantly in sight, kept up in his mind the distressing remembrance of his sickness and danger. Upon removing it out of his room, he soon recovered."

Some are much more readily affected by mental associations than others. A gentleman in a stage coach was observed to keep his cloak lying by his side, while he was shivering with the cold. He was asked by one of his fellow-travellers why he did not put it on. He replied, "I have just returned from a voyage, in which I was very sea-sick, and while so, I lay with that cloak wrapped around me. Foolish as it may seem, I cannot put it on without renewing the nausea."

The various degrees and modes in which mental associations appear in the sick room, require of course the exercise of discretion and tact, in managing them to good purpose. There is often much injury done by failure in this respect. If, for example, the patient have great irritability of stomach, and if some medicine which has been doing him good, at length become exceedingly offensive to him, the continuance of that medicine might do him essential harm, by the mere influence of mental association; though, aside from this, it may be still an exceedingly appropriate remedy for his disease. Under such circumstances, a change must be made, or the patient will be injured, it may be fatally. It will not do to call the patient whimsical, and to go right on with the course. The mental association connected with the medicine is practically one of the ingredients in it, and as such, has so modified its nature as to render it inappropriate to the case.

The Physician can often do much in curing disease by diverting the mind of his patient. Disease is frequently broken up by producing a new action in the system. This is a principle in medical practice which is familiar to others as well as to the Physician. And this change may sometimes be brought about in the system, by a corresponding change effected in the mind, especially in those cases where the state of the mind is particularly influenced by the disease. The husband of a poor woman, who in a feeble state of health had fallen into a settled melancholy, broke his thigh. The whole current of her thoughts and feelings was now diverted into another channel, from her own sorrows to the care of him and the relief of his pains; and she recovered her sanity, and with it, for the most part, her health, long before the fracture was united. The misfortune of her husband was a severe remedy, but an effectual one.

A Physician of my acquaintance, some years since, became thoroughly impressed with the idea, that some symptoms which he had, indicated the existence of an organic disease which was certain to end fatally. At his request I made a full examination of his case, and found the symptoms to be purely of a nervous character. The expression of my opinion relieved him for the time of his anxiety. But as he brooded over his feelings, when alone, the same idea returned again. I

examined him repeatedly with the same result, but the comfort which he received from me was only temporary. Knowing that he was paying his addresses to a lady, who was not only cheerful herself, but who had the power of making everybody else cheerful about her, I recommended him to be married at once, and told him that if he would be, we never should hear any more about his aneurism. My prescription was followed, and was entirely successful. The idea, which had so long haunted him like an evil spirit, was cast out, never to return.

Every one is familiar with the fact, to which I have already alluded, that dyspepsia has a depressing influence upon the mind. And as the mental depression reacting upon the disease aggravates it, anything which tends to remove this depression assists materially in curing the disease. Diversion of the mind from its habitual gloomy ideas to cheerful thoughts and efforts, often exerts a great influence in such cases. I will mention a single case illustrative of this remark. A gentleman of high intellectual character, who was sadly afflicted with the dyspepsia, visited his friend Dr. Ives, of New Haven, and placed himself under his care. The Doctor saw at once that medicines would do but little good in his case, so long as his mind remained in the same condition, and occupied with the same thoughts; and that a change there would go far to effect a cor-

responding one in his bodily condition. He determined to produce this change without the patient's being aware of his intention, as it in this way would be more effectually accomplished. In one of his rides with him they alighted to pick some wild flowers. He adroitly excited his friend's curiosity in regard to the structure and growth of the flowers, and leading his mind on step by step, he did not stop till he had fairly made him a student of botany without his knowing it. The result was that he engaged in the study with great enthusiasm, and followed it up for some time. He was changed at once from a gloomy self-tormentor into an ardent and cheerful seeker after knowledge in one of its richest and fairest fields, and this change made his recovery a rapid and easy one.

But it is not only in those cases in which the mind is obviously affected, that the Physician is to apply the principle of which we have just been speaking. He can make use of it with much profit in ordinary cases of disease, in his intercourse with his patients from day to day. The sick are prone to brood over their own complaints, and to watch their sensations, and they need to have the mind diverted to other subjects.

In this connection, I will notice very briefly the influence of change of scene upon the invalid. When the same objects are seen by him from day to day, and he has the same subjects of thought and conversation, these all act as so many fastenings, or points of attach-

ment, tending to hold the disease in the same unvarying condition. But take him away from them all, and set him free from this discouraging and burdensome sameness, and let his thoughts and feelings flow into other channels, and the change of course favours the introduction of a new state of things, bodily as well as mentally. The new objects that he sees not only take off his attention from his diseased sensations, but the new excitement that he feels, as he sees them one after another, diffuses a refreshing and invigorating influence throughout his system. And imagination lends her aid in producing this effect. It seems to him that everything is better than it was where he was so lately shut up with the feeling almost of a prisoner—that the air is more pure, the grass more green, the foliage of the trees more dense and rich, and even the sun more cheerfully bright. Something, it is true, is to be attributed to change of air under such circumstances, but much less commonly than to the influence of change of scene upon the mind.

The sick room, as every Physician has frequent occasion to witness, acquires after a time a monotony that is dreary and painful to the confined invalid. Day after day he sees the same furniture and same walls, every irregularity of whose surface he becomes acquainted with, and he is forced to seek for some variety even in the most trivial circumstances.

Even when the invalid is not confined to the sick

chamber, but has his rides and his walks, the monotony of every day's routine becomes a weariness. And no wonder that an escape from this is often so manifestly beneficial to him.

But it is not merely the diversion of mind, attendant upon change of scene, that benefits the invalid, but his release from those mental associations, that have so tenaciously connected themselves with his sickness, has an important influence. The place where he has spent wearisome days and nights of pain and restlessness and languor, must necessarily have unpleasant associations connected with it. These hinder, and in some cases even prevent, convalescence; and when he casts them off, he feels that he has rid himself of a great burden, and as he goes on his course with a light heart, a fresh impulse is given to the vital powers of his body, making him to feel, as he says that he does, like a new man.

The mind of the sick man sometimes gets into a fixed, unvaried state, with one settled cast to its ideas. The tendency of this is to make the diseased condition of body to remain fixed also. It is important, therefore, to alter this mental state—to break up this unvarying train of thought and feeling. There are different ways of doing this in the different cases that present, and the Physician must judge as to the most proper mode of effecting the object in each case. I will give a few cases as illustrations.

A patient who had been very sick, but who had recovered from the severity of her attack, and who was in a fair way for getting well, remained precisely in the same condition for some time. Her mind was in a fixed state of gloom, marked by a perfectly unvaried expression of countenance. Her friends had tried in every way to make her cheerful, but it was in vain, for the simple reason that all their attempts to do so were obvious. I knew that she had naturally a lively sense of the ludicrous, and therefore, after getting her somewhat off her guard by some incidental conversation, I then, with an air of perfect carelessness, uttered something which I thought would be very apt to hit her mirthfulness, as the phrenologists term it. It did so, and a smile kindled up at once upon her sad countenance. The spell was now fairly broken. She speedily regained her wonted cheerfulness, and the load being cast off, she went straight on in the bright road of convalescence. In this case it was but a small thing, after all, that turned the current of thought and feeling; and the means which had already been used, most persons would suppose, were much better calculated to do it. All direct and palpable efforts to make the gloomy invalid cheerful, are almost always unsuccessful; and yet it is such efforts that are most commonly made use of by the friends of the sick.

The course which was pursued in another case, was quite a different one. The patient was a clergyman,

who had the impression strongly fastened upon his mind that he should certainly die, and could not be made to admit by the force of any reasoning, the possibility even of his recovery. It was not an opinion founded upon evidence, but it was a fixed state of mind, which was the product of the disease. It was important to remove, if possible, this all-absorbing thought, for it was reacting unfavourably upon the disease itself. It could not be done by argument, nor by speaking to him the words of hope; for it was not a conviction of truth arrived at by any reasoning, but an impression unaccountable, but strong and vivid. He did not think that he should die, but he felt that he knew it. Some remedy, then, different from either of these, was necessary. As he was a man of stern, decided religious principles, I determined to make a bold onset in that quarter. I told him that God alone knew whether he would die or recover, and that he was doing wrong—absolutely committing high-handed sin, in setting himself up as knowing what God only knows. This was the substance of what I said to him, and it produced the desired effect. The impression was dislodged from his mind, and though he occasionally talked discouragingly of the result of his sickness, he never said after that, that he knew that he should die.

One other case I will relate, in which the course

taken to destroy the diseased mental impression was of a different character still. A patient, a gentleman of superior mental and moral qualities, sent for me to inform me that he had received a revelation, in which God had forbidden him to eat, or drink, or sleep. The confidence which he manifested in me by sending for me, determined in my mind at once the course to be pursued. I told him that I had also had a revelation, which was quite as good as his, perhaps better. "And," said I, assuming the air of calm authority that expects submission as a matter of course, "you must obey it." "What is your revelation?" he inquired. "My revelation," said I, "embraces all that is necessary in your case. And in obedience to it, you must continue to follow my directions, and you must eat and drink and sleep as you have done." I left him with my revelation fastened on his mind, it having supplanted his altogether; and he immediately ate and drank, and that night slept as well as he usually did.

In chronic cases, especially, the sick are often prevented from recovering, by the influence of unpleasant circumstances in their situation, or in their relation to others around them. The friends of the sick often get out of patience with them in the tediousness of a long confinement. Sometimes there is unkindness, and this to the weakened mind and depressed spirits of the invalid, is often a burden that cannot be borne.

Some secret grief often neutralizes the influence of medicine.

There is often great want of tact in managing the whims and caprices of the sick. Many expect them to be as reasonable in their notions and desires and feelings as if they were well. It is unwarrantable and unjust to demand this of a weakened and beclouded mind, and agitated nerves. Trifles light as air affect the sick strongly. The very grasshopper is a burden to them. It is with the mind of a sick man as it is with his senses. Noise troubles him—even the motion of a rocking-chair, perhaps, or the swinging of a foot, disturbs his sight, and through that sense disturbs his mind. The darling child, whom he delights, when he is well, to see running about playing his little pranks, must be taken out of the room, because he makes his father's head to whirl and to ache. Thus easily is he disturbed through the senses. Just so is it with his mind—it is as easily disturbed, and circumstances, which would scarcely excite a passing thought in health, now agitate and depress him. Disappointments, that ordinarily would be felt but for a moment, and slightly, he can hardly brook now. Every mother has often seen how easily her child is grieved by little things, when mind as well as body is prostrated by sickness. And she does not commonly get out of patience with it for its seemingly unreasonable griefs,

but soothes and quiets them. It would be well if the attendants and friends of the sick had more of that patience and forbearance, which are prompted by a mother's tenderness.

The sick often contract a strong feeling of dislike towards some things, and sometimes towards individuals. They may regret it, and see that it is unfounded and foolish, and yet not be able to get rid of it. Some make the sick dislike them by their very kindness, because it is so officious and pains-taking. There is a tact in the good and judicious nurse, which dictates just what to do and how much, and many of the attendants on the sick are sadly deficient in this.

The fretfulness and impatience of contradiction, which are so often the product of the nervousness of disease, are generally not to be combatted, but to be borne with. The considerations which I have already presented clearly show the propriety of this maxim; and yet it is a maxim which is very commonly neglected. Many a dispute about the most trivial things is held between the patient and the attendant or friend, when a little tact might have diverted the weakened mind from the subject, without yielding in the least anything which pride of opinion or firmness would prompt to hold fast to. I once heard a mother, a woman of intelligence, too, dispute with her sick daughter about the number of sweetmeats she had

eaten during the day, each maintaining her side of the question with as much zeal and pertinacity as if it were a matter of vital importance. The result was, that the patient was injuriously agitated by this rencontre about nothing, and ended it by bursting into tears; and the mother triumphed, as was her wont to do, by having the last word. And this was a fair specimen of the moral management of that patient during a long sickness. It added vastly to her nervousness, and clouded a mind filled with lofty, and refined, and tender sentiment, and made that chamber a scene of painful exhibition of thought and feeling, when a different management might have soothed her agitated nerves, and left the sensitive chords of her soul to respond clearly and harmoniously to the gentle touch of friendship and love.

The patient often feels, and takes comfort in feeling that his temporary outbursts of fretfulness and impatience are understood by his friends, as having no consonance with the real feelings of his heart. A much respected patient, of whose sickness I have many pleasant recollections, was one day speaking to me of his sister in the highest terms of eulogy. "Yet," said he, "I scold at her, but I have no business to do it. However, she understands it. She knows that I am nervous, and that I am sometimes hardly myself, and she forgives it all."

Let me not be understood to mean that all the notions and caprices of the sick are to be yielded to as

a matter of course. I only object to an useless and injudicious warfare with them. There should always be firmness exercised in the management of the sick, but there should be no struggle with them from mere pride of opinion, or a desire for authority, or from want of a proper charity for their mental weakness. They should never be directly opposed, except it be distinctly and manifestly for their good.

One very common mistake in the mental management of some chronic cases remains to be noticed. I refer to those cases in which the nervous system is so deranged, as to produce a variety of sensations of a deceptive character. Such patients are generally laughed at as hypochondriacs, and they are told by their friends, and sometimes even by Physicians, that these sensations are wholly imaginary. This is not so. Some of their notions about them are mere imaginations, it is true; but the sensations themselves are, to some extent at least, real. Imagination may magnify them, but it does not ordinarily create them. The wrong ground which is so often taken in regard to such patients, sometimes essentially retards their recovery. They feel that they are trifled with, and they have but little confidence in the judgment of those who deny that their sensations are real, and therefore have but little, if any, in the remedies which they administer to them. Besides, the mind of the patient is disturbed continually by the disputes and consequent ill feeling

which such differences of opinion necessarily engender, and this of course has a tendency to aggravate the diseased condition.

As an illustration of these remarks, I will mention a single case. The patient, who had long been an invalid, had, among a variety of sensations, a burning, twinging, sometimes a pulling sensation, in the region of the stomach. Her notion about it was, that there was a cancer there, that really pulled, and burned, and twinged. She had been assured again and again that there was no cancer there, but so little credit had been given to her account of her sensations by those who had told her so, that she had on her part given little credit to their knowledge of her case. I immediately told her that I had no doubt the nerves in that part of the body were the seat of the sensations she described, but that she was wrong in the disease which she fancied to be the cause of those sensations. By taking this plain and obviously proper ground with her as to the nature of her case, making the true distinction between what was real and what was imagined, she was induced to give up the imaginary notion that was weighing down her spirits. This view of her case, so consonant with the faithful report of her own sensations from day to day, commended itself to her common sense; and by inspiring confidence and hope, did quite as much for her recovery as any other remedial means that were used.

Among the great variety of topics which have suggested themselves in connection with the subject of this chapter I have selected those, the discussion and illustration of which would most interest and profit the general reader.

In concluding this chapter I remark, that the subject of it demands of medical men a more distinct and thorough attention than it commonly receives. The Physician should be something more than a mere doser of the body. Mental influences are among the most important of our appliances in the cure of disease. The Physician, therefore, in fulfilling his high vocation, should not only have a full knowledge of mental philosophy, but he should aim to acquire a practical skill in applying its principles to all the ever varying phases which the mind presents in its connection with disease. The possession of this skill is one of the most valuable endowments of the medical art.

CHAPTER XI.

INFLUENCE OF HOPE IN THE TREATMENT OF DISEASE.

I REMEMBER well that Dr. Jackson of Boston used to remark to the students, that the medical profession is, from the nature of its duties, a cheerful profession. The Physician has so much to do with suffering, disease, and death, that this assertion would at first view seem to be erroneous. But when it is considered that in the great majority of cases he is able to effect a cure, that in those which terminate in death he can generally give relief to suffering from time to time, and thus at least smooth the passage to the tomb, and that the number of sick whose diseases he can neither palliate nor cure is exceedingly small, we can see why it is that the Physician is ordinarily so cheerful a man in his daily intercourse. The impressions of most persons on

this subject are wrong, and for very obvious reasons. Out of their own immediate circle of relations and friends, they hear only of the severe cases of disease, and often only of those in which death is the result, and know but little, perhaps nothing, of the multitude of cases, here and there in every part of the community, which end in recovery.

Sometimes, it is true, sad cases occur, which cast a gloom over the path of the Physician; but then the gloom is soon dissipated by the successful issue of other cases which he had reason to fear would have a fatal termination. Sometimes, too, unfortunate cases come in clusters, and the Physician is for the time obliged to see so much of suffering and death and the sorrows of bereavement, that in his sadness he is ready to regret that he ever adopted such a profession. But this happens only occasionally. It is a mere coincidence, and is but momentary. Events soon take their ordinary current, and he has his usual amount of success, and resumes his wonted air of cheerfulness.

The results of the skilful and judicious practice of medicine are such then as to make hope, and not despondency, to characterize the prevailing cast of the Physician's mind. And so it should be. For hope stimulates to action—steady, clear-minded action — while despondency is prone to inaction, and leads to no efforts except those which are hurried, fitful and con-

fused. I do not mean that the Physician should in any case blind himself to the dangers which it presents, and let a vain hope lull him into security. This error should be as carefully avoided as the opposite one, committed by those who see difficulty and danger in almost every case, magnifying every bad symptom, and imagining some which have no existence. The hope of the Physician should be an intelligent hope. It should be based upon just and definite conclusions. It should be discriminating, and varied in its degree according to the character of each individual case.

Every medicine that is given should be administered by the hand of hope. The prospect, at least of relief, and generally of recovery, should be held up to the mind of the patient. Remedies should be given to effect some definite object, and the Physician should hope to a greater or less degree that they will do so. Hope may thus be indulged in relation to the different stages of a case, without regard to the final event of it, which may be so distant and so clouded in doubt that no calculations can be made in regard to it. And the Physician may direct the attention of the patient to these same points, and thus give variety to the hope which he excites in his mind. This in many cases is much better than to come to him every day with the simple expression of the hope that he will at length recover. In the tedium of his confinement, if it be a

long one, he soon tires of looking far ahead to the bright fields of convalescence, but finds relief in the little spots lighted up of hope by the way.

Even in those cases in which the Physician feels it to be almost certain that the final issue will be a fatal one, it is not proper to give up wholly the idea of recovery, in his conversations with the patient or his friends. This remark must not be understood to apply to those cases in which the evidence of approaching death is not to be mistaken, and so far as human wisdom can see, it is absolutely certain that the patient will die. At the same time it is to be remembered that there are occasionally recoveries when death was confidently expected, and we must avoid being too ready to decide that there is no ground of hope, especially in cases of an acute disease.

I will relate a case in point. A Physician was called in great haste to a patient upon whom he had been attending with deep anxiety. He found the family and the friends assembled around the bed of the patient weeping over him as a dying man. The Physician himself thought from his appearance that he was really dying. Still he did not know that he was, and as he might possibly be in a condition from which he could be revived, he prepared a cordial at once, and with the look of hope and uttering the words of hope, he administered it. The patient not only revived but recovered.

In his convalescence, he told the Physician that as he lay there dimly seeing with his glazed eyes the sad countenances of his friends, and feeling the oppressive languor of death, as he supposed, upon him, and panting for some cordial and for the pure air of heaven, and yet unable to speak or even to raise the hand, no words could express the relief which he at once felt, spreading a genial glow over his benumbed body, when he heard his cheerful voice speak of hope, and it seemed to him that this had more influence in reviving him than the cordial which he administered.

Strong as this case is, similar cases are in the recollection of every Physician who has been in practice for any considerable length of time. And they cannot be distinguished from some other cases in which attempts to revive the sinking powers fail, and the patient dies. Now it will not be claimed that the Physician does wrong in uttering the language of hope in the case of those who recover; and he certainly should not be reproached for uttering the same language in the case of those who appear just as likely to recover, but for some reason hidden from human wisdom do not. Just as he would administer the cordial to all of them, so also should he apply to all of them the cordial influence of hope. The same rule is applicable to both the mental and the physical remedy.

It is often said that if the Physician, on the whole,

taking into view all the circumstances of the case, thinks that a patient is going to die, he ought frankly to tell him so. The considerations which I have presented are, I trust, sufficient to convince the reader that this is by no means true. Shall the Physician, I ask, add to all the depressing agencies which are bearing down the patient the appalling idea of death, and thus lessen, perhaps destroy, the possibility of his recovery? Shall he, in the struggle between life and death, give his influence in any way on the side of death? When the powers of life are sinking, and the life-giving fluid circulates but feebly in the extremities of the system, and is accumulating in the larger blood-vessels and in the heart itself, threatening every moment to stop its faint throbbings, shall he, while he administers the cordial, defeat its effect, by holding up to the eye of his patient the grim visage of death, to oppress the vital forces and curdle the blood in its channels? Shall he not rather pour into the mind the cheering influence of hope, and thus aid the cordial in reviving the expiring energies of the system, and in stimulating the heart and the whole circulation into a freer action?

Let me be fully understood on this point. Far be it from me to justify the wide departure from truth, of which some are guilty at such times. Giving utterly false assurances to the patient is a very different thing from merely exciting the hope in his mind to such a

degree as the case may allow, that the remedies will produce the desired relief. The latter can be consistently done by the upright and high-minded practitioner, but the former is to be expected only in the ignorant pretender. The quack always gives assurances of a cure to those whom he undertakes to dupe; for, besides being incompetent to estimate the degree of danger in any case, he is unable to inspire confidence in his measures except by a strong appeal to the hopes of the patient. And some Physicians imitate the quack in this particular. They are in the habit of exciting unwarrantably the hopes of the sick for their own selfish ends. By so doing they occasionally retain under their care patients who would otherwise pass into the hands of some one else; and they also get possession of some cases, in relation to which their more honest and honourable brethren have not found themselves warranted in giving any positive encouragement. But, though occasional advantage may result from this course to the Physician, and sometimes even to the sick themselves, yet on the whole the honest course is truly the politic one.

It is important, that the Physician maintain his character for veracity and candour in his intercourse with his patients; else, when he can consistently utter the language of hope, it may prove no cordial, because his lips have so often uttered that language falsely. There are cases in which death may seem to the patient

and to his friends to be staring him in the face, and yet the Physician may see a sure and speedy relief coming to all the alarming symptoms. Now when he gives an assurance to this effect, in order to quell the anxieties and fears of the sick man and his friends, if he has been known to be in the habit of giving similar assurances without any ground for them, he cannot expect to be believed.

The views and feelings of patients, in regard to the expectation of a recovery, are often misunderstood by their friends. They are sometimes supposed to be wholly blind to their danger, when they are really fully aware of it. They perhaps speak occasionally of what they will do if they get well, and allude to the expected effect of remedies, as if they supposed that they would overcome the disease, and dwell, in their conversation with their friends and with the Physician, upon the favourable symptoms that may appear. All this may, and often does, occur in cases in which death is almost certain to be the result; and yet it is entirely consistent with the existence in the mind of the patient of a rational view of his danger. I remember well a respected friend, who talked of hope and relief now and then almost to the last; and yet, from day to day, he was making such preparations, even to the framing of his will, as showed that, on the whole, he believed this to be his last sickness.

We are not to confound these occasional expressions

of hope, these fitful and momentary states of mind, with the settled conviction of the understanding often existing behind all this. The promptings of the natural desire for life are ordinarily not utterly destroyed by the sure prospect of death. There will be moments when this instinctive love of life, and of whatever in life has ministered to the happiness of the sufferer, will turn off his thoughts from the contemplation of death, and call up by association a thousand objects of endearment.

> "For who, to dumb forgetfulness a prey,
> This pleasing, anxious being e'er resigned,
> Left the warm precincts of the cheerful day,
> Nor cast one longing, ling'ring look behind?"

It is well that the hope of recovery should occasionally light up in cases which are certain to end fatally, especially when the patient is the subject of protracted chronic disease. It breaks in upon that painful monotony of mind, which is otherwise apt to exist. It is not commonly well for any one, in any point of view, to have the certain expectation of death fastened in the mind week after week, and month after month, even if he have all the while a clear view with the eye of faith of a glorious immortality beyond. This one unvaried state of thought and feeling, though commonly spoken of as exceedingly to be desired, is ordi-

narily neither so profitable nor so happy, as that condition of mind, in which the expectation of death is not so constantly present, but occasionally gives way to thoughts and emotions of quite a different character. The keeping the mind strained up to a certain state, and fixed upon one set of thoughts, is never either in sickness or in health profitable to the individual himself, or to others. And apart from this consideration, though the calm and fixed contemplation of approaching death has something noble in it, and challenges our admiration, still the triumph over death may be as signal, when there is occasionally an indulgence of the natural desire of life, and a shrinking back from the encounter with the king of terrors.

The destruction of this love of life, and the utter extinction of the hope of a recovery, are by no means essential to perfect resignation. Indeed, the highest degree of resignation may exist when the desire to live is so strong as to prompt the sufferer to catch with eagerness at the slightest grounds of hope, even to the last. Incidental circumstances have much to do with the manner in which death is met. A cool temperament, the long-continued cultivation of a stoical indifference in the midst of change and calamity, a morbid misanthropy, an habitual disposition to fatalism, the breaking up one after another of all the attachments to this world, the benumbing influence of disease or of

medicine, long familiarity with suffering, and the con sequent capability of enduring it, which is sometimes truly wonderful; some of these various circumstances may conspire to render submission to the necessity of the case easy, and give to the hour of death a calmness that is often erroneously supposed to arise from a true Christian resignation. The calmness thus induced is often an incidental adjunct to resignation, and is sometimes auxiliary to it, imparting to it firmness and steadiness in its manifestations: but it is in no wise essential to it, nor one of its elements.

In chronic cases, which are going on gradually to a fatal termination, there sometimes occurs either a temporary pause in the onward course of the disease, or an alleviation of the symptoms of so decided a character, that the patient and the Physician cannot avoid indulging, for the moment, the hope of a recovery. At such times, the bosom of the Physician is the seat of conflicting hopes and fears: he hardly dares to hope, when he calmly surveys the whole case from the beginning; and yet he has known, he has himself seen some strange recoveries, perhaps even more strange than such a result would be in the case before him. What now is his duty to his patient? Shall he tell him the worst, as it is expressed, and thus extinguish his rising hopes? Shall he say to him, "This very probably is only a truce for a little while, and then your now dor-

mant disease will renew its attack, and perhaps with more vehemence; and, even at this time, it may be secretly carrying on the work of destruction, while the remedies are merely administering to your comfort, and smoothing your passage to the tomb?"

To say nothing of the evil of such a course, if the case be susceptible of a cure, it cannot be an advisable one, if the prolongation of life and the alleviation of suffering be objects worthy of the aim of the Physician; for such a course would, in most cases, have a strong tendency to defeat the attainment of these objects. If the friends of the patient deem it important that such a view of his case should be presented to his mind, let them take the responsibility of doing it themselves, and not call upon the Physician to do it. Ask not him to come to his patient with the look and language of despair, and utterly dissever the idea of hope from the efforts which he makes, and the remedies which he administers. Put no such unnatural, cheerless, and profitless office upon him.

I remember once being strongly urged to such a course by the friends of a patient. Whilst apparently going steadily down to the grave, his symptoms at length became much relieved, and he took some encouragement from the state of his case. In reply to the inquiry of his friends, whether I had any hope of his recovery, I frankly said that I had not; and that,

from all I could see, I supposed that the relief which he experienced was to last but a short time, and that he must die very soon. They urged me to tell him so; but I declined, for the reasons that I have stated above. The condition of comfort and relief lasted in this case, contrary to my expectation, for several weeks; and they were weeks of delightful intercourse, of affectionate counsel, and of triumphant faith and joy: and I have not a doubt that his life was thus happily prolonged, in part, by the cordial influence of the hope, that the remedies which relieved his distress might effect a cure.

It seems to be the idea of some, that there is something very salutary, in a spiritual point of view, in the knowledge of the fact, that death is certain and near. That it is more alarming, and awakens more emotion than the mere idea of danger, I allow; but that it is more apt to produce right views and feelings, is by no means satisfactorily proved. Even if it be true, that the certainty of death is more likely to secure decisive action in regard to the interests of eternity, a decision, under such circumstances, is by no means so worthy of confidence as one which is arrived at when the hope of recovery is not wholly extinguished. To test this, take as an example the feeling of resignation.

When death is seen to be absolutely certain, its very certainty is apt to induce a sort of calm semi-fatalism,

which has the appearance of true submission, and is often mistaken for it, through the charity and fondness of friendship. But when the result is seen to uncertain, if there be, amid all the balancing of the mind between hope and fear, a willingness to acquiesce in the Supreme Will, there is good reason to believe that the patient has a true Christian resignation.

There was much force in the remark of a patient, who had for some days had the certain expectation of death, but who had at length experienced so much relief, that there was some ground for hope: "I am glad," said she, "that this relief has occurred, even if I do not recover; for now I can fairly test the reality of my submission. I can put life and death together, and examine my wishes and desires in regard to them."

There is one disease, in which the disposition to hope is so marked, that Dr. Good enumerates it among its symptoms. I refer to consumption. In some cases, it is true, this symptom does not appear; but despondency, for the most part, prevails: but this arises either from a morbid sensitiveness of the nervous system, or from a diseased condition of the digestive organs. When neither of these circumstances exists, and the disease is uncomplicated with other maladies, the tendency to hope is so strong as often to resist the force of the most decisive evidence.

Nothing is more common than to hear a consumptive patient say, "Doctor, if you will cure this cough, I shall be well;" as if the cough were only a slight matter, and its continuance was rather provoking than dangerous.

I once saw a Physician deceiving himself to the last week of his life with the idea, that his disease was in the stomach and liver, when there was the most palpable evidence that the lungs, and the lungs only, were diseased.

This tendency to hope is beautifully alluded to in a poetical sketch of consumption, by an anonymous author:

> "Then came Consumption with her languid moods,
> Her soothing whispers, and her dreams that seek
> To muse themselves in silent solitudes:
> She came with hectic glow, and wasted cheek,
> And still the maiden pined more wan and weak,
> Pale like the second bow: yet would she speak
> The words of Hope, even while she passed away,
> Amid the closing clouds, and faded ray by ray."

Shall this hope, delusive as it so commonly is, be demolished by the Physician? Clearly it, in most cases at least, should not be; for in very many cases it manifestly prolongs life, and adds to its comfort and its usefulness, and, in some cases, it proves not to be

as delusive as perhaps even the Physician is disposed to consider it.

Recovery does now and then occur in cases of true consumption. The changes observed, by means of the stethoscope, in the progress of some cases which have ended in recovery, and the examinations of the lungs of those who have died of some other malady, show conclusively that tubercular consumption is not necessarily a fatal disease. Every Physician who has seen much of this disease, has occasionally witnessed facts confirmatory of this statement.*

In concluding this chapter, I remark, that the obvious rule in regard to the use to be made of hope as a curative agent is this—that its cordial influence should always be employed, so far as can be done consistently with truth, and no farther. And the bare fact, that a case has ended fatally, when the Physician has encouraged in the patient the hope of a recovery, should by no means, as is often done, be considered as proof that he has dealt falsely. He may have encouraged the patient

* The mortality of consumption has been undoubtedly increased by the very prevalent but erroneous opinion, that when this disease has once fairly begun, it is never arrested, but sooner or later ends in death. The definite opinions, too, sometimes given to the patient, as to the supposed hopelessness of the case, founded upon the revelations of the stethoscope, to the exclusion of other evidence, have produced the same effect.

in good faith. For the Physician, however wise and skilful he may be, is not able to foresee with any certainty the final event of sickness so frequently as is commonly supposed, and in all doubtful cases he is bound to give the patient the benefit of all the hope of which the symptoms will admit.

CHAPTER XII.

TRUTH IN OUR INTERCOURSE WITH THE SICK.

On the question, whether strict veracity should be adhered to, in every case and under all circumstances, in our intercourse with the sick, there is great difference of opinion, as well among medical men, as in the community at large. Some are most scrupulously strict in their regard to truth; others, while they are generally so, make some few occasional exceptions in cases of great emergency and necessity; while others give themselves great latitude in their practice, if they do not in their avowed opinions.

In examining this subject, it is not so much my intention to discuss the abstract question, as to present the many practical considerations that present themselves, illustrating them, so far as is necessary, by facts and cases.

In order to introduce the subject, I will here quote a passage from Percival's Medical Ethics, which presents the views of those who are in favour of an occasional departure from truth, where the necessity of the case seems to demand it.

"Every practitioner must find himself occasionally in circumstances of very delicate embarrassment, with respect to the contending obligations of veracity and professional duty; and when such trials occur, it will behove him to act on fixed principles of rectitude, derived from previous information and serious reflection. Perhaps the following brief considerations, by which I have conscientiously endeavoured to govern my own conduct, may afford some aid to his decision. Moral truth, in a professional view, has two references; one to the party to whom it is delivered, and another to the individual by whom it is uttered. In the first it is a relative duty, constituting a branch of justice, and may properly be regulated by the divine rule of equity prescribed by our Saviour, 'to do unto others as we would,' all circumstances duly weighed, 'they should do unto us.' In the second it is a relative duty, regarding solely the sincerity, the purity and the probity of the Physician himself. To a patient, therefore, perhaps the father of a numerous family, or one whose life is of the highest importance to the community, who makes inquiries, which, if faithfully answered, might prove fatal to him, it would be a gross and unfeeling

wrong to reveal the truth. His right to it is suspended, and even annihilated; because its beneficial nature being reversed, it would be deeply injurious to himself, to his family, and to the public. And he has the strongest claim, from the trust reposed in his Physician, as well as from the common principle of humanity, to be guarded against whatever would be detrimental to him. In such a situation, therefore, the only point at issue is, whether the practitioner shall sacrifice that delicate sense of veracity, which is so ornamental to, and indeed forms a characteristic excellence of, the virtuous man, to this claim of professional justice and social duty. Under such a painful conflict of obligations, a wise and good man must be governed by those which are the most imperious, and will, therefore, generously relinquish any consideration referable only to himself. Let him be careful, however, not to do this but in cases of real emergency, which, happily, seldom occur, and to guard his mind sedulously against the injury it may sustain by such violations of the native love of truth."

The question that presents itself is not, let it be understood, whether the truth shall in any case be withheld, but whether, in doing this, real falsehood is justifiable, in any form, whether direct or indirect, whether palpable or in the shape of equivocation.

And we may also remark, that the question is not, whether those who practise deception upon the sick are guilty of a criminal act. This depends altogether on

the motive which prompts it, and it is certainly often done from the best and kindest motives. The question is stripped of all considerations of this nature, and comes before us as a simple practical question — whether there are any cases in which, for the sake of benefitting our fellow-men, perhaps even to the saving of life, it is proper to make an exception to the great general law of truth.

The considerations which will bring us to a clear and undoubted decision of this question, are not all to be drawn from the preciousness of the principle of truth, as an unbroken, invariable, and ever-present principle, the soul of all order, and confidence, and happiness, in the wide universe. But the principle of expediency also furnishes us with some considerations that are valuable in confirming our decision, if not in leading us to it. In truth, expediency and right always correspond, and would be seen to do so, if we could always see the end from the beginning.

It is erroneously assumed by those who advocate deception, that the knowledge to be concealed from the patient would, if communicated, be essentially injurious to him. Puffendorf remarks in relation to this point, that "when a man is desirous, and it is his duty, to do a piece of service, he is not bound to take measures that will certainly render his attempts unsuccessful." The certainty of the result, thus taken for granted, is far from being warranted by facts. Even in some cases

where there was a strong probability that the effect would be hurtful, it has been found not to be so. I might here narrate some cases to prove the truth of this assertion, but it is not necessary. Suffice it to say, that it is confirmed by the experience of every Physician who has pursued a frank and candid course in his intercourse with the sick.

It is also erroneously assumed that concealment can always or generally be effectually carried out. There are so many ways by which the truth can be betrayed, even where concerted plans are laid, guarded at every point, that failure is much more common than success, so far as my observation has extended. Some unguarded expression or act, even on the part of those who are practising the concealment, or some information communicated by those who are not in the secret, perhaps by children, or some evidence casually seen, very often either reveals the truth, or awakens suspicion and prompts inquiry which the most skilful equivocation may not be able to elude. The very air that is assumed in carrying on the deception often defeats the object. In one instance where this was the case, the suspecting patient said, very significantly, "How strangely you all seem—you act as if something dreadful had happened that you mean to keep from me." Even the little child often exhibits a most correct discrimination in detecting deception in the manner, the modes of expression, and even the very tone of the voice. And

sometimes, nay very often, people so far undervalue the good sense and shrewdness of children, that their deception is even ridiculously bungling, and justly excites an honest indignation in the bosom of the deceived child.

I give the following scene as an illustration of the above remark :

"Come, take this," said a mother to her child : "it's something good."

The child was evidently a little suspicious that he was not dealt with candidly ; but after a great many assurances from her on whom a child ought to be able to rely, if upon anybody in the wide world, he was at length persuaded to take the spoon into his mouth. The medicine, which was really very bitter, was at once spit out, and the little fellow burst forth in reproaches upon his mother for telling him such a lie.

"No, my dear," said she "I have told you no lie. The medicine is good—it is good to cure you. That is what I meant."

"Good to cure me!" cried he, with a look and an air of the most perfect contempt. "You cheated me. You know you did."

The contempt which this child manifested towards such barefaced equivocation was most justly merited ; and yet this is a fair example of the deceptions which Physicians are almost every day obliged to witness, and

which some of them encourage both by precept and example.

If the deception be discovered or suspected, the effect upon the patient is much worse than a frank and full statement of the truth can produce. If disagreeable news, for example, be concealed from him, there is very great danger that it will in some way be revealed to him so abruptly and unexpectedly, as to give him a severe shock, which can for the most part be avoided when the communication is made voluntarily. And then, too, the very fact that the truth has been withheld, increases, for obvious reasons, this shock. I will relate a case as an example. It occurred during the prevalence of an epidemic. A lady was taken sick and died. The fact of her death was studiously concealed from another lady of her acquaintance, who was liable to be attacked by the same disease. She was supposed by her to be doing well, until one day a child from a neighbouring family accidentally alluded to the death of her friend in her presence. The shock which the sad news thus communicated produced upon her was almost overwhelming, and it was of course rendered more intense by the reflection, that her friends thought her to be exceedingly in danger of dying of the prevailing disease, and therefore had practised this concealment in order to quiet her apprehensions. She soon followed her friend, and it is not an improbable supposition, that

the strong impression thus made upon her mind had some agency in causing her death.

In another case of a similar character, the first intimation which a lady had of the death of a friend was from seeing the husband of this friend pass in the street with a badge of mourning. She was immediately prostrated upon her bed, and was a long time in recovering from the shock.

In both of these cases the concealment of the truth was prompted by the best of motives—pure kindness; and yet nothing is more plain than that it was a mistaken kindness. Whatever may be true in other instances, the result showed this to be the fact in these two cases. And if it be true, as I think all experience will prove, that success, and not failure, in the attempt at concealment, is the exception to the general fact, it clearly follows that deception is impolitic as a measure of kindness, and therefore, aside from any other consideration, it should be wholly discarded in our intercourse with the sick.

I have a case in mind, which exhibits in contrast the influence of frankness and deception.

A little girl, the daughter of a farmer, had her arm torn to pieces up to the elbow in a threshing-machine, constructed very much like a picker. As her mother was confined to her bed with severe sickness, the child was carried into the house of a neighbour. When I arrived, I was told that her mother was in great

distress, and fears were expressed that the accident would have a very bad influence upon her case. I asked if she knew what had happened. "No," said her husband, "not exactly. She found out by the children that Mary was hurt, and then sent for me, and asked me what was the matter. I told her at first that she had got her finger hurt. She said she knew that was not all, and I at length, after she had begged and begged me to tell all, told her that her hand was hurt badly. And now she is crying most piteously, and says we are deceiving her, and that she knows that Mary is almost killed."

I immediately went in to see the mother, and found her indeed almost distracted with the great variety of dread visions that had suggested themselves to her fancy in regard to her darling child. As I entered the room she cried out, "Oh, she's dead, Doctor, or dying—torn to pieces—in agony—Oh, isn't it so? tell me, tell me the truth" "Be quiet," said I, "and I will tell you all the truth. I will not deceive you." I assured her that she need give herself no anxiety about the life of her child—that was safe. This announcement quieted her in a good measure, and I went on to tell her that the arm was badly torn, and that I must amputate it above the elbow. I told her that this would take but a minute or two, and then the child would be essentially well. It was necessary to go into these particulars in answer to her inquiries, or else

I should forfeit her confidence, and thus commit the same error that had already been committed. She thanked me for being so frank with her, and said, that though it was hard to think of the operation, she could bear that, if the child's life was only spared. She grieved still, it is true; but there was none of that overwhelming distraction that results from vague apprehension.

The destruction of confidence, resulting from discovered deception, is productive of injurious consequences to the persons deceived. The moment that you are detected in deceiving the sick, you at once impair or even destroy their confidence in your veracity and frankness. Everything that you do afterwards is suspected, and a full and unshrinking trust is not accorded to you even when you deserve it, though you may try to obtain it by the most positive and solemn assurances. If, for example, you wish to encourage a patient, and you tell him that though the bow of hope is dim to his eye, it is bright to your own: "Ah!" he will think, if he does not say, "how do I know but that it is as dim to him as it looks to me—he has deceived me once, and perhaps he does now."

Every Physician has seen the injurious influence of deception upon children. Sometimes it is of a most disastrous character, and occasionally, I have not a doubt, it proves fatal. Deception is more frequently

practised upon children than upon adults, and many seem to think that they have not the same right to candour and honesty in our intercourse with them. But a child can appreciate fair and honest treatment as well as an adult can, and he has as good a right to receive it at our hands. He sometimes claims this right in terms, and by acts not to be mistaken. And when it is taken from him, he shows his sense of the wrong by remonstrances and retaliatory language, and by a system of rebellion to an authority which he despises, as well as fears, for it is falsehood.

Suppose a mother succeeds in giving a dose of medicine by stratagem, the administration of every dose after it is accompanied with a fearful struggle. The strife which results from the spirit of resistance thus engendered, perhaps in the beginning of a long sickness, and which might in most cases have been avoided by frank and candid treatment, continues through the whole course of the disease to the last hour of life, if the case proves fatal; the little creature feebly, but obstinately, resisting its mother, till the exhaustion of coming death puts an end to its struggles; and, though she plies every art that fondness can devise to win back the lost confidence of her darling child, it is all in vain.

If the reader have any adequate idea of the importance of quietness in the management of the sick, I need not spend time to prove, that this resistance of

the sick child has an injurious effect upon the disease; and that in those cases where life has but a feeble hold, where the silver cord is worn down almost to its last thread, such a struggle may break that thread by its violence. I have not a doubt that many a child has died under such circumstances, that might otherwise have recovered.

Let me not be understood to imply that the resistance made by children to the administration of medicine is invariably the result of deception practised upon them, though this is the cause undoubtedly in a large proportion of the cases, and those too of the worst and most unconquerable character. And it may be remarked, that in many cases this may be the cause of the difficulty where it is little suspected: for it is so common a habit to deceive children in this matter, that it is often done unconsciously. But though the parent may not remember it, the child does, and the cruel act, locked up in the memory of the child, wakes up rebellion in his heart that is not easily quelled. Many a parent has thus in a moment, for the sake of a slight temporary advantage, sown the wind to reap the whirlwind.

Deception has very often been made use of in the management of the insane, though recently not to the same extent that it once was. The consideration which I have been illustrating and enforcing lies against the practice of it in our intercourse with this unfortunate

class of patients, with the greater force, because in their case the mind is diseased, and any bad mental influence has, therefore, a worse effect than it would have upon a case of mere bodily disease. The reason is obvious—it acts directly upon the seat of the disease in the former case, but indirectly in the latter.

Besides, let the insane man once see that you have deceived him, and you lose the principal, perhaps we may say the only, moral means that you have for curing his malady. Confidence is essential to any good moral influence that you may exert upon him. I might cite many facts to prove this, but will advert to only one. The wife of an insane man was the only person among all his friends that had any control over him, and she could manage him with perfect ease. After his recovery, she asked him the reason of this fact, and his reply was, "You was the only one that uniformly told me the truth."

The bad influence of deception upon the insane man is rendered the more certain and effectual from the fact that his insanity incapacitates him for appreciating the kind motives which may have prompted the deception. You cannot convince him as you can the sane sick man, that you have deceived him for his own good. His suspicious eye sees nothing but a sinister purpose in the cheat which you have practised upon him.

It is a common observation that the insane are apt to look upon their best and most intimate friends as their

enemies. Why is this? It is clear, that it is in part to be ascribed to the influence of deception, waking up, as might be expected, feelings of resentment and enmity in the bosom of the insane, which would not otherwise be there.

The extent to which deception is practised upon the insane cannot be fully appreciated, except by those whose attention has been specially called to this subject. As I have already remarked in regard to children, so also it is with the insane—deception is so common, that people often make use of it almost unconsciously. The whole course of management on the part of their friends, is often characterized throughout by an absence of candour and veracity.

The tendency of such a course is invariably to increase insanity, making it more intense and obstinate. And not only so, but it modifies to a greater or less degree its character. Deception prompts the insane man to exercise his ingenuity in forming plans to foil and circumvent his deceivers, whom he supposes very naturally to be his enemies. Of course, new feelings and thoughts are thus excited in his bosom, giving in some measure a new cast to his insanity.

The general effect of deception, aside from the individual which it is supposed it will benefit, is injurious. That confidence, which should always exist in the intercourse of the sick with their Physicians and friends, and which may be made the channel of great

and essential benefits to them, is materially impaired, often even destroyed by deception. And this effect is unfortunately not confined to those who practise it, but the imputation rests upon others. The distrust thus produced often exerts a depressing influence in those cases, where the cordial influence of hope is most urgently needed, and where it can be administered in consonance with the most scrupulous veracity. It is well if, under such circumstances, the Physician can appeal to the patient's own experience of his frankness in all his previous intercourse with him.

I call to mind an instance in which I was able to make this appeal with the most marked good effect. The patient was a lady who was in a great state of alarm in regard to the probable result of her sickness. She was indeed very sick, but there was good reason to hope that remedies would relieve her. At the same time I feared that the depressing effect of this state of alarm, if it should continue, would prove a serious obstacle to her recovery. But as I expressed to her the confident hope that she would get well, she said to me, "Physicians always talk in this way, and you do not really mean as you say. I shall die, I know that I shall die." I had been the Physician of the family for many years, during which time they had gone through some trying scenes of sickness. Alluding to all this, I asked her if she could look back and call to mind a single instance in which I had not dealt candidly and

frankly with her. She allowed that she could not. "Well," said I, "believe me now; I am in earnest; I do believe, and confidently, too, that you will recover.' The tears were at once wiped away. Cheerfulness, the cheerfulness of hope, lighted up her countenance, and the case went on to a speedy and full recovery.

Every day we see evidence of the fact that so large a proportion of the medical profession practise deception upon the sick, that the profession, as a whole, has to a greater or less degree the imputation fastened upon it. Indeed patients often, as a matter of course, make the distinction between the obligations to professional veracity, and those of the man, as a man, in his ordinary intercourse; and the Physician, who has an established reputation for the strictest veracity everywhere else but in the sick chamber, has there the suspicion of deception put upon him; and it is supposed to be no imputation of which he should complain, because deception is allowed here almost by general permission. For this reason, whatever of frankness and honesty there may be in our intercourse with the sick, often fails to produce the effect intended, in part at least, if not wholly. And this result follows just in proportion to the extent to which deception is made use of in the profession.

The indirect and collateral effects of deception are often manifest in a family of children. Its influence extends beyond the mind and character of the deceived

child. If the other children witness the deception, what hinders them from believing that their parents can deceive them also whenever it suits their convenience? And if they do not witness it, the sick child will remember it when he recovers; and the rebellion which he has, in consequence, in his bosom towards an authority that rules by deceit, and is therefore deemed with good reason oppressive, is of course communicated to the other bosoms of the little flock. Many a parent, who supposed that he was doing nothing that would last beyond the present moment, has thus sown the seeds of rebellion among the little band of subjects, over whom God has placed him; and who can tell what the fruits will be, or to what extent or length of time they will grow!

I need barely say in concluding my remarks on this consideration, that the momentary good which occasionally results to individual cases from deception, is not to be put in comparison, for one moment, with the vast and permanent evils of a general character, that almost uniformly proceed from a breach of the great law of truth. And there is no warrant to be found for shutting our eyes to these general and remote results, in our earnestness to secure a particular and present good, however precious that good may be—a plain principle, and yet how often it is disregarded.

If it be adopted by the community as a common rule, that the truth may be sacrificed in urgent cases,

the very object of the deception will be defeated. For why is it that deception succeeds in any case? It is because the patient supposes that all who have intercourse with him deal with him truthfully—that no such common rule has been adopted. There is even now, while the policy on this subject is unsettled and matter of dispute, enough distrust produced to occasion trouble. And if it should become a settled policy under an acknowledged common rule, the result would be general distrust, of course defeating deception at every point. And yet if it be proper to deceive, then most clearly is it proper to proclaim it as an adopted principle of action. Else we are driven to the absurd proposition, that while it is right to practise deception, it is wrong to say to the world that it is right.

It is in vain to say that the evil result which would attend this adoption of occasional deception, as the settled policy of the medical profession, would find a correction in the very terms of the rule which should be adopted, viz. that the case must be an urgent one to warrant deception, and there must be a fair prospect that it can be carried through without discovery. For every patient, that was aware of the adoption of such a rule, might, and often probably would, suspect that his own case is considered as coming within the terms of the rule.

Once open the door for deception, and you can prescribe for it no definite limits. Every one is to be

left to judge for himself. And as present good is the object for which the truth is to be sacrificed, the amount of good, for which it is proper to do it, can not be fixed upon with any exactness. Each one is left to make his own estimate, and the limit is in each one's private judgment, in each one's individual case as it arises. And the limit, which is at first perhaps quite narrow, is apt to grow wider, till the deception may get to be of the very worst and most injurious character.

The indirect effects of deception are always bad to some extent, and to what extent they will prove so we know not in each individual case. You can never know, at the time, how great is the sacrifice which you are making for a present good. While you may be thinking that you are only sacrificing your own veracity, and that the influence of the act will not extend beyond the passing moment, you may be producing disastrous results upon the interests of others, and those results may be both lasting and accumulative.

A man who was captured by some Indians, was asked by them if there were any white men in the neighbourhood. He told them that there were, and directed them to a spot where he was very certain that there were none. They immediately started in pursuit, leaving him bound and in the charge of one of their number. When they were gone, he contrived to make

his escape. Almost every one would say, that this was a strong case, and that they could not blame him for telling a falsehood to Indians, in order to escape from their cruelty. Here was a great good to be obtained, the saving himself from torture, perhaps from death, and deceiving savages for such a purpose, it will be said, is not to be condemned. But mark the result of that deception : five white men were found on the spot to which he directed them, and were captured.

In order to make out a justification of deception, on the ground of expediency in any case, all the possible results, direct and indirect, must be taken into the account. But this is impossible, except to Omniscience itself. Even in those cases which appear the most clear to us, there may be consequences of the most grave character utterly hidden from our view. In the instance just related, the captive was very certain, from some circumstances, that he directed his captors to a spot where there were no white men.

The uncertainty of our knowledge of the circumstances of each case prevents then our defining any limits, within which deception shall be bounded. We can make no accurate distinctions, which will enable us to say, that it can be beneficially employed in one case, while in another, it will be inexpedient.

I have now finished the examination of the various considerations which have been suggested to my mind in relation to this subject. And I think that they

settle the question as to the expediency of deception beyond all doubt. I think it perfectly evident, that the good which may be done by deception in a few cases, is almost as nothing, compared with the evil which it does in many cases, when the prospect of its doing good was just as promising as it was in those in which it succeeded. And when we add to this the evil which would result from a general adoption of a system of deception, the importance of a strict adherence to truth in our intercourse with the sick, even on the ground of expediency, becomes incalculably great.

There are many illustrations, used by those who advocate deception, which are plausible but fallacious. I will cite a single example. Dr. Hutcheson, of Glasgow, as quoted by Dr. Percival, in remarking on the maxim, that we must not do evil that good may come, says, "Must one do nothing for a good purpose, which would have been evil without this reference? It is evil to hazard life without a view of some good; but when it is necessary for a public interest, it is very lovely and honourable. It is criminal to expose a good man to danger for nothing; but it is just even to force him into the greatest dangers for his country. It is criminal to occasion any pain to innocent persons, without a view to some good; but for restoring of health we reward chirurgeons for scarifyings, burnings, and amputations."

I would remark on this that the infliction of pain is

not in itself a moral act, but the purpose for which it is done gives it all the moral character that it has. Aside from this, it affects no moral principle, as the infliction of an injury upon truth certainly does, independent of the object for which it is done. The infliction of pain, then, for a good purpose cannot be said to be doing evil that good may come—it is doing good.

The sacrifice of life which the writer speaks of, is the sacrifice of a less good for a greater one simply, and not the sacrifice of any principle. But when the truth is sacrificed for what is deemed to be a greater good, it is in fact the sacrifice of a greater good, for not only a less, but an uncertain good—a sacrifice of the eternal principle, which binds together the moral universe in harmony, for a mere temporary good, which after all may prove to be a shadow instead of a reality.

I cannot leave this subject without making some explanations of a few points, in order to guard against some erroneous inferences to which the sentiments that I have advanced might otherwise be liable.

I wish not to be understood as saying that we should never take pains to withhold knowledge from the sick, which we fear might be injurious to them. There are cases in which this should be done. All that I claim is this—that in withholding the truth no deception should be practised, and that if sacrifice of the truth be the necessary price for obtaining the object, no such sacrifice should be made.

It is always a question of expediency simply, whether the truth ought to be withheld. And it is a question that depends, for its proper decision, upon a variety of considerations in each individual case. It is very often decided injudiciously. There is generally too great a readiness to adopt an affirmative decision. It is too easily taken for granted, that the knowledge in question will do harm to the patient if it be communicated to him. The obvious rule on this subject is this—that the truth should not be withheld unless there be a reasonable prospect of effectually preventing a discovery of it, and that too by fair and honest means.

It has often been said that the Physician has no right to excite too much hope in the mind of a patient, by directing his attention, as is often done, to any favourable symptoms that may appear in his case. But I ask, how is it known that in the case in relation to which this remark is made, too much hope is excited? The Physician is fallible, and is by no means answerable for putting just the right degree of hope into the patient's bosom. It is not to be expected of him that he shall always tell each patient just how his case stands. His own mind is often filled with conflicting hopes and fears, and he cannot decide clearly what the probabilities are in many cases. And if he thinks that he can do so, he may be very much mistaken. Estimates are often made most unwarrant-

ably. An exactness is often aimed at which is impracticable. The patient in many cases has no right to such an estimate, for while it may be a mere guess, he may look upon it as a well-founded estimate, made upon a real knowledge of his case. He will, therefore, draw false inferences from it, and this the Physician is bound to prevent, and in so doing he actually prevents deception.

The Physician should always remember that though he may be aware himself of his liability to err in making any such estimate, the patient may have such confidence in his judgment, that he will consider the opinion which he may express to be of course a correct one—almost beyond the possibility of a mistake. So that however guarded he may be in expressing an unfavourable opinion of the probable issue of any case, that opinion may have too much weight in the patient's mind.

It is by no means true that all direct questions on the part of the sick must be directly and fully answered. For example, suppose the patient asks the Physician, "Do you think on the whole that I shall recover ?"—a question that is sometimes asked under very embarrassing circumstances. If the Physician thinks that he will probably not recover, he has no right to say to him that he will, for this would be falsehood. But he has a right, and it is his duty if he thinks it for the good of the patient, to withhold his opinion from him, if he can

do it without falsehood or equivocation. He may say to him something like this: "It is difficult to decide that question. Perhaps it is not proper for me at this stage of your case to attempt to do it. You are very sick, and the issue of your sickness is known only to God. I hope that remedies will do so and so (pointing out somewhat the effects ordinarily to be expected), but I cannot tell."

Something of this kind, varied according to the nature of each case, especially in the amount of hope communicated, it is perfectly consistent with truth and good faith to say; and very often when more is said, even in very dangerous cases, the Physician goes beyond the limits which Infinite Wisdom has thought best to set to his knowledge. It is very common, as the reader has already seen, for persons to recover, particularly in cases of acute disease, when the Physician had supposed that they would die. This fact should make him somewhat cautious in giving definite opinions to the sick in relation to the probable final result of their sickness.

CHAPTER XIII.

MORAL INFLUENCE OF PHYSICIANS.

THE relation which the Physician sustains to the community is a peculiar one. No other man has so free access to so many families, among all classes of society. He is admitted into the very bosom of the families upon which he attends, even of those that receive other visitors with a distant formality. So much is this the case, that most persons have the feeling that their Physician is a sort of confidant; and on that ground they are willing that he should see and hear, in his daily intercourse with them, what would be improper to be seen and heard, without the confidence of intimate friendship: and when that confidence is abused, as it sometimes is by the unprincipled Physician, how gross the abuse, and how keenly is it felt by those who have, as a matter of necessity, reposed the confidence! I say as a matter of necessity, for the

very nature of the intercourse of the Physician with his patients is such as to make this confidence necessary; and the necessity is recognized by both parties.

The Physician knows that it is expected of him, that he will pay the most scrupulous regard to the principles of honour which have relation to this necessity, and that any discovered infraction of them on his part will materially injure his professional character. He feels this instinctively; and it is this feeling which is generally an effectual safeguard against abuse of confidence, when the patient chances to be under the care of a Physician who is devoid of moral principle.

In the above remarks, I do not refer merely to the secrets, which, either from choice or necessity, are so often entrusted to the Physician by his patients; but I refer to the confidential character which marks his whole intercourse with them, extending to all the little nameless acts that make up that intercourse. He enters the dwelling of the sick as if he were one of the family, and the very office that he is to perform disarms all formality, and presupposes intercourse of the most familiar character. The patient is to speak to him not of a foreign subject, nor of some one else, but of himself, of his own body, of its pains and ailments; and that, too, with sufficient minuteness to communicate an adequate knowledge of his case. In doing so, he calls into exercise not only the scientific

acumen of the Physician, but, mingled with this, the sympathy of the confidential friend. If he has been the Physician of the family for any length of time, and has been with them in many scenes of suffering, ready to relieve, as far as in him lay the power to do it, this feeling of affectionate reliance is deep and ardent; so much so, that it is a severe trial to the sensitive mind to be obliged to consult a stranger, even though there be nothing in the case to disturb the most refined and scrupulous delicacy.

Especially is this so when the patient is a female. In her case, the confidence so reposed is of the most sacred character; and shame to the Physician who dares to trifle with it—who dares to offend, in any way, the delicacy of a patient, whom necessity has placed in such near relationship to him. It is principally this relationship which the Physician holds to the mothers and daughters of the families upon which he attends, that introduces him, if he be a man of honour and principle, as the esteemed and loved friend into the very bosom of those families.

One circumstance, that makes the intercourse of the Physician with his patients familiar and intimate, which I have as yet barely hinted at, merits a more particular notice. I refer to the sympathy which he has felt with them in their seasons of suffering, anxiety, and affliction. It has sometimes been said, that the Physician, from his familiarity with scenes of distress,

becomes unfeeling, and incapable of sympathizing with others. This may be true, if he look at the sufferings of his fellow-men only as a source of emolument to himself. If at the onset he enthrones this perfectly selfish and hardening principle in his bosom, he will, of course, become devoid of sympathy and benevolence; but if he does not this strange violence to his natural sympathies, but lets them flow on, as he goes forth on his daily errands of relief and mercy to high and low, to rich and poor, and especially if he be faithful to the poor, who can give him nothing but their blessing and their prayers, his sympathy and kindness will be so often drawn out, and under such a variety of circumstances, that they will become more tender and active, instead of being blunted and repressed.

True, he will not have that mawkish sensibility which vents itself in tears, and sighs, and expressions of pity, but stops short of action; or, if it ever reaches forth its hand, does it but fitfully, and with none of that steadiness so essential in giving relief and support to soul or body in its feebleness and suffering. If he ever had any of such romantic and unpractical sensibility, he has cast it off in his actual service in the fields of benevolence, into which his profession has necessarily led him. He has learned, over and over, the lesson of active sympathy. He has learned it often under circumstances of discouragement, and sometimes without even the show of gratitude being

offered to him. He had learned it, with signs of gratitude in his patients which are not to be mistaken—with the blessing of those who were ready to perish, but who were saved by his timely and persevering exertions. He may appear to the casual observer to have merged the feelings of the man in those of the Physician—to have surrendered his humanity to the cold and stern demands of science. He may seem to be devoid of sympathy, as he goes to work amidst scenes of suffering, without a tear, or even a sigh, performing his duties with an unblanched face, a cool and collected air, and a steady hand, while all around are full of fear, and trembling, and pity. Yet there is sympathy in his bosom, but it is active. It vents itself in the right way—in doing. There is feeling there. It is not destroyed, but its manifestations are under control. It is from this power of control which he has acquired, that the Physician or Surgeon may appear to others to be utterly without feeling, even when a tide of emotion may be pressing his heart almost to bursting, because he knows that a valuable life is hanging upon these very exertions, which he is making with all the seeming coolness of indifference.

I have said that the feeling of the Physician vents itself in action. Before that action begins, his emotions are often oppressive, more so than those of the bystanders; for he knows all the difficulties and dangers of the case, and sees the very points which should excite

anxiety. Watch him while preparing for a serious operation: though he may appear to the careless observer perfectly cool and undisturbed, you may see in his unguarded moments a betrayal of the strong under-current of feeling, which he endeavours to conceal. The occasional sigh, followed perhaps by an incidental remark to a bystander, as a diversion to his feelings, just as the boy whistles to destroy his fear, the compressed lips, the slightly trembling hand, as he busies himself in making his preparations, thus finding relief to the pressure of the excitement within by external acts, some of them perhaps needless—these and other signs show it. And these signs may appear up to the last moment of delay. But the instant he begins the operation, they are gone. The hand may tremble till the knife touches the flesh, and the blood begins to gush; and then it is firm, for his feelings have now found relief in action.

Perhaps it will be said that there is conclusive evidence, that the tendency of the practice of medicine and surgery is to harden and destroy feeling, in the fact itself, that, when the Physician comes to act, his natural sensibilities give place to the mere excitement attending the different steps of that action. In reply to this, I say, that it is an error to suppose, that because feeling is relieved for the moment by diversion of the mind into another channel, it is of course hardened, or destroyed. Feeling may and does resume its hold when the action ceases; and, if the action ends in relief, it

manifests itself in a different form—in a joyful and triumphant, in place of a sad and anxious, sympathy. And this change in the character of the sympathy has a tendency to strengthen rather than lessen the natural sensibilities of the heart.

He who has year after year sympathized with his patients in their sufferings, and then has rejoiced with them in their deliverance—a deliverance of which he has himself been instrumental—must be possessed both of a more deep, and a more active sympathy, that when he began his career of usefulness. This result is in consonance with the laws of our nature. While the mere sight of suffering, without any attempt to relieve it, often repeated, manifestly blunts the sensibilities, and hardens the heart; it is, on the other hand, the invariable effect of the effort to remove the distresses of our fellow-men, to make our sensibilities more deep and more tender. Our interest in the effort, our joy in its success, our lamentation over its failure, the common cause which we make with the poor sufferer tend to produce this effect.

In this connection I will notice an error which is very common. Persons who are not accustomed to look at wounds, or witness scenes of sufferings, are apt when they do so to have certain effects produced upon the physical system, which are so well known, that I need not describe them. The error consists in supposing

them to be evidences of feeling and sympathy, and the process of overcoming them to be necessarily a hardening process. They are effects produced in the nervous system, and have a mere incidental, and not an essential connection with the moral sensibilities. It is well known that all are not equally susceptible of these effects, and the degree of susceptiblity is far from being an index of the degree of sympathy in each individual. I have known many men, who had little of true tenderness and kindness of feeling, faint away at the sight of blood, while others with hearts overflowing with tenderness, and a hand ever extended in active sympathy to the needy and suffering, under the same circumstances were entirely unaffected. The possession of this susceptibility has, therefore, no necessary relation to the moral character. They who exhibit it are commonly spoken of as being "tender-hearted," and yet there is nothing in this quality which is inconsistent with the most wanton cruelty, or the most abandoned vice. Neither has this susceptibility any necessary relation to physical courage; much less to moral courage. Many, who possess it to a great degree, have nevertheless uncommon physical courage, so that though they would turn pale at the sight of a cut finger, they would face the cannon's mouth without fear, and in the excitement of battle, the flow of blood and the groans of the wounded would be unheeded. While, on the contrary, there are many

who are unaffected by the sight of blood and suffering, in whom the idea of personal danger would at once blanch the face and make the knees to tremble.

It is the conquest which the Physician obtains over this nervous susceptibility, of which I have been speaking, that has given rise to the erroneous impression, that the practice of medicine and surgery necessarily subjects the heart to a hardening process. But you have seen, that while he is acquiring this self-control, his sympathy with suffering is becoming all the time deeper and livelier, by the exercise of that active benevolence to which his profession calls him. It is only the Physician who refuses to yield to this call, and pursues his profession as a mere trade for self-aggrandizement, that blunts his sensibilities, and hardens his heart.

Sustaining then, as the Physician does, so intimate a relationship to his patients, and sympathizing so deeply, as they feel that he does, with them in their trials, and sufferings, and joys, his opportunities for influencing those around him for good or for ill must be greater than fall to the lot of most of those who occupy commanding stations in society. He cannot avoid exerting a wide and an effectual influence. It can be said emphatically of him, that every act which he does, every word that he drops, is seed which will surely produce fruit, and it is seed which he sows with a broad cast. The advice which he gives, the opinions which he ex-

presses, and the example which he sets, have a double force from the fact, that the intimacy and sympathy which exist between him and his patients unlock the heart, and his influence finds no repulse in entering there.

Every man has more influence in his own little community at home by his own fireside, than he has abroad in the great community around him. Familiarity, mutual confidence, and sympathy, are the obvious causes of this. But the Physician may in a measure, as you have seen, be said to be at home everywhere, by everybody's fireside, in the mansion and in the cottage, in the garnished chamber of the wealthy and in the comfortless garret of the poor. It is a matter of every day's occurrence, that he should be at home in all these varied scenes, and he acquires a tact in accommodating himself to them, and to the endless diversity of character which they present. Wherever he goes he enters the family circle, as I have before said, without that formality which attends the reception of other visitors. He is received ordinarily without any preparation, and at any hour when necessity calls for it. He sees his patients, too, in every variety of situation, and in just those circumstances which are calculated to develope and exhibit character. He sees them in their unguarded moments, and when sufferings and trials of every variety, from the great calamity down to the most trivial disappointment, are acting upon them as tests, searching

and sure. He sees much that glitters before the world become the merest dross in the sick chamber; and he sees too the gold shining bright in the crucible of affliction. He sees human passion in every form and condition; implacable hatred, and love stronger than death; fallen virtue, and virtue tried and proved; mental and moral strength inconceivable, and childish imbecility in the once mighty and great; hope beaming bright with heavenly lustre, and ghastly fear and black despair; unbounded power of endurance, and the crushing of the once buoyant spirit by even light calamities—every feeling, or passion, or quality, or condition, that can be imagined, in every possible variety of phase and degree, is displayed to his view.

No one, then, has better and more various opportunities for studying human character than the Physician: and he adds every day from this source to the storehouse of his experience. I need not spend time to prove, that this knowledge of character thus acquired confers upon him a means of influence which he otherwise could not have. It not only gives him a tact in influencing men generally; but in individual cases, the revelations of thought and feeling which he has witnessed at the fireside or in the sick room, made in the free and unguarded moment, under the application of faithful tests, afford him such an insight into the character, that he knows just what chord to strike, to produce the effect which he desires. He needs not to

feel his way to the heart. He has already learned it. He knows just what motives will act with the most certainty, and needs not to make any random experiments.*

What responsibility, then, rests upon the Physician! How careful should he be in the expression of his opinions! At what high ends should he aim in his daily example! How important that he should be right upon the great moral questions which agitate the community, and that his morality should be strictly that of the Bible!

Too often is it the case, that the Physician, who professes to be governed by principle, exerts no such com-

* But if you would see the moral influence of medicine depicted in its loveliest hues, I would ask you to contemplate a domestic scene—a family whose hearts are wrung with a dreadful anxiety for one vibrating between life and death. What a ministering angel does the Physician seem! How they watch his every look! With what dreadful earnestness do they hang on his words! And those words, how they wing themselves to the souls of the hearers, for sorrow or for joy. Yet such scenes are passing daily and hourly in every class of society—in the mansion and in the cottage: they open the hearts of all; for the moral influence of medicine is bound up with the treasures of life and health, and with all those endearing ties that make those treasures doubly precious. Nay, how often with the hopes or fears of a blessed or an awful eternity.—*Introductory Lecture delivered at University College, London, by C. J. B. Williams, M.D., F.R.S., Professor of Medicine. Oct.* 1842.

manding influence, as his relations to his fellow-men enable him to do; but, as a matter of policy, avoids committing himself decidedly and openly upon those subjects which occasion any diversity of opinion in the community. Those who thus for selfish ends fail to meet the full responsibilities of their station, do not, indeed, like the unprincipled, undertake to please everybody, but they at least make it a main point to displease no one. In so doing, it is true, they make no direct attack upon principle, and inflict no positive injury upon the moral interests of society; but they are guilty of a sacrifice of principle, and they neglect to do the good which it is in their power to do. Suffice it to say, that while the Physician should not court opposition by any needless attacks upon the opinions and prejudices of others, for this would impair his usefulness, a dignified and firm expression of his sentiments, and a decided influence for good upon every great moral question, we have a right to expect from one who has so great a share, as the Physician necessarily has, in moulding the character of society.

Take, for example, the great moral question of Temperance, which has for so many years agitated the community, and upon which there has been so great a difference of opinion. It is difficult to conceive that a Physician, possessed of the ordinary feelings of humanity, should fail to be decided on this subject, either in his opinions, or his influence. No man has had so

varied and extensive opportunities of witnessing the ravages of intemperance. It is not an occasional visit that he has made to the miserable home of the drunkard. It is not occasionally that he has heard from trembling lips the tale of woe, and seen its painful and often hideous signs. It has been with him an almost every-day occurrence. Misery on every hand has made its appeal to him. And if he has allowed his desire for popularity to hinder him heeding such touching and frequent appeals, it is not too much to say to him, that he has been shamefully recreant to the dictates of humanity, and that he will have to render a large account of neglected opportunities of doing good.

It is especially true of the Physician, that most of his influence lies in the little hourly acts, and in the familiarly, perhaps carelessly, dropped words, which make up the chief part of his life, and not so much in the opinions which are formally expressed, or in the acts which obviously follow deliberate consideration. This is true to a great extent of every man who mingles in society with the ordinary degree of freedom. They, indeed, who move about among their fellow-men with as little familiarity or sympathy as a recluse, have but little influence, and that only when they utter their formal opinions. But the occupation of a Physician necessarily puts him at the very antipodes with the recluse. Even if he be disposed to shut up his heart against his fellow-men, and to make his intercourse with them of a

strictly scientific character, his bosom will very soon be unlocked, or he must give up his profession. The fountains of sympathy and feeling will be unsealed by the potent influence of daily intercourse with human suffering and joy. He cannot from day to day administer to the relief of distress without sympathy, and that sympathy cannot always be suppressed. It will gush forth, and the frigid man of science will become the kind and familiar friend.

Mingling then, as the Physician necessarily does, so freely and intimately with the world around him, it must be eminently true of him, that it is the spirit of the man, as it breathes forth in his common every-day words and acts, even in his very manner, that really gives the character to his influence. So that if he be not forward to speak out his sentiments, or to give his advice, the sentiments which he has, and the advice which he would give, are as well known, as if he uttered them. It is, in truth, this aggregate influence of his daily life in the many homes to which his profession gives him admittance, that imparts force to his advice and opinions.

I have as yet said nothing especially of the influence of the Physician in the sick room. Here he treads upon sacred ground, and has to do with the issues of life and death, both temporal and eternal. Here he sees man in the weakness of his humanity, "crushed before the moth," but often, too, in the strength of his

immortality. Here he is made a witness of the frailty of the tenement, which the immortal spirit inhabits—he sees that its "foundation is in the dust." He has communion with the spirit in its most momentous hours—while it sees the walls of its habitation crumbling into dust, and lingers about the ruins before its final flight into a world of light or darkness, of joy or of woe—or perhaps, while with longing desire, and occasional hope of its longer continuance here, it trembles with the fear that it is about to be driven from its home in this tabernacle, whose frailty is now staring it in the face—and then too, there are times when he has converse with it as it is becoming reinstated in the possession of its habitation by gracious permission of its builder, who alone can repair it and redeem it from destruction. Communion with the spirit of man in such momentous seasons, how hallowed should it be! Trifling, selfishness, disregard of principle, how out of place are they here!

The moral and religious duties of the Physician in the sick room, are beautifully pointed out in the excellent letters from a senior to a junior Physician.

The great object of the Physician should be to cure the patient. This is his vocation, and nothing should be permitted to interfere with it. And he must be on his guard, lest he give up this object too readily. For often, very often, especially in acute diseases, in cases which are apparently hopeless, recovery

does occur. The Physician, therefore, should avoid, even in desperate cases, producing the impression upon the mind of the patient, that he really believes the case to be hopeless. Nothing but the most absolute certainty would warrant his doing this. The cordial influence of hope is often one of the means by which a recovery is effected, and the absence of this one means may prove fatal. Who then will dare to take the responsibility of withholding this cordial, often so essential a remedy, with the vain expectation that in the midst of all the agitation of the fearful struggle of life and death for the mastery, the spirit may be led to make its peace with its God? And yet it is often claimed, that the Physician should, under such circumstances, declare to the patient the certainty of his death; and if he decline doing so, he is blamed for what is considered to be a palpable neglect of duty.

Vain expectation, I say it is, which many indulge, of producing repentance and reformation at such an hour. The mind is weakened by disease, thought and feeling and sensation are all confused, the dim vision of the eye of flesh is the faithful index of the dim vision of the mind, and the poor soul, while it sees everything thus confusedly, is tossed about upon the billows of conflicting passions and hopes and fears. It is true that there is a power, which can pluck it from the billows, and plant its feet upon the rock of ages. It is an almighty power, that cannot be limited; but we have reason to

think, that seldom is this signal interposition put forth in this extremity.

A true philosophy declares, that this is no time for the clearness of view, and definiteness of action, which religion demands of men; and experience affirms the truth of the declaration. Clergymen and Physicians, who have had ample opportunities of observation upon this point, have but little confidence in any apparent change of character at the hour of death. It is their universal testimony, that those who have made professions of repentance and reformation, when they supposed themselves to be near dying, and yet recovered, have commonly given no evidence afterward that those professions were well founded.

The above remarks have been made, it will be seen, in regard to acute diseases only, and they apply to but a very limited extent to cases of chronic disease. During the lingering days, and weeks, and sometimes months, of such cases, there are many opportunities for exerting an influence upon the sick. And while it is true, that the Physician ahould adhere to the general rule, which I have stated in regard to the effect of hope, it is his duty, and especially is it the duty of the friends, to improve the opportunities which present for the best good of the patient.

And here let me say, that it is not the formal and stately conversation, the professional sermonizing, so often made use of, which is really the most effectual;

but it is the word dropped from day to day, with a spirit not roused up for the occasion, but breathing forth naturally and easily—it is the instruction suggested by events of daily occurrence, or by remarks which are dropped in common conversation, and accompanied by the affectionate appeal, when it is seen that the proper chord can be struck—this is the kind of influence, which is brought to bear most decidedly upon the moral and religious character of the sick man. It is this that will enter his heart; while the arrows, which are duly heralded by the note of preparation, will fall to the ground, warded off by the shields which he raises against them.

Injudicious attempts are sometimes made to influence the sick, both with regard to their temporal and their eternal interests. I will cite but a single case in illustration. It is a case which was reported by the late Dr. Hale, of Boston, in his work on Spotted Fever. Although the patient was so sick, that Dr. H. considered it of the utmost importance that he should be kept quiet, and gave the most positive and authoritative injunctions to this effect, yet a friend, to whom the proper adjustment of the sick man's affairs, if his sickness was to end in death, was a matter of considerable interest, persisted in harassing him on this subject. The result was an alarming increase of the disease. The symptoms were afterwards, however, so much mitigated, as to give some ground for hope of a recovery.

As his mind was clear and rational when he came out of his stupor, "his attendant with a very benevolent but mistaken zeal, thought it more important to improve this opportunity in taking care of his soul's health, than in administering the remedies which had been prescribed; and, instead of giving the medicines with care and attention, and promoting his rest and quietness, as he ought to have done, and had been strictly enjoined to do, he spent the whole time in talking, and exciting him to talk, of his hopes and prospects beyond the grave." This conversation was continued for about two hours, and then the patient sank back into a stupor, a state of collapse which was caused by the previous excitement, and he never awoke. If the quietness enjoined by the Physician had been maintained, this case would probably have resulted in recovery.

There are some cases, in which it is clear even to the careless observer, that it is wrong to excite the mind of the patient on any subject. Take, for example, a case of typhus fever. Even though it may not be a severe case, the mental with the physical sensibilities are so blunted and deranged, that no moral or religious influence can do any good. If it rouse the patient's torpid mind to action, it will only do harm by the disturbance it creates; and if it produces a mild, quiet effect, which may be gratifying to his friends, it is worthy of no confidence, and when he recovers he may

have no recollection of the sayings which he uttered, and which would have been garnered and kept, as a sacred treasure, by friendship and love, if death had transported him to another world.

In such a case as this, when the mind is in so passive and torpid a condition, the path of duty is clear. But there are some cases in which it is difficult to know what our duty is. We must then decide as well as we can in view of all the circumstances. And let me remark here, that there should be no inconsiderate and irresponsible action at such times; but what is done should be the result of a candid conference between the Physician and the friends of the patient. The clergyman should not be disposed to act independently, and from his own judgment alone; but, for obvious reasons, he should consult with the Physician in regard to each individual case.

Some are very anxious in regard to the spiritual welfare of the sick, when they are thought to be nigh unto death; but if death does not ensue, the moment that convalescence begins their anxiety ceases. Religion with them is altogether a thing for great occasions, and the season of death is of course one of them. Anything which is exciting arouses them to action, and awakens their sympathies for their fellow-men. But they make little account of the every-day influence which is exerted in their common intercourse—an influence vast in amount in a long life, though it

may not be palpable in its results at any one moment. While they would press upon the sick man the solemn and faithful appeal, when they saw him to be near the borders of the grave, and concentrate upon that dread hour all their energies, they would, perhaps, if he should recover, not even visit him at all during his convalescence, and the first time they met him they would welcome him back to that worldliness, in which they in common with him so freely indulge.

And yet it is in convalescence generally that you can exert the greatest influence upon the sick man. For look at the circumstances of the case. He has just been released from suffering. The recollection of those hours, when thought, and feeling, and sensation, were so confused, and all was dark and dim, is still vivid in his mind. The world, from which he has been thoroughly secluded for a little time, now opens fresh upon him again—a new sun shines upon him, and he looks out upon a new earth. The pure air, as he remembers the stifled breath and the languor of disease, has an invigorating buoyancy that it never had before; and he now for the first time knows the luxury of such common blessings as breathing, and again and again he expands the chest to the full, to see how beautifully it does its work. He feels the genial glow of returning health pervading every part of his system, diffusing elasticity, energy, I had almost said joy, everywhere. And then, as he goes forth, he meets on all sides the

kind greetings of friends, some of whom had been by his bed-side during his sickness. All these circumstances conspire to make both the sensations of his body and the feelings of his heart agreeable, and thus open the avenues to moral and religious influences. And then, too, the cares and selfishness of the world have not yet resumed their control over him. When, I ask, could there be a better time to awaken in that man's heart proper feelings towards his Maker, and toward all around him? As he comes out afresh into life, with something of the simplicity of a child, disencumbered by his sickness of the entanglements which had gathered around his mind and heart in the midst of temptation and sin, how easily can he be led to appreciate what is right, and good, and enduring, in this evil and transitory world. His mind is not now weakened, nor his sensibilities blunted or deranged by disease. There is no dim vision now, but he sees things as they are, and his sensibilities are lively and ready to respond to the touch of the hand of friendship, like the chords of a newly-attuned instrument that gives forth its clear and harmonious sounds to delight the ear.

I cannot dismiss the subject of the moral influence of Physicians without adverting to one topic, which I deem to be of no small importance.

Eevry man, aside from the influence which he exerts as a citizen in common with others, exerts also an

influence through the business or profession in which he is engaged, by the manner in which he performs its duties and maintains its relations. There is a strong disposition in the community to separate these influences, and to assign to them for their governance two different sets of moral principles. This disposition is very marked in regard to politics. But it exists also in relation to other professions and employments. It has even extended to medicine. Men often do as Physicians what they would be ashamed to do as men. The strict morality of common intercourse is relaxed in professional intercourse. But the man and the Physician cannot thus be separated. Obedience to principle, no matter in what it appears, always has its good influence; and the same universality attaches to the bad influence of disregard of principle. There is a moral character belonging to every act. Strictly professional acts and relations have a moral influence. If the Physician has a proper regard for the character and standing of his profession, promotes an honourable intercourse among its members, upholds its organizations, resists the encroachments of quackery, and helps to secure a good standard of medical education, he in all these ways exerts an indirect but important influence upon the general good order and well-being of society. But if, on the other hand, he has no true regard for the honour of his profession, sacrifices its interests to his own aggrandizement, labours for

success by intrigue and manœuvre, and thus gives a licence to quackery, though he may call himself a strictly moral man, and be so esteemed by the public, he exerts, by his professional course, a decidedly bad influence upon the general tone of morality in the community, and, therefore, does not merit the approval of a good citizen.

CHAPTER XIV.

TRIALS AND PLEASURES OF A MEDICAL LIFE.

THE Physician has his peculiar trials, and also his peculiar enjoyments. The principal of these it is my intention to notice briefly and cursorily in this closing chapter.

Let us first look at the trials of a medical life.

The Physician is subjected to great fatigue both of body and mind. He has no time that he can call his own. That regularity of life, which is so essential to comfort as well as to health, he must in a great measure abandon, especially if he practise in a scattered population. While most men have their stated seasons of repose, he is liable to be called for at any hour, and often, night after night, sleep is a stranger to his eyelids. His duties to his patients are often of such immediate importance, that no stress of weather, how-

ever violent, is considered an excuse for delay. When prevailing disease spreads terror through the community, he must be at his post, and expose himself to the pestilence under the influence of powerful predisposing causes—anxiety and fatigue. And then there are at all times anxieties and perplexities, producing a wear and tear of mind, which is worse than all the bodily fatigue that he is called to endure. It is not surprising then, that it has been satisfactorily ascertained by statistics, that Physicians constitute one of the short-lived classes of the community.

And for all this generally the medical man gets comparatively a small compensation. Though some Physicians acquire wealth, especially in our large cities, still as a body of men they are in moderate circumstances, and the practice of medicine may be truly said to be far from being a money-making business. A large proportion of those whom they serve are too poor to give them any compensation, and very many of those who are able to pay them do not. This, it is true, is in part to be attributed to the remissness of Physicians in presenting their claims. But why this remissness? If I mistake not, it arises from the unwillingness to pay, which they so often meet with, even in quarters where they have no reason to expect it. The consequent dislike to the business of collecting begets a habit of neglecting it. A large proportion of their patients feel a less urgent obligation to pay them, than they do to pay others.

know not any other reason for this than the intangibility of the favour which is bestowed by the Physician. If a man buys a coat of the tailor, or a barrel of flour of the grocer, he has a tangible memento of his obligation; for the coat is seen, and is felt upon his back, and the flour is eaten, and makes its sensible impression on the palate and stomach. But health restored is a thing of air, and the visits of the Physician, as they have left no memorial behind them that addresses the senses, are easily forgotten. For the same reason a man will not so easily forget his obligations to his Physician if he has amputated a limb for him, as he would if he had attended him through a course of fever. His crutch or his wooden leg is ever present to remind him of them. And for the same reason, also, as the tailor and grocer can get their pay more readily before the coat is worn out, and the flour is eaten up, than they could a long time afterwards, so the Physician is more cheerfully paid immediately after returning health, than he can be at any future period.

While the Physician is ordinarily but poorly compensated for all his toil and anxiety, he is obliged often to see the quack amassing wealth by his gross impostures. Often does the scientific and laborious practitioner, who is adding from his daily observations rich treasures to the recorded experience of the profession, suffer from the *res angusta domi,* while he sees some proprietor of a patent medicine, the recipe for which he filched from

some medical book, acquiring a fortune almost in a day, or some ignorant pretender, adopting some system just then high in the popular favour, as Homœopathy, for example, making in a brief year or two all the display of a wealthy citizen. And the offensiveness of such cases is enhanced by the fact, that many of the well-informed and the learned unite with the multitude in casting contempt upon the labours of science, by upholding the pretensions and filling the coffers of sheer imposture.

The facility with which the public are imposed upon in regard to medicine, is a prolific source of vexation and trial to the scientific and high-minded Physician. He is subjected to a constant encounter with false opinions, unfounded prejudices, unreasonable caprices, and gross misapprehensions. He hears ignorance in high places, as well as in low, putting forth its oracular opinions, as it sits in judgment upon his practice, and that of his brethren. The most reckless criticisms are made upon his mode of treatment in individual cases, and the most inconsiderate and wanton aspersions are cast upon his professional character.

If the practice of imposition were confined to those who are without the pale of the profession, it would be a trial which could be borne with comparative ease. But when the Physician sees his own brethren stooping to an occasional use of the arts of the charlatan, and obtaining success thereby, even among the better portion

of the community, while they do it so covertly that they do not lose caste with the profession, it is a sore trial to his spirit. He cannot but regard such men as the chief enemies of the honour of his profession, though they may talk loudly of their attachment to it, and as real opposers of the advancement of medical science, though they may make a great show of zeal in its pursuit.

It is a severe trial to the feelings of the humane Physician to see valuable lives sacrificed to a blind trust in ignorance and unskilfulness. He is occasionally obliged to witness such a sacrifice, and ordinarily under such circumstances that any interference on his part would do no good, however strangely he may be urged to it by the dictates of humanity. If he utters the warning voice, however clear the case may be, it will be ascribed to interested and unworthy motives. He may feel deeply for the poor sufferer who is to be sacrificed, and for the family who are to be thus bereaved by the ruthless hand of unskilful ignorance; but hard as it is to hold his peace, he in most cases feels that he must do it, because if he do otherwise, he will not only spend his breath in vain, but will add to the evil by his ineffectual opposition.

The many sad scenes in which the Physician is obliged to mingle must often make him sorrowful, if he has not suffered his feelings and sympathies to be destroyed by a total dereliction of principle. As he watches with earnestness the struggle which occurs in severe cases

between life and death for the mastery, and does what he can to give it a favourable issue, how deep is his anxiety, how painful the sense of his responsibility, what balancings of hope and fear does he experience; and then, when the dread moment comes, when after all this pressure and conflict of feeling, the Physician becomes persuaded that the issue is certain to be fatal, how is his spirit borne down with the burden of his grief!

And then, too, there are cases in which, though he has from the first had strong hopes of a favourable termination, all at once a train of symptoms arises, threatening immediate destruction. And to add to the painfulness of the case, perhaps the friends of the patient have not perceived the change, so secret has it been. As he goes to make his usual daily visit, cheered with the expectation of finding his patient better, he is overwhelmed with surprise when he sees, as he enters the sick chamber, that death is rapidly and surely doing its work. Besides seeing his own hope extinguished in a moment, he feels an unutterable pang in the necessity, thus suddenly pressing upon him, of destroying the hopes of the fond friends by whom the patient is surrounded.

In the chapter on the Moral Influence of Physicians, I have spoken of the intimate relation, in which the Physician stands to so many families, and of the strength and tenderness which his attachment to them acquires, by the exercise of an active sympathy during

a long series of years. The accumulation of sympathy which thus occurs deepens the sorrow which he feels, as he sees in the case of some member of a family, upon which he has long attended, that his efforts are unavailing, and that the resources of his art are all exhausted. And as the friends gather round the bed of death, though by a habit of self-control he has an air of composure, which is generally attributed to want of feeling, he makes one of that circle, entering into their griefs as the sympathizing friend, as well as the faithful Physician. And the very confidence which is reposed in him, gratifying as it is, sometimes adds poignancy to his grief.

Another circumstance which adds to the sorrow of the Physician in such seasons, especially when long acquaintance has created a strong personal attachment, is the total want of preparation with which many come to the hour of death. Even if the Physician be not a religious man, this consideration must press upon him at times with a painful interest, if he has the common feelings of humanity. Especially will this be the case, when he is obliged to witness some of those horrible scenes, which sometimes occur in the last hours of a career of vice.

The sorrowful scenes, which the Physician witnesses occasionally in the ordinary routine of his business, come with a painful frequency, when some fatal epidemic is prevalent in the community. Then night and day

his mind is filled with anxiety. The sorrows of bereavement continually call for his sympathy. And in the midst of all this, he avoids solicitude for his own safety, only by forgetting himself in the arduous duties which he performs for others' welfare. While he sees others fleeing from the pestilence, he must be ever at his post. Though he may see some of his brethren falling around him, humanity demands of him that he should go on in his services to the sick; and to the honour of our profession I believe it may said, that this demand is very seldom disregarded.

One of the greatest trials which the Physician has to bear is the ingratitude of those upon whom he has conferred favours. There are services rendered by the medical man who is faithful to his high trust, for which no money is an adequate compensation. His reward for such services comes from two sources—the satisfaction always attending the performance of duty, and the gratitude of those to whom they are rendered. The wealthy by no means discharge in full their obligations to the Physician, who attends upon them in all their sickness with unwearied fidelity, when they pay him in full for his attendance. They owe to him the affection of a true friendship, and the gratitude due to something more than a professional performance of duty in their behalf. The relation of a Physician to his employers is not shut up within the narrow limits of mere pecuniary considera-

tions. There is a sacredness in it, which should forbid its being subjected to the changes incident to the common relations of trade and commerce among men. But many do not so regard it. They dismiss a Physician for as slight a reason as governs them in ceasing to buy of one man, and giving their patronage to another, or, as Dr. Rush says, "with as little feeling as they dismiss a servant, or dispose of a family horse." A mere whim, or caprice, is often suffered to dissolve this relation, though it may have existed for years. And generally the more frivolous and unfounded the reason for the change, the greater will be the zeal with which they laud their new favourite, and the harsher will be the aspersions, which they will cast upon the professional character of the old and tried friend, whom they have deserted.

Strange as it may seem, it is the experience of every Physician, that some of the strongest evidences of ingratitude come from some of those upon whom he has conferred the highest favours, perhaps those which are entirely gratuitous. One would suppose that they who have had the services of a Physician without making him any compensation, would from motives of delicacy refrain from speaking ill of him, if they chose to discharge him and employ another. But blame is sometimes dealt out without stint under such circumstances. It would be supposed also, that the obligation, which a gratuitous attendance imposes, would always be grate-

fully recognized by the patient. But it is often otherwise. Many patients are disposed to forget such obligations; and everything which may call them up to their attention, and especially to the attention of others, is carefully avoided. Dr. Rush speaks of some who had been attended gratuitously in humble life, who deserted their family Physician after their elevation to rank and consequence in society, "lest they should be reminded, by an intercourse with him, of their former obscure and dependent situation."

There is not as much gratitude in the world as is commonly supposed. This is particularly true of the services of a Physician. These are received by many, as a matter of course, as being something to which they have a sort of natural right. They seem to class them among the common blessings, such as air and water, for which, because they are so common, they have no idea of being grateful. Day after day, and week after week, they may be the objects of the Physician's most assiduous attentions, and his exertions may be blessed, and obviously so, to the preservation of life; but when health comes they will grudge him even the pittance of a half-day's labour from those hands to which his skill has restored strength, though they spend days and weeks every year in the most shiftless idleness. Quite a large proportion of the poor treat the Physician in this way.

An old Physician of my acquaintance was used to say that there are three kinds of poor—the Lord's poor, the devil's poor, and poor devils; that is, the virtuous poor, the vicious poor, and those who are poor from sheer shiftlessness. The virtuous poor are always grateful; and there are none among the wealthy upon whom the Physician attends more cheerfully, than he does upon some of this class. Of his kind offices to them, and of their feelings in return to him, it can be said in the beautiful language of Scripture, "When the ear heard me, then it blessed me; and when the eye saw me it gave witness to me: because I delivered the poor that cried, and the fatherless, and him that had none to help him. The blessing of him that was ready to perish came upon me; and I caused the widow's heart to sing for joy." As the Physician goes his daily rounds, there is no one thing that so cheers him on in his course of toil and benevolence, as the gratitude of the virtuous poor. And if there will be tears shed at his death beyond the little circle of friends, in the very bosom of which he lives, they will shed them profusely and long.

Not so, however, with the other two classes of the poor. The shiftless poor, who were denominated by my aged friend "poor devils," who go just as wind and tide will take them, and carry to ultraism the principle of letting to-morrow take care of itself, are actually too

lazy to have so lively a feeling as gratitude. And of the vicious poor it may be said, that it requires something more than the selfish principles of this world to attend upon them with cheerful faithfulness.

There is often, it is true, much show of gratitude; but it is seldom, though it is sometimes, more than mere show. The romance of doing good will not stand this trial. Nothing short of the untiring benevolence of Christianity will do it. Sometimes, indeed, so much effect is produced upon the views and feelings of the poor by the bounty and kind attentions of the benevolent, that an actual reform is effected, and an abode of vice and misery is converted into one of virtue and happiness. Then, of course, the most lively gratitude is manifested. But it is rarely so.

We must apparently throw away much time and effort, and it is only once in a great while that our hearts can be cheered by any obvious good results, or any real gratitude. Benevolence does now and then seem to have a magic wand, with which, almost in a twinkling, she turns scenes of gloom and desolation into those of beauty, and makes even the wilderness to blossom as the rose. But she is generally employed in real drudgery with little immediate prospect of success. She digs and digs patiently, and with the animation of hope. She finds but few gems; but these, be it remembered, will survive all the changes of time, and will shine in her coronet for ever.

It is true that gratitude is sometimes awakened in the heart of the vicious poor, even when our influence does not produce any improvement in their moral condition. But it has only a momentary existence, and, amid the giddy whirl of grovelling enjoyments, our kindness is forgotten, and the recollection of it is excited only by their returning necessities. And then, too, the apathy into which the heart is apt to be schooled by the miserable monotony of a vicious poverty, effaces every trace of feeling which may occasionally be impressed upon it. This state of heart may be read in the very countenance —the wooden features, which our kindness may have roused to some degree of animation, soon resume their wonted inexpressive fixedness after the exciting cause is gone. And often, very often, the favours we dispense are received with a vacant stare, the recipients being strangers themselves to any other motive than selfishness, and therefore taking no cognizance of the existence of anything like benevolence in the bosoms of others.

The feelings of the Physician are tried not only by the treatment of individuals, but by that general disposition against the medical profession, which is to some extent manifest in every community. If you look candidly upon the public benefits* which our profession

* To estimate the public benefits which the medical profession has conferred upon the world, you need only to look at the zealous,

has conferred upon society, to say nothing of its toils and self-denials, you will be impressed with the fact, that it does not receive that respect and that regard for its interests to which it is fairly entitled. The radicalism which aims to overthrow it is in some measure countenanced by many, of whom we have a right to expect better things.

Many of the intelligent and well-informed pay an occasional tribute to empiricism, and manifest a distrust towards medicine, which they do not manifest towards any other science. Though they would be sure to employ none but lawyers of known skill, and would sit under the teachings of none but well-educated clergymen; if sickness comes, they resort to some secret nostrum, or employ some pretender, of whom perhaps they know little else, than that he calls himself a German.

The reasons which secure their respect for other sciences fail altogether when they come to medicine. They even indulge in a playful contempt in speaking of its claims. They banish it from the pale of reason; and submit themselves to vagaries, and fallacies, and

and I may say leading, agency, which it has always exercised in instituting and maintaining Hospitals, Asylums for the Insane, Institutions for the Instruction of the Deaf and Dumb, and the Blind, and Associations for the advancement of the sciences.

pretensions, the folly of which they would see at once in relation to any other subject. They refuse to give to either the science, or the profession, that steady esteem which is clearly due to it from all stable and intelligent men. In seasons of trial even, instead of extending to Physicians their confidence and support, they reward their toils with an ungenerous and inconsiderate fault-finding.

Let us turn now to the consideration of the pleasures of a medical life. On this branch of the subject I shall be brief, not because the Physician has few joys, for he has many, but because they require no extended notice to make the reader appreciate them.

If we look at medicine simply as a science it is full of interest, and the study of it is, therefore, a rich source of gratification. Its subjects have a wide range and an endless variety. No science has such extensive and intimate connections with other sciences.* It gathers to itself the resources of chemistry, botany, mechanics, comparative anatomy and physiology, and mental philosophy; and fills its storehouse of facts with a variety and abundance sufficient to satisfy the wildest and most eager curiosity. The phenomena of life even in the

* Hence comes the fact, that many of the most eminent men in the various departments of science have been furnished from the ranks of the medical profession.

healthy condition are exceedingly diversified; but, as modified by disease, and by the remedies which are administered, their variations are never-ending. And then the mysterious connection of mind and body not only varies them still more, but opens to us a mass of facts of a mingled mental and physical character which awaken an intense interest.

The Physician looks upon the human body, not merely as a machine filled with contrivances so cunning and elaborate, as to render all the mechanism of man in the comparison rude and bungling; but as a machine instinct with life, having a living nerve attached to every fibre of it, giving to it its power to act; and, more than all, as a machine holding in strange connection with its every fibre a reasoning soul, the image of the Deity, destined, not to perish like the mind of the brute with the perishing body, but to live through the ages of eternity.

The details of a science which treats of phenomena so interesting in their character, and so wide in their range, are never dry and uninteresting, as the details of other sciences sometimes are. There are no tedious technicalities, no dull abstractions. There is no tiresome monotony. There is, therefore, an absorbing enthusiasm in the pursuit of medical science, which is not so common in other studies. It is an enthusiasm which makes its votary disregard the loathsomeness of putrefaction, and even forget danger, in his search after truth.

An additional interest is given to his investigations by the consideration, that if he discover a fact, or help to establish one, he adds to the resources which our art can apply to the relief of human misery. To experience this pleasure, so gratifying to the humane and benevolent mind, he needs not to make any grand discovery. The joy which Jenner realized in the contemplation of the benefits of his discovery must have been almost overpowering; but the benefit which results to our race from the humblest contribution to medical knowledge is as real though not as great, and is a fitting subject for joy to him who makes it, for it will assuage many a pang and save many a life.

In the practice of medicine, though there is, as you have seen, much uncertainty, there is a high satisfaction in the very exercise of unravelling its perplexities, and in separating, as it can be done by untiring and careful observation, the certain from the uncertain, the true from the false. And though much is left to nature by the judicious Physician, still there is much pleasure in watching her movements, in removing obstacles which oppose her salutary processes, and in assisting her efforts so far as it may be necessary to do so.

This intelligent watch and guidance which medical skill exercises over nature in removing disease is far from being unsatisfactory to the rational practitioner. And then, too, though the general use of heroic remedies is injurious, there are times when the careful

observer sees opportunities for employing them to great advantage in arresting morbid processes. And so accustomed is he to make the requisite discriminations, that his efforts in positive medication are well directed, and are almost sure to accomplish their object. He has a satisfaction in such achievements, of which the undiscriminating overdoser knows nothing.

The judicious Physician experiences much gratification in the mental management of the sick. I refer not merely to the control which by his tact and skill he exercises over the mind which is manifestly deranged, but also to those multiplied and various mental influences which he exerts so silently, but so effectually, even in ordinary cases of sickness. Besides the pleasurable interest with which he watches the operation of these influences, there is also a high source of gratification in the consciousness of possessing such a power over the minds of his fellow-men. Especially is this the case, when the power which he puts forth is exerted upon minds of great refinement, and of a high order of talent.

The results of the practice of the skilful and judicious Physician are, as a whole, very gratifying to him. His vocation is to relieve pain and distress, and to deliver from disease ; and when he fails to do this, sad as it is, it is an occasional, we may say a rare, exception to the general result. In the great majority of even severe

cases, in which the pressure of responsibility is such a burden upon his spirit, and the alternations between hope and fear are often so painfully exciting, his heart is at length gladdened by a favourable issue. The Physician is, therefore, by habit a hopeful, a cheerful, a happy man. As such he enters the sick room, the scene of the triumphs of his art. As such he mingles in the family and social circles of his fellow-men, inspiring by his very air and manner cheerfulness in the sad, and hope in the unfortunate and dispirited. The Physician, then, is apt to be not only the sympathizing, but the comforting friend

But not only is the success with which he meets in combating disease a source of happiness to the Physician, but so also especially is the gratification of his humanity and benevolence, in relieving the distresses of his fellow-men, and in prolonging their lives. In some cases in which the life which he has struggled to save is a valuable one, the joy which fills his heart at the final successful issue of that struggle no words can express.

The attachments which the Physician forms in so many families in the different walks of life are rich sources of happiness. These attachments are generally reciprocal. In some cases the interest which he feels in the patient, beginning in infancy, and extending through many scenes of sickness up to adult age, has accumulated all this time more and more strength and

tenderness. Sometimes in the long life of a Physician, this interest in some families of patients reaches through three or even four generations. And these intimate attachments bring the Physician into very near relation with some characters of rare excellence in the different walks of life. The admiration and the love with which he looks upon such noble spirits, of whom the world is not worthy, and the communion which he is permitted to have with them up to the moment of their departure to a world of bliss, are amongst the highest sources of the happiness of the Physician.

The opportunity which he has for observing human character is a prolific source of enjoyment. It opens to him one of the most interesting of all studies, and in his daily intercourse with patients of every variety and degree, he finds no lack of material in illustration of any supposable variation of character.

The nature of his employment, it must be obvious to the reader, is calculated to fit him eminently to enjoy and to adorn social life. He is commonly the pleasing companion as well as the warm and faithful friend. The freedom of his intercourse with all sorts and conditions of men, imparts an ease and a zest to his conversation, and he has an abundance of facts and anecdotes to illustrate every remark which may be made. It is for this reason, as Dr. Rush says, that "Physicians in all countries have been the most welcome guests at the

tables of the great, and are frequently waited for with the most impatience at clubs and in convivial companies."

One of the chief sources of the happiness of the Physician is the gratitude of his patients. I have already said enough upon this subject, and I would now simply remark, that, though there is much ingratitude which is a sore trial to him, many of his patients gladden him in the midst of his toils and anxieties with tokens of gratitude of the most delightful character. And among these tokens, the testimonials which he receives from the poor, humble as they are, are often more highly prized than the costly and splendid presents of the wealthy.

Finally, a great source of happiness is afforded to the truly benevolent Physician in the opportunity which he has for exerting a good moral influence. When by his instrumentality the abode of vice and misery has been converted into one of virtue and peace, and especially when his counsel and influence have been the means of saving a soul from death, he has a higher joy than all success, however brilliant, and honour, however profusely awarded, and gratitude, however ardent, can impart to his soul.

In conclusion I remark, that, though the trials and disappointments and mortifications of a medical life are numerous, very vexatious, and sometimes almost insup-

portable ; yet the pleasures which come from the sources to which I have alluded, vastly predominate over them all, and make the practice of medicine, when pursued with right motives, as a noble profession, and not as a trade, to be eminently satisfactory and delightful.

THE END.

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