

Medicine and society.

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MEDICINE AND SOCIETY

WHEN Sydenham, the great English physician of the seventeenth century, was asked what it was best for a man to read to qualify him for the medical profession, he replied, '*Don Quixote*!'

By this, I take it, Sydenham meant that, in his opinion, over and above the technical studies which are necessary to the making of a skilful physician, and even of greater importance than these, is the study of human nature and human character—the study of society as it exists in all its varied aspects.

He certainly did not mean that a man who wishes to become a successful physician can with safety neglect those purely scientific studies upon which a rational knowledge of disease is based, but that, according to his experience, however well versed in these sciences a man may be, he will be wholly unfit for the exercise of the art of healing if he does not to this knowledge add also the knowledge of the social relations and characteristics of those who are the subjects of disease, viz. men and women as they are met with in social life. In order, however, to comprehend Sydenham's meaning it is necessary to remember that in his time the technical, scientific studies bearing on the practice of medicine were in a very rudimentary state. Much that was then considered of great importance and regarded as highly 'scientific' in the authorised teaching of the medical faculties of Europe appears, when looked at by our modern lights, to be mere empty pedantry; and we know it was, even at that time, so regarded by many of the enlightened, both within and without the medical profession.

What manner of man a physician might be who had been trained in such technical learning as prevailed in the 'schools' of that period may be gathered, to a certain extent, from the comedies of Molière, whose estimate of the practical value of such technical training as then existed is illustrated in the following account of a conversation which took place between Louis the Fourteenth and himself.

Louis the Fourteenth, knowing how severely Molière had handled the members of the Paris faculty, said to him one day, 'You have a

doctor yourself: what does he do for you?' 'Sire,' replied Molière, 'we chat together . . . he orders me some medicines . . . I do not take them, and I get well!'

Sydenham, who studied medicine, not only at Oxford, but also at Montpellier, then one of the most frequented of the medical faculties of Europe, must have seen something of these men and their methods, and, with that remarkable practical sagacity which was one of his main attributes, he could not have failed to have discovered the uselessness, and even the harmfulness, of much of the formal scholastic medical doctrines of that time, and he would naturally come to the conclusion that it was better to study human nature for oneself rather than waste time over the dogmatic formulas of the schools. 'Read *Don Quixote*' then, he said, or, in other words, 'Study human society.' Things are very different in the present day. The technical teaching of the various sciences that are ancillary to 'the practice of medicine' has now reached a perfection and a precision which was not dreamt of in the time of Sydenham, while *dogma* has practically been eliminated from modern scientific medicine. It is only the homœopathic sect that still cling to the last remnant of dogmatic medicine. No one, and least of all a physician of the character and mind of Sydenham, would speak slightly of the technical studies that are now followed in the pursuit of the art of healing; but it is as true now as it was in the time of Sydenham that no man can hope to become a successful and a great physician who does not add to his technical training an intelligent and keen insight into human nature such as can only be obtained by a constant and close study of man in his social relations.

Let me explain that I do not use the word 'society' in the narrow sense in which it is often employed. By 'society' I mean human nature in its *social* relations and aspects—that intimate social life with which we doctors in our professional character are brought into peculiarly close and interesting association.

But the present tendency to extreme specialisation in medicine, it must be admitted, tends to diminish the closeness of this association and to lessen its interest. When a physician has the care of the whole complex organisation of his patient, he feels an interest in his charge altogether different from that experienced by the man who looks after a small portion of it only: his nose, or his liver, or his kidneys, or his lungs. It is impossible to feel the same kind of interest in such a fractional part of the patient as in the whole man; indeed, one of the great evils of specialism is that the interest of the doctor tends to become centred, in a general sense, in the organ he takes charge of, and not in the individual; and this, I think, is injurious to both. The doctor loses much of the philosophical breadth of view which he gains by constant study of the intimate inter-connection of the organic functions, and the patient cannot obtain that general guidance

and protection which a close and intimate knowledge of the whole man can alone afford.

I am convinced that this modern tendency to extreme specialisation detracts from the wholesome and legitimate influence which the profession of medicine should exercise on society. Many members of our profession are getting looked upon as mere handicraftsmen, or as skilful merely in the manipulation of some special appliances, to be summoned when needed for the application of their special art, and to be dismissed and forgotten as soon as their special work is done. I may mention, in illustration of this, a not very uncommon circumstance. A lady will consult you about some disturbance of her general health, and in giving you an account of her illness she will refer to some special operation she has recently undergone; and perhaps you inquire the name of the operator, and she will often reply: 'I really don't remember his name, but I know he lives in Harley Street!'

Specialism no doubt increases the total gains of the medical profession, and enables young men to get an adequate income earlier than they otherwise would, but it tends to a lower standard of general attainment in what is regarded as the higher ranks of the profession; for a man of very limited ability can in time acquire a certain familiarity in the management of a single organ, and, by merely identifying himself with that organ and compiling some work, no matter how slender its merits, on its diseases, he becomes advertised as a skilful specialist, and he acquires a sufficient income. Moreover, he soon begins to charge large fees, and society is made to know that even the possession of such small things as 'adenoids' is a costly affliction.

Society is beginning to resent this increased costliness of medical and surgical help, and is getting to look on the members of the medical profession as more mercenary and less disinterested than they were wont to be, and thus our social influence is diminished and the pleasantness of our relations with society, to some extent, lost. The cases now frequently occurring in our law courts testify to the truth of this, for which the growth of specialism is responsible.

But one of the questions which trouble most the relations of the medical profession with society is the question of medical etiquette; and it is exceedingly difficult for the common-sense man or woman of the world to understand and sympathise with the restrictions which the rules of a stringent professional etiquette would impose on them in their relations with our profession. This is especially the case with regard to their relations to the class of 'consultants.' Necessary as some rules undoubtedly are for the regulation of inter-professional relations, it seems to me a serious error to attempt by their means to *coerce* society. To assume a dictatorial and coercive attitude towards society is calculated to bring the medical profession into great disrepute, and to lessen, and not augment, its legitimate influence and authority. We

must remember that society does not exist for the purpose of supplying us with patients, but we exist for the benefit and service of society.

In some recent discussions that have taken place in medical gatherings and in medical journals in connection with the subject of medical ethics, opinions and views have been expressed which have presented more the appearance of trades union restrictions and socialistic tendencies to 'level down' than a real desire for the social advancement of the medical profession. These restrictions, often difficult, and sometimes impossible to carry out, tend to embroil medical men with society, because they are designed to *coerce* both; and an Englishman detests coercion, more especially when he is convinced that it is not intended for his own good, but for the advantage of the *coercers*.

Common sense, good faith, discretion, and gentlemanly feeling—these are the best guides to follow in our relations with society and with one another. Where they do not exist rules of etiquette will not create them, and where they do exist they will not be needed or will only prove an embarrassment. Society asks for absolute freedom in its relations with the medical profession, and absolute freedom I consider it should have.

Some general practitioners—those who find time to write to the medical journals—are constantly complaining of the action of consultants in allowing the patients of these practitioners to consult them privately, and they strive to make out that this is a breach of medical etiquette. Society claims, on the other hand, the right to do precisely what it pleases in this matter; and, setting aside for the moment my professional feelings, and judging of the question at issue simply as *a citizen*, it is impossible, I think, to doubt that society has this right. How much better common sense and discretion are than the application of a rigid etiquette the following instances will show. A few years ago I was consulted by a gentleman in an important position in the public services who was suffering from the early and somewhat obscure symptoms of a serious affection of the nervous system, of which he finally died. He told me he was the patient of a well-known medical man, since dead, with whom I also was well acquainted. Acting according to my then impression of the requirements of medical etiquette, I wrote to the medical man whose patient he was about the case and its difficulties. He wrote in reply that there were *no* difficulties about the case, that the patient was simply hypochondriacal, and that if someone would only leave him 10,000*l.* a year and a moor in Scotland he would soon be quite well. I mention this to show that the patient was very much in the right in seeking for some further investigation of his case. A few days afterwards this gentleman called on me again, and he said, with much calmness and dignity, 'I find you have written to my medical man. You must forgive me for saying that I think you have

been guilty of a great breach of confidence. When I came into your consulting-room I thought I was coming into a sort of confessional, and that such interviews were always distinctly understood to be of a private and confidential nature. I look upon my medical man as an old friend, and I do not want to quarrel with him; at the same time, I wish to do the best I can for myself. You have possibly embroiled me with my medical man by doing what I, as one of the public, contend you had no right to do.' I was very much struck with the justness and force of his observations, and I repeat them here because I think they well express what is the feeling of society in this matter. I did not see this gentleman again professionally, but I knew that he subsequently left his old medical man, and that he died not very long after under the care of another.

Much more recently another case bearing on this question arose in my practice: a gentleman whom I had only seen once before in consultation with a general practitioner came to my house one morning, some six months after, and begged me to prescribe for him. Referring to his regular medical attendant, he spoke of him most kindly, but he said some members of his family wished him to be under other guidance for a time.

This patient was a man full of fine gentlemanly feeling and delicacy, and I felt certain that, with discreet handling, the little difficulty with his regular medical attendant would before long be got over, and that any attempt at coercion would be most injudicious.

Moreover, I was not at all inclined to bring again upon myself the reproach which had been addressed to me by the gentleman whose case I have just referred to. I therefore continued to prescribe for this patient for a few weeks, when a crisis in the case occurred which called for surgical as well as medical help. This seemed to me the opportunity for reinstating the regular medical attendant in his confidence and in the care of the case. I wrote to the general practitioner and asked him to come and see me; I explained to him what had occurred, and I told him that my own experience pointed very strongly to the desirability of allowing patients to do as they pleased in such matters, and above all things of not showing any resentment or ill-feeling because of it. He followed my advice, and after a severe illness the patient recovered. A few weeks after his recovery I met his regular medical attendant in the street, and I asked after our patient. He said, 'If you will come into my house I should like to show you something.' I went in, and he showed me a very handsome and costly piece of plate, with a most complimentary and grateful inscription upon it, which had been presented to him by this patient. Such was the pleasant and satisfactory ending of what would be called by many writers in the medical journals a 'breach of professional etiquette.'

The application of the rules of a strict etiquette to humanity when under the stress and strain of disease and suffering, and in the

dread of disablement, bereavement, or death, is cruel and unreasonable. It is an elevating prospect, no doubt, to see fortitude, constancy, and trustfulness manifested under painful and distressing circumstances, and it is a mark of a high order of human character; but we must not be impatient or intolerant of the opposite.

But, so far as I have been able to observe, it is only the *general practitioner* who claims this perpetual devotion and constancy on the part of his patients. My own patients—and the patients of other London physicians I am sure do the same—not infrequently stray away into other consulting rooms: some of them—and these are generally one's oldest friends—frankly tell us so: others leave us to find it out for ourselves, which I fancy we generally do, sooner or later. This inconstancy is sometimes, let me own it, excessively provoking, and occasionally extremely ungrateful, for it not rarely occurs with those patients to whom we have been of the greatest service. But we should bear in mind that it is often the consequence of natural human weakness and instability, often the result of excessive nervous anxiety, often the consequence of overmuch tenderness and affection, often prompted by the desire to adopt some new and fashionable craze, and most often of all it is due to the intervention of meddling busybodies; for there is scarcely an old woman in society who does not know a remedy (or a doctor) that can cure everybody's ailments but her own!

Now, the wisest course for a medical man to pursue is to take as little notice as possible of these wanderings. No medical man with a proper amount of self-respect can possibly wish that patients should be forced to consult him when he does not possess their entire confidence. I am sure that is the case with the leaders of the profession in London, and it would be better if it were so universally.

There is another *burning question* affecting the relations of medical men to society which has recently attracted much notice. I allude to what is called *unprofessional advertising*. Now let it be frankly admitted that we do *all* seek *publicity* in some form or other: we advertise our colleges, our hospitals, our books, our appointments, our lectures, &c., and we delight in various forms of *indirect* advertisement. Inter-professional advertising is practised constantly and immensely by many of the most distinguished members of our profession.

In medical journals the frequent mention of the same names, by pure inadvertence no doubt, seems unavoidable by certain editors and sub-editors. These are advertisements of great value. Even medical editors themselves seem tempted by the fatal facility of doing so to indulge in frequent reference to their own too obvious merits. This tendency is counteracted to a certain extent by their willingness to open their columns freely to complaints of unprofessional advertising. It has always struck me as a very remarkable thing that while advertising *within* the medical profession is practised so extensively, and

without incurring any adverse comment, the smallest notice in the public journals excites such lively animosity. It is quite peculiar to our profession. With the legal profession it is altogether otherwise; whoever is clever enough in that profession to make himself a reputation with the public is commended for his skill and ability—and what would be thought disreputable would be for counsel to advertise themselves amongst solicitors.

In the medical profession, on the other hand, the consultant (the counsel) endeavours to attract the general practitioner (the solicitor) by every means in his power. What would be thought in the legal profession of a barrister who distributed widely amongst solicitors a paper or pamphlet entitled, 'On a New and Successful Method of Defence in Actions for Libel'? And yet this is precisely the kind of thing *we all* do.

I am confident I am well within the limits of accuracy when I say that three-fourths of the medical works that are published year by year are published mainly for the purpose of advertising their authors, and that the advertisements of these books in the medical journals are many, many times in excess of what a publisher would think necessary for promoting their sale. Indeed, I am certain that the total amount spent in advertising average medical works that are not text-books is by far in excess of any possible profit that could arise from their sale.

I am not to be understood as blaming this practice. I do not—I recognise it as almost a necessity of professional existence; but I do think it is singular and somewhat inconsistent to approve of extensive advertising of one kind, and to become so excited over a small amount of advertising of another kind. A form of advertisement which appears to have lately irritated some medical men in general practice very greatly is that which occasionally appears in the daily papers, and is something to this effect:

'Dr. and Mrs. Tennyson Tompkins have returned from Colchicum Cottage, N.B., to their town residence, 389 Harley Street.'

One general practitioner writes to the *Lancet* to say he keeps a 'black list' of these gentlemen, and vows he will never call any of them into consultation. But it may be doubted if 'Tennyson Tompkins' ever expects to be called into consultation by the general practitioner—this kind of advertisement is not intended for him—and he will probably not care greatly about being on this gentleman's 'black list.'

The 'Tennyson Tompkinses,' like the outside brokers, 'have their little day and cease to be,' and if they like to pay a guinea for a few lines in a morning paper, I for one would not desire to interfere.

Another writer to the *Lancet*, alluding to these advertisements, offers a very reasonable suggestion; he asks, 'Why not, during the vacation months, publish a list of eminent consultants and the dates

of their departure from town and of their return to town?' This, as he points out, would often save an immense deal of trouble to patients and general practitioners who happen to be seeking for a consultant at that period of the year; and it would have another advantage if all consultants were to do this: it would entirely lose its value as an advertisement, and probably Dr. Tennyson Tompkins and the few of his kind would no longer spend their guineas in these announcements.

But some of the supposed advertisements complained of are really only a characteristic part of the particular social era in which we live, and they are unavoidable.

We do everything in public—at least that section of humanity that calls itself 'society' does. It likes the public to know where it goes; what it does; what it wears; when it is ill; what is the matter; when it is well again, or when it dies; where it is buried, and who goes to its funeral, and what doctor is to be credited with the former result or debited with the latter.

We must bear in mind that the manufacture of 'social' paragraphs is an *industry*, like any other, and the chief concern of those who write them is that they should be readable and attractive to the public, and I am afraid they neither think of nor care for the susceptibilities of the general medical practitioner.

In many instances they undoubtedly think they are doing a friendly turn to the medical men they name, and they are sorely puzzled to understand how they can possibly give offence to any one. They know that princes, peers, bishops, generals, admirals, politicians, lawyers, artists, actors, literary men, engineers, and all other public men, like these 'personal paragraphs,' or at any rate express no dislike of them; and when they are told that they give offence to the medical profession, they usually remark, with a contemptuous shrug of the shoulders, 'My dear fellow, it is only that you doctors are so confoundedly jealous of one another.' Can there possibly be any truth in this remark? The desire of society to have the details of their illnesses recorded and to know all about the physical infirmities of one another is no *new* thing. In the Court of Louis the Fourteenth, the most brilliant of its time, what may be called 'medical gossip' was very popular. Louis himself insisted on his physicians keeping a '*Journal de la Santé du Roi*,' and from the year 1632 to the year 1711 everything relating to the temperament or the diseases of the king was, year by year, scrupulously recorded. 'Il ne peut se purger sans que toute la cour le sache à l'instant.'¹ But what is really most remarkable and almost incredible is, that when Louis the Fourteenth, in the year 1686, had to submit to a painful operation for a most unpleasant disease, this disease became fashionable at Court, and many courtiers came to Versailles to have this operation performed because it was known the king would take an interest in them, and would make minute

¹ *Les Médecins au temps de Molière*, par Dr. Maurice Reynaud, p. 145.

inquiries about all the particulars of their malady; and a contemporary writer testifies that he saw more than thirty patients who wished to submit to that operation, and 'whose foolishness was so great that they became angry when they were assured there was no necessity for it.'²

Another sore point in connection with the relations between the medical profession and society is the tendency on the part of society and the public press to tolerate and encourage quackery and charlatanism of all kinds.

By charlatanism I do not mean merely the practice of the unqualified and acknowledged quack, but the systematic employment of falsehood, deception, and exaggeration in medical and surgical methods, whether within or without the medical profession. Society, it must be acknowledged, is full of charlatans of all kinds, and I think it will be found, on careful observation, that *quacks* like to consult *quacks*. 'Tout ce qui se ressemble s'assemble.' The social quack, the political quack, the journalistic quack, the musical and dramatic quack, the theological quack, and the quack poet—their name is legion—incline towards the medical quack. They all live on exaggeration and on the distortion and perversion of facts. It is amusing to observe how very seriously they take one another, and the extreme gravity and self-approval of the medical charlatan accord entirely with their own methods. Never was the maxim of La Rochefoucauld—'La gravité est un mystère du corps, inventé pour cacher les défauts de l'esprit'—truer than in its application to these people; and as these persons have so huge a void to conceal, their gravity is beyond measure profound. These people are nothing if not dogmatic and affirmative: dogmatic affirmation is the true spirit of quackery, and is in entire opposition to the scientific spirit, which is humble, cautious, and discriminating. Pigault Lebrun has said, 'Tout ce qui est exagéré est insignifiant.' This should be our comfort in contemplating such people.

Affirmation however is more acceptable than *discrimination* to society generally. It is to be regretted, but it is so; and many successful physicians have not forgotten this in their methods of dealing with their patients. I was asking one day of a medical friend in Paris how he could account for the somewhat rapid progress in social esteem that had been made by a rather dull member of the Paris faculty. 'Mon ami,' he replied, 'il affirme!' He had no doubts, and the possession of this self-confidence is often a very important quality in obtaining the confidence of others.

Provoking often as these quacks are, I think we ought to be grateful to them for one thing they do—they relieve us of some of the most troublesome and least interesting of our patients—those

² *Les Médecins au temps de Molière*, par Dr. Maurice Reynaud, p. 152.

patients who weary us beyond endurance with their wretched habit of constant introspection, and by the extravagant importance they attach to very small sensations. 'Why does my little finger twitch at night?' inquires one; 'Why have I an itching at the tip of my nose?' asks another; and 'Why have I a sort of numbed spot about the size of a sixpence' (their precision is remarkable!) 'on my right shoulder?' demands a third!

A good story is told of such a patient going to consult an authority on chest disease, and on entering the consulting room he placed his hand on his *left* side and said in a faint whisper, 'Doctor, I cannot speak above a whisper with my *left* lung—it is my left lung that is wrong. But'—and then he placed his hand on his *right* side, and with the voice of a transpontine tragedian he exclaimed—'But with my *right* lung I can speak perfectly well!' These patients are the proper food for charlatans, and I for one do not begrudge them such sustenance. The charlatan is particularly successful in curing those patients especially who have nothing the matter with them—that is to say, nothing *objective*—nothing that can be weighed and measured, or that admits of any accurate definition—those who, as that sage physician Sir X. Y. used to say with particular emphasis, '*enjoy* bad health.' These patients spend their whole lives in 'being cured' of one complaint after another, and they are always being 'cured,' yet they are never well. They remind me of that student who had presented himself for examination at the College of Surgeons a great many times unsuccessfully, and when the twentieth time the examiners, tired of rejecting him, determined to let him pass, and when he was called up, expecting to hear the familiar sentence, 'referred for six months' but was told he had passed, he exclaimed in despair, 'Good God! what will become of me now?'

Associated with this love of indiscriminate affirmation is the remarkable expectation patients entertain, that, however obscure and difficult of elucidation their case may be, a consultant should always be able to express a decided opinion, as to its nature and as to the best treatment to be adopted, in about twenty minutes! Is it to be wondered at that bad opinions are, under these circumstances, occasionally given and subsequently freely quoted? One often envies the privilege of the judge who, after hearing at great length, and for many hours or days, all the details of a case in dispute, concludes by 'taking time to consider.' Dr. Weir Mitchell, with his wonted insight, has noted these patients who, as he justly says, 'ask instant treatment, when we know that time is what we want, either for the study of present symptoms, or to enable the growing disorder to spell itself out for us, as it were, letter by letter, until its nature becomes clear.'³

No doubt a certain facility in arriving rapidly at a more or less sound conclusion is acquired by large practice. Sir A. B. once

³ *Doctor and Patient*, p. 31.

observed to me that, whereas at one period of his career it took him a whole morning to see five patients, he had by practice and method acquired the power of dealing with four times as many in the same time. I also once heard Sir C. D. remark that if a man had not made out what was the matter with a patient in a quarter of an hour, he never would! But as this remark was made somewhat impatiently to a candidate for examination, no doubt Sir C. D. only referred to cases of well-defined disease.

There was once a very eminent surgeon whom I can remember. I was examined by him at the College of Surgeons, and he became, I think, president of that college, but he never had a large practice, and the reason always given was that he was 'too honest'—for he would sometimes, after seeing a patient in his consulting room in the morning, drive to the patient's house in the afternoon, and leave a note or a message to the effect that since seeing the patient he had altered his opinion, and therefore the advice he had to give. This, although very honest, showed a want of 'tact,' and must have been very embarrassing to the patient. Not very unlike this story is one told of a very distinguished and honest physician well known in this city: a lady consulted him about a certain troublesome malady for which she wanted to find some relief. After examining her he handed her a prescription with these words: 'If that does you any good I should be much obliged if you would kindly let me know, for I suffer much from the same complaint myself!'

I have just written the word 'tact'—a word which expresses the most useful of all qualities to a medical man in his dealings with society. If I were asked to name the three *personal* qualities of greatest use to a physician in helping him to achieve success, I should answer: (1) *Tact*, (2) gravity, and (3) a calm and even temper.

Gravity is most valuable, because, as La Rochefoucauld has pointed out, it is the best substitute for knowledge a man can have: the less his stock of knowledge, the greater should be his supply of *gravity*. But 'tact' is altogether a finer quality, and is of immense value in enabling a physician to escape with dignity and safety from the many embarrassing positions, in his relations with society, in which he may find himself. *Tact* is perhaps a difficult thing to define, but I will make the attempt: it is, according to my view, an acute realisation of, and an active consideration for, the feelings and thoughts of others, together with a temporary forgetfulness of oneself: for a self-conscious person cannot be *tactful*; he is too much occupied in thinking about himself. To this must be added a certain capacity for the ready invention of expedients. *Tact* moreover must not be hampered with too strong sympathy; there must be no *ardour* in tact.

I have often thought how much finer is the tact of a tactful

woman, even than the best kind of masculine tact, and I have admired and coveted it. Sardou, in one of his comedies,⁴ has well described, by means of a pleasing figure, this tact as exhibited by a clever woman. One of his characters says :

Nature, in making women of us, has played us such a scurvy trick that she has thought it necessary to make amends for it by bestowing upon us a sixth sense—like the butterflies. Have you (she goes on) ever examined a butterfly? Look! there are some preserved in this case. Look at their heads—are they not pretty? There you see they have two little horns—so long, so long—in order that they may touch and feel *at a distance*. It is the same with us women; we too have little golden horns around our heads like these—so fine, so delicate, that no one sees them, and yet they divine everything!

The third quality I have mentioned is a calm and even temper. One of the greatest of our modern physicians, the late Sir X. Y., whom I have already quoted, possessed these three qualities in a remarkable degree. But his gravity was not needed to cover any lack of knowledge, and it was tempered by a lively sense of humour. Of his calm and even temper he himself bore witness, for he told me, on one occasion when we met in Scotland, that he had never lost his temper but twice, and that one of the occasions was when a stout angry woman forced her way into his consulting room and began to abuse him for seeing an archbishop out of his turn. ‘Leave my house, madam!’ was all the satisfaction she obtained.

Sir X. Y.’s tact often enabled him to get out of difficulties which would have embarrassed a less tactful physician, and to avoid expressing positive opinions when he needed time for reflection; while at other times it helped him to produce the impression needed on perhaps a somewhat unimpressionable patient.

I have already pointed out how it sometimes happens that we would prefer, if we could, to reserve our opinions or not express them in too positive and unalterable a form. Sir X. Y. was a master of this art. One night he was visiting a very sick nobleman, together with other medical men; and when he returned to the drawing-room, after seeing the patient, the patient’s wife came up to him and said, ‘What do you think of the Baron, Sir X.?’ Folding his arms, as was his wont, and looking fixedly into the Baroness’s eyes from under his long overhanging eyebrows, he said very slowly and deliberately, ‘What do *you* think, Baroness?’ ‘I think him very ill,’ was the reply. ‘*So do I!*’ said Sir X. very solemnly; ‘Good night, Baroness,’ and departed, leaving a profound impression, but without having given any definitely expressed opinion.

On another occasion he was consulted by a medical man from the country, who brought a young farmer with him, as to the cause of whose loss of health it was desired to have Sir X. Y.’s opinion. The country doctor had good reason to know that a too free consump-

⁴ *Les Pattes de Mouche.*

tion of sherry was at the root of the malady, but he had been unable to convince his patient of the fact.

Sir X. Y. had examined the case very deliberately, and was standing pensively before his fire as if in doubt what to conclude. The country doctor, who was pacing up and down the room somewhat impatiently, contrived to get close to Sir X. Y., and, unnoticed by the patient, whispered, behind his pocket handkerchief, the word 'Sherry.' Sir X. apparently took not the least notice of the hint; but, after a moment or two, he walked slowly towards a glass balcony which looked from his consulting room into a small garden and gazed up into the sky; then he returned and faced the patient. 'Sir,' said he very gravely, 'you are keeping something from us. I have reflected carefully over your case and I am satisfied there is but one explanation of it. You have acquired some evil habit which you are concealing from us, and if I were left to guess what that habit is, I should say it is *sherry*!' The patient was amazed, convinced, and cured!

This may not be an example of 'scientific' medicine, but it is an example of the science of human nature, and whoever wishes to be really helpful to the feeble, frail, and ailing members of human society must not despise knowledge of this kind.

One of the most popular of modern physicians, the late Sir A. B., told me, when at the beginning of his great popularity, that he never allowed a patient to leave his consulting room without endeavouring 'to make an impression upon him.' Sir A. B. was eminently a preacher; he had the diffuse and somewhat redundant style of the preacher, and he strove, in the language of the preacher, to 'convince' his patient 'of sin,' of what he was pleased to call 'a departure from physiological righteousness,' to which it was his duty to bring him back. It was noticed latterly that in these efforts to impress he fell into a habit of somewhat tiresome repetition; perhaps it was that his invention was overtaxed, and it is told of him that a well-known journalist, who had not lived the life of an anchorite, consulted him for the first time about his failing health. Sir A. B. looked him over, accurately realised the situation, and made, as usual, his impression by oracularly uttering the words, 'Nature rarely forgives and never forgets.' The journalist, deeply impressed with the weightiness of this axiom, urged another friend, in much the same state of 'physiological unrighteousness,' to consult this wonderful oracle; he did so with the same result, and he sent a third friend. They all met subsequently and compared notes. 'What did he say to you?' said one. 'Oh, he said a wonderfully clever thing to me, which impressed me very much,' was the reply; 'he said, "Nature rarely forgives and never forgets."' 'Why, those were the very words he said to me!' exclaimed simultaneously the other two, and they thought the oracle was making too free use of old material.

It must be admitted that the free exercise of what is known as 'tact' may seem at times to approach very closely to what is termed 'dishonesty;' and this brings me to a very delicate question affecting the relations of medical men to society, and that is—To what extent is it the medical man's duty always to be strictly truthful and frank? Is he not sometimes bound to exercise what has been termed an 'economy of truth'? 'There is the patient,' writes Dr. Weir Mitchell, 'who asks you to tell him the whole truth as to his case. Does he really want to know? Very often he does not. If you tell him you sentence him. You do not shorten his life, you only add to his misery. The people who really want to know if they will die of some given disease are few in number. Those who pretend they want to know are more common. Those who should not know are frequent enough, and among them one is troubled to do what seems right, and to say in answer to their questions what is true.'⁵

For my own part I greatly object to passing what amounts to a sentence of death, directly, upon anyone; at the same time we are certainly bound to tell patients as much of the true nature of their diseases as will prevent them doing themselves harm and shortening their lives. I remember well being present at a consultation with two eminent surgeons in the case of a great nobleman, who, though full of strength and vigour, and withal a most courageous man, was suffering from a mortal disease. As they stood up, one on each side of him, and plainly and solemnly told him he must die, it was so shocking that I could not help hoping I should never again be present at such a sad scene. The patient turned to me afterwards and said, 'I can assure you it is a very curious thing to have sentence of death passed upon you when you are feeling perfectly well!'

The relations of a medical man with society must necessarily bring him at times face to face with difficulties such as these, and he must trust to his tact and his natural gentleness to extricate himself from them with dignity and with kindness.

One of the most acute and brilliant of French writers⁶ has said, 'Toujours les malades détestent les médecins qui leur disent la vérité sur leur mal;' and another has said, and perhaps more truthfully, 'Les médecins sont les marchands d'espérance'—physicians are the vendors of hope. It is certainly always our duty to make the messages we have to convey to the sick as full of hope as possible.

Sick human nature, whether the sickness be *moral* or *physical*—and the one cannot always be separated from the other—is very readily discouraged, and in certain cases of moral delinquencies reacting on the physical health, in which the physician is not infrequently consulted, it is a serious error to assume too censorious and pessimistic a tone. I have known the most serious consequences result from such an error. To predict, as I have known done, the gravest pos-

⁵ *Doctor and Patient*, pp. 47, 48.

⁶ Prosper Mérimée.

sible consequences, to speak of the risks of possible lunacy, or to tell such patients that they are unfit to associate with decent society, is cruel and dangerous. On the contrary, an encouraging tone should be adopted, the prospects of amendment both moral and physical should be dwelt upon, and a few words of cheerful exhortation added, which will prove far more helpful and curative than painting a terrible picture of the effects of certain vices. 'To read the riot act, says Weir Mitchell, 'to a mob of emotions is valueless, and he who is wise will choose a more wholesome hour for his exhortations. Before and after are the preacher's hopeful occasions, not the moment when excitement is at its highest, and the self-control we seek to get help from at its lowest ebb.'⁷

Finally, I would refer very briefly to certain very grave criticisms that have recently been advanced regarding the conduct of certain members of our profession in their relations to society. It has been stated in many quarters—in the public press, in the medical journals, and even by a distinguished member of the council of King's College⁸—and it has formed the chief theme of a most violent and abusive attack on our profession made in France in the form of a romance,⁹ by a son of the celebrated French author, Alphonse Daudet—a work which has had a success quite out of proportion to its merits: it has been stated in these various quarters that surgical operations are now constantly performed, not for the advantage of the patient, but solely for the pecuniary benefit of the operators. This is really a very serious charge, and, I deeply grieve to think, one not altogether unfounded. It is one of the evils attendant on the spread of specialism, and is undoubtedly associated with the present craze to treat everything by surgical operative measures; the *impatient spirit of the age* is also to some extent responsible for this tendency. Instead of waiting to untie the knot, in order to save time we *cut it*! Society is itself greatly to blame for this in the encouragement it has given to the excessive development of specialism, and for not exercising 'a reasonable judgment as to those in whose hands they place, so often without a thought, the issues of life and death, and the earthly fates of their dearest.'¹⁰

The French book to which I have referred brings not only *this* but also very many other grave charges against the modern representatives of the medical profession in Paris. It accuses them of inordinate greed and extortion, of the grossest immorality, of the brutal disclosure of professional secrets, of sharing profits with chemists and instrument makers, of receiving bribes from the doctors of various spas to send them patients, and, to complete the picture, accuses them of the most rancorous hatred and persecution of one another,

⁷ *Doctor and Patient*, p. 7.

⁹ *Les Morticoles*, by Léon Daudet.

⁸ King's College, London.

¹⁰ Weir Mitchell's *Doctor and Patient*.

and of the basest intrigues to obtain advancement to coveted places in the medical faculty.

I have made some inquiries as to whether these charges have any foundation in fact, and I am assured that, although in this book they are grossly and shamefully exaggerated and conceived in a spirit of the most bitter and mendacious antagonism to the members of the medical profession, yet they are not altogether without some slight substratum of reality.

I hope I have now said enough to show that the relation of medicine with society is worthy of most earnest thought and attention; and that the student of medicine especially will not have fulfilled *all* his duties when he has finished his work in the laboratory, in the hospital ward, and in the post-mortem room; that the study of humanity in its social aspects is an occupation worthy of the highest intelligence, and that it is absolutely essential to the highest kind of success in our profession.

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