

Some incidents in the life of a country doctor / [by T. Wilson Parry].

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To Sir Arthur Keith

8 With T. Wilson Parry's

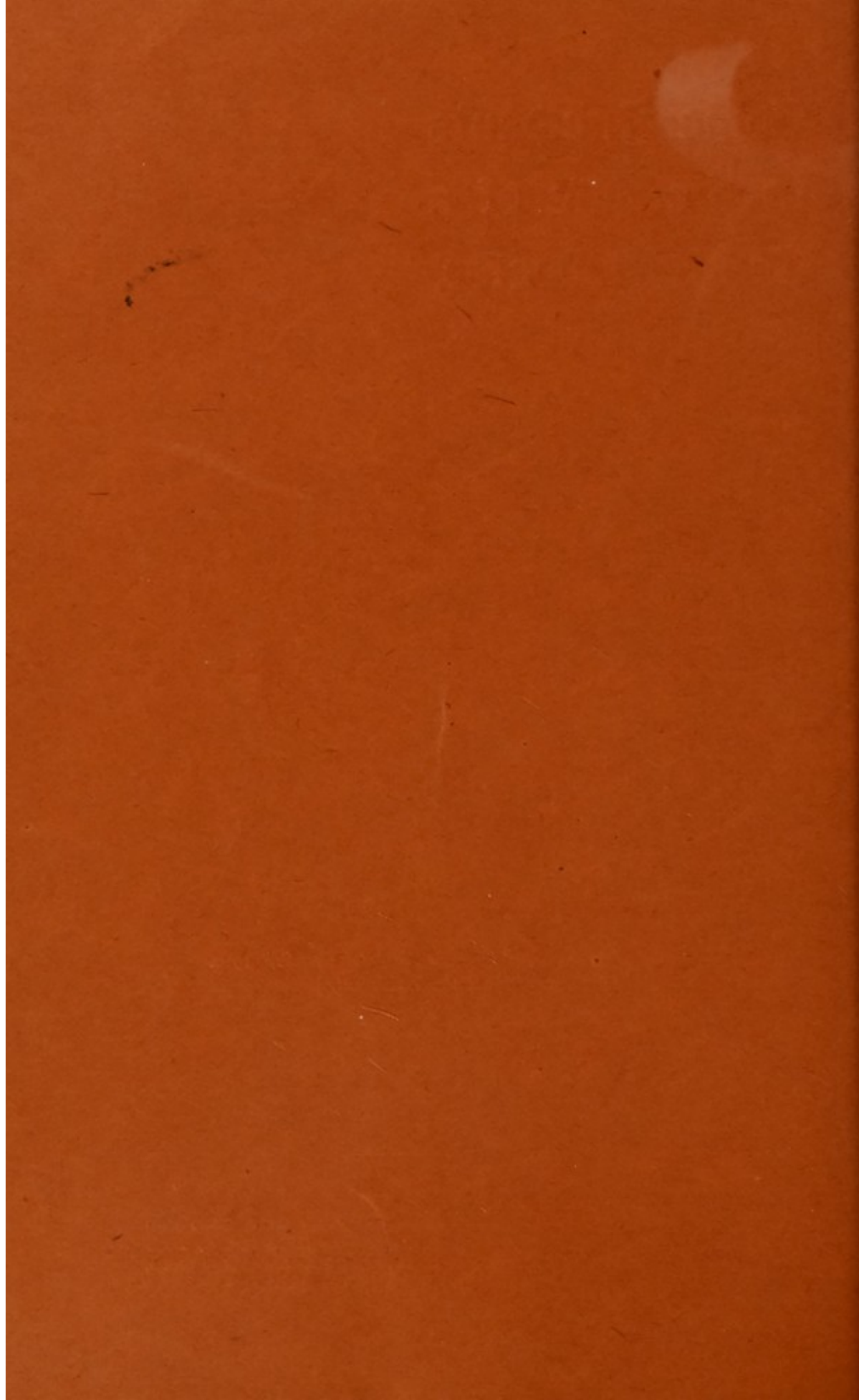
Some Incidents Kindest regards.
in the Life of a
Country Doctor.

(29)



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MOUNTVIEW 6000.

May 22. 1927.

BELMONT,

[2 CRESCENT ROAD]

CROUCH END HILL, N.8.

Dear Keith,

Thank you very much
indeed for giving Malcolm
the permission to have casts
made from skulls at the
Coll. Museum.

They say 'Bis dat quod
to dat' and I feel it is in

this kind generous spirit
you have given us leave

I have enclosed a
reprint or two which might
amuse or interest you.

Again thanks - you

Y^r very sincerely,

F. Wilson Parry



Some Incidents in the Life of a Country Doctor.

PART I.

IT is now many years ago, indeed it takes me back to the time when the ST. GEORGE'S HOSPITAL GAZETTE was still in its childhood, that a short article appeared in its pages under the title of "Our Village," which endeavoured to depict a few of the impressions of a young general practitioner when first settling down in a remote country practice. This was followed in a few years' time by several sketches in consecutive numbers of the GAZETTE describing further developments and later impressions of this same practitioner entitled "Life in a Country Practice." Now he would fain make his final bow to his St. George's readers by giving a few further reminiscences of some of the ups and downs of a country practice, while they still linger in his memory, and contrasting this life with the more level life that is to be found in a city or suburban district.

A schoolgirl was once asked to write an essay on "The Phases of Human Life," and her opening sentence ran somewhat as follows: "Life is divided into three parts—Youth, Manhood, and Age. In youth we look forward to the wicked things we will do when we grow up—this is the state of innocence. In manhood we do the wicked things of which we thought in our youth—this is the prime of life. In old age we are sorry for the wicked things we did in manhood—this is the time of our dotage." I am hardly prepared to agree with this original description—which, let us hope, was not written by a schoolgirl—of this life of ours that is often so varied and sometimes, indeed, undeniably picturesque; but I am of opinion that we can readily divide a general practitioner's professional life into three parts. First, we have the time of preparation, which starts from the moment he has seriously decided

to choose the doctor's calling as his future method of obtaining a livelihood to the time when he is permitted to place letters denoting degrees or diplomas after his name. This period, no doubt, is full of interest, though towards the end of the five or seven years he may take to master those monster text-books which form such an important part of the medical student's curriculum, the days often become not a little wearisome and its grind both trying and tedious. Jacob of old, it is said, toiled perseveringly for seven long years to win a sweet Rachel; but, alas! when the time came he was only rewarded by a Leah. Leah, it is true, was "tender-eyed," at least so the chronicler records, but whatever she was she was not what Jacob wanted, who evidently had an artistic eye for what was "beautiful and well favoured." We wake up the morning after we are qualified thinking we have Rachel with us to spend the rest of our lives; but alas! it is only a Leah that is to be our companion for some time yet, and we learn with silent acquiescence that we have seven more long years to serve before we can win the Rachel upon whom we have set our heart. It was not a little discomforting, therefore, to discover that though we had perhaps become possessed of the principles of our profession we were absolutely at sea as regards its actual practice, and we were forcibly reminded of Pope's couplet on the man who was—

"A bookful blockhead ignorantly read,
With loads of learned lumber in his head."

Had we not carefully learnt all the signs of placenta prævia, been drilled in the symptoms of ectopic gestation, and were we not well up in the delivery of locked twins; but at the same time, indeed, was it not also true that we had never practically applied forceps to anything but a model of leather and plaster, when we were able to see the foetal head, held in position by a fellow-student, in the high operation above the pelvic brim?

This naturally leads me to my second stage in the life of a medical practitioner, when he has bought a practice, settled down and begun his desperate fight to learn by experience what he was unable to do in the out-patient department or in the wards of a London hospital.

Talking about cases of placenta prævia, I well remember, in the very early days of qualification, going to every obstetrical case to which I had been called, anticipating all the worst forms of this rare malposition. One case in particular I remember was that of a multipara who expected a child in a certain March. Her confinements, I had been told, were always difficult ones, so when I was sent for in February—exactly a month before the time—with a special message that hæmorrhage had set in—I knew only too well that my worst fears were to be confirmed. The magic words, however, of "rest and opium" came to my rescue, and when I was told that there were no pains whatever I immediately decided on this course of treatment, without making any examina-

tion. My delight was great when in three or four days' time the hæmorrhage, which was not much, entirely ceased, and I congratulated myself on my appropriate treatment. Exactly a month after this, however, I was again urgently sent for, as the same symptoms had recurred. I now made myself ready for any emergency and sped with lightning haste to my case, wondering in secret whether the life of the child or that of the mother, or, indeed, the lives of both of them, were to be sacrificed on this occasion. This time I made an examination. Ye gods! there was nothing there. Absolutely nothing. I could hardly believe it. The truth is the woman was very anxious to have another child (I am not sure that the last one had not died); she had been in a poor state of health for some time and there had been a corresponding period of amenorrhœa with much flatulence. The two occasions I had been sent for so urgently, and when, indeed, I had so unnecessarily upset myself, were when Dame Nature was kindly endeavouring to once more put matters on a correct footing.

The circumstances connected with the first time I had to apply forceps are vividly impressed on my mind. One of the village midwives had summoned me to the case, and her greeting to me on my entering the room was: "It's all right, muster; it's just a simple case of forceps, and the woman's tired out." She was a keen-eyed woman, was this midwife, with a big body and a strong personality, by which she held most of the village-folk in fear rather than in respect. Perhaps I felt just a touch of this selfsame fear when she gazed at me critically and evidently endeavoured to sum me up. "It will be all right," I said, to the patient, though I confess to having felt anything but "all right" myself. The "forceps-drill" I had been brought up on flitted through my mind; but, alas! there was not an enema in the village, and I am quite sure in the condition I was in I could not have passed a catheter! "These things must go," I said to myself, and I prepared my blades for application. It was a thrilling moment for me, and I can imagine I felt in much the same state of mind as the hero of the novel does when the writer endeavours to describe his excited psychological condition in the sadly mistaken physiological phrase, "All his nerves quivered." How I got the second blade on, goodness only knows, but I was conscious, when the performance was ended, of hearing the midwife say: "You lock your blades very cleverly; I have seen many an older doctor not do them half so well." I did not know whether to be pleased or angry. That this ignorant country woman should criticize my action, and patronize my performance (she little guessed it was my first one of the kind) was a new thing to me which, I confess, I deeply resented, though what remark I was expected to make was another matter. It is best to be silent at such times. Next day it was all round the village that it would be safe for any good woman requiring mechanical aid at her confinement to call me in. I had, therefore, to console myself with this and swallow the rest, as I had to do many another thing before my seven years of probation were over.

The second period of a doctor's life is undoubtedly a strenuous one. Before I started practice I had never amputated either a finger or a toe, let alone a breast or a limb; while a difficult tracheotomy or a herniotomy were amongst the most hideous of my nightmares. All these had to be gone through, and I can assure you I have no wish to live again those first occasions I had to do anything of a seriously important nature. In a district where mines and quarries are abundant, accidents are frequent, and if I had been at all apprehensive of my first finger amputation, time came when I took these off before breakfast, most of them indeed without an anæsthetic, without losing a fraction of relish for the eggs and bacon that were to follow. At first I was estranged to doing any surgical operation inflicting pain without an anæsthetic, but I soon found that the majority of men feared an anæsthetic far more than a "trifle of pain" and after a while, when I had got used to the country people and their ways, I found myself bracing up the unfortunate victim before me with some such words as "Why, man, it's only a finger!" This certainly taught one to be quick, as both patient and doctor (the former, no doubt especially) were eager for a speedy termination. The hand of the injured man was usually held by the patient's mate, who, as often as not, turned sick or faint at the most inopportune moment, and one was then obliged to call in one's wife to take the place of the unfortunate prostrate assistant.

Had Malvolio been living to-day, and had he been in touch with the medical profession, we can well imagine he might have said: "Some practitioners are born great, some achieve greatness, and some have greatness thrust upon them." The country practitioner, undoubtedly, belongs to the last class, as he often—more often, indeed, than he cares about—has "greatness," in the shape of larger responsibilities than he can comfortably carry, literally "thrust upon him." Let me explain. In town, if a poor patient is seriously ill, and especially if he requires an important operation, it almost goes without saying that he is sent to a hospital, and all responsibility on the part of the practitioner ceases. In the country this is not so. Let me give an example: Mrs. Buttercup is seriously ill and needs an operation that requires skill in performing, and care and attention afterwards. We approach her with caution, "Well, Mrs. Buttercup, I have been thinking over your case, and am sure you need very skilled nursing" (we try her this way to begin with). "Why," she says, "what's wrong with our Anna, doctor? Isn't she doing her very best? I'm sure no one could look after me better. She do everything you tell her, doctor." "Yes, yes, I know, Mrs. Buttercup, your daughter is excellent, but then, you know, she hasn't had any special training in nursing, and you can't expect her to do quite as well as a woman who has had three years' training, can you?" "Well, for my part, doctor, I don't believe in your 'skilled nurses,' as you call 'em. There was Mrs. Wurzel who lived in Poacher's Cot, and she had one of 'em fine nurses and she died right away. I'm quite content with our Anna, and I'm sure I'm the one that gets the nursing, and, if I finds it

all right, why, there you are." We now try her in another way: "Now, if you went to the hospital, Mrs. Buttercup, you would not only get the splendid nursing I speak of, but you would also have your operation done by the celebrated Sir Speculum Scalpel or by Mr. Seton Lancet, whom many people think is quite as good." "Now, look you 'ere, doctor—you're my doctor, aren't you?" "Yes, of course, Mrs. Buttercup, but——" "Now, these's no *but* about it. If I have to 'ave this 'ere operation you talk about, it shall be done by you, 'ere in this room, or I shan't have it done at all. Your 'Scalpels' and 'Lancets' may be all very well but I dunna know either of them, and what's more I'm not agoing to any 'ospital to be butchered; so now you understand." It is not the least good protesting. Her ultimatum is: *If the operation is to be done at all, it has to be done by you in the room in which she is now lying.* Can it be shirked? It is a question of life or death. To shirk it would be absolutely heinous, so do it we must and chance all consequences. To the young practitioner, who may find himself similarly situated, let me here say, that, looking back on many years' experience of country practice, I cannot actually remember a single case of any surgical importance, undertaken under the rough-and-ready conditions of country life, that did not do well. No doubt the simple life of the country cottager, his open-air existence, early hours, and too small income to allow of him indulging in any severe excesses, are reasons sufficient, quite apart from the fact that we practitioners nowadays stand in a very different position as regards training and surgical knowledge to what our predecessors did of a century ago. Sepsis was ill understood in those days, but now we are forewarned of its dangers by every modern surgical book, instrument, or appliance, and, therefore, should we not be well forearmed?

My first case of cancer of the breast, with large and small malignant glands lying on the axillary vessels, in a woman aged 61, was undertaken under similar circumstances to those narrated above. As the case was generally characteristic of operations of this kind, and as there are one or two humorous episodes connected with it, the tale may be worth the telling. Before the day is finally fixed on which an operation is to take place the patient has usually some requests to make, which indeed have to be carried out without question or else there will be no operation. These requests are usually of a whimsical nature, and although the practitioner finds himself obliged to agree to their principle he is often enabled to modify them to such an extent as to nullify their probable disconcerting influence. On this occasion Mrs. Bullfinch expressed a desire that a certain woman of recognized pious reputation at the village Wesleyan Chapel should be present and remain by her side during the operation. We agreed to this at once, and forgot all about it till the operation was begun. No doubt the presence of this good lady was demanded on the same principle as our ancestors placed grotesque figure-heads on the towers and naves of our fine old churches, the reason

undoubtedly being to drive away evil spirits from the sacred edifice. It was a small attic room in which the operation had to take place, and the top of the window actually came no higher than the lower part of our bodies. My assistant and I had to stand in our own light to get what light we could upon the affected part. Miss Gargoyle took up her position opposite. As soon as we had "drawn blood" this quaint lady, who was not indeed unlike one of those antique figure-heads referred to above, closed her eyes tightly and began pouring forth intercessions to the Almighty on behalf of the patient lying on the kitchen-table before us. Looking back upon that scene, which I cannot well forget, the combination of circumstances gave an almost mystical spirit to the proceedings. It seemed almost Druidical. There was the life-blood of the victim which might, or might not, be sacrificial, her cries of distress which were to be replaced by groans and eventually by stertorous breathing as the ether took progressive effect, the knife of the surgeon, and accompanying all this were the prayers of the priestess, which seemed like incantations to a heathen deity and imparted an almost anæsthetic effect, as they doubtless did of old, by reason of their persistent monotony with occasional outbursts of almost fanatical frenzy. When she became a little exhausted by these proceedings her voice would quieten down and she would temporarily cease. At these times I could see from the corner of my eye that she allowed her eyelids to part and took a private peep at what was going on. If, by chance, at that time an artery spurted she speedily brought her lids together again with an almost audible snap, and began once more to vociferously invoke aid for the well-being of the woman whose cause she so courageously championed. This went on till the patient was placed in her bed, and the words, "Lord help the woman!" with their peculiar intonation, still ring in my ears with its old-world quaintness, and its human touch of genuine sincerity and sympathy. The village in which I did this operation was five miles distant from my own, and there was no residential doctor there. About the same time another patient in the village, afflicted with the same malady, was operated upon by another doctor from a different district. My patient was a hardy daughter of the soil and made an excellent recovery, while, unfortunately, the other patient, although a much younger woman, was extremely delicate and neurotic, and although the wound healed perfectly, did not make a good recovery, as she was, for some reason or another, unable to regain the full use of her arm. As soon as my patient was able to get on her feet the first thing she did—partly, no doubt, to show her gratitude for a successful recovery and partly perhaps for more human reasons—was to walk up to Patient No. 2's house, take up a prominent position on the road exactly in front of her window and swing her arm round a dozen times or more with all her might. This, I am told, she did daily for some considerable time. It was evidently her way of not only paying a compliment to herself and her surgeon, but also of paying her fee, as I have received no

other recompense in any pecuniary or other form from that day to this, the only satisfaction I have being that of knowing there has been no recurrence of the disease and the patient is still in the land of the living. The laugh this time was on my side; it might just as easily have been against me. We practitioners have to learn to be roughriders. For a time we may jog along most gallantly while the landscape around us is beautiful, the sky blue above us, and the birds singing their sweetest songs; but the time comes when there are hedges and ditches to be cleared, and it behoves the young practitioner to ride with caution, and if he ride straight, if fall there be, it will be but a question of bruises, there being no permanent damage done. Must we not all recollect that while "he is all fault that hath no fault at all," it is, after all, the best men that make the fewest mistakes?

PART II.

AMONG the clever advertisements that tend to give some life and colour to this sombre city of ours, there is one, often indeed to be found in the lifts that feed our underground electric tubes, that always arrests my attention and carries my mind instantly back to my former life in a country practice. It depicts a doctor of the old school on a bay horse who has met a countryman dressed in a smock-frock astride a grey horse. The yokel was evidently on his way to the doctor's surgery when he has met him by chance on a moorland road, no doubt some miles from his own home as well as from the doctor's abode. Their horses are standing side by side, the doctor's right middle finger resting on his patient's pulse, while he carefully scrutinizes the other's protruded tongue. The picture is called "A Wayside Consultation — The Diagnosis," and is a living representation of, and in no wise exaggerates, the unconventionalities of country practice. I have often looked at tongues and felt pulses on a country high-road, the opportunity afforded and the distance between patient's and doctor's houses making these little consultations practically compulsory. When I am driving now in a crowded metropolis my mind sometimes wanders back to an incident that cannot well be effaced from my memory. Picture to yourself a long winding road in the country on a hot summer's morning. To the left is a low stone wall, from the top of which starts a plantation that climbs to the top of a steep hill. There are tall trees here which cast a pleasant shadow on the ground, and in the spring the undergrowth presents a rich mass of colouring from the prolific growth of the purple wild hyacinth, the pink ragged-robin, and the light blue forget-me-not. To the right of the road lies a narrow meadow, as green a bit of grass-land as one could well behold, and below this runs one of the finest trout streams in England. On the road approaching is a boy of twelve, with a large swollen face, and swollen eyes, too, for he has been crying. He is on his way back from his work at some distant quarries, on account of the pain. Being hailed, we stop. Could not something be done to ease his aching tooth? We are several miles from home, and it will be some hours before we will have finished our round, and are able to attend to him in the ordinary course of events. We look up and down the road—not a creature is to be seen. With the stealth (we imagine) of a practised burglar we put one hand into the large satchel strapped to the front splash-board of our dog-cart, and from it abstract a case of dental instruments. We motion the boy to climb the wall and clamber up the side of the plantation. Not a word is spoken, for we are half inclined to feel silently reproachful that what we are about to do is

on the brink of a breach of professional dignity. But the case is a plain one. Is it not a toss-up between humanity and a stereotyped narrow conventionalism? We follow the boy up the slope, and, having seated ourselves in a comfortable attitude in an unobserved spot on the hillside, the boy takes his place below, sitting on the grass, his head between our knees. The offending molar is quickly removed, and after the inevitable scream of pain follows immediately a burst of merry laughter, for the patient, his pain having gone, becomes suddenly aware of the humour of the proceeding, and he now receives orders to go down to the stream to rinse out his bleeding mouth. Unconventionality is almost a crime in town, and from the nature of things this is perhaps to be expected, but in the country it is the very breath of our life.

One might perhaps imagine from the foregoing that, like Aladdin of old, or in later times following the inspiration of the celebrated Swiss Family Robinson, the country practitioner had only to wish for the things he required and his request was immediately granted. That I had only to stretch out my hand, when some miles from home, to obtain a complete set of dental forceps and elevators was not in the least an inspired action, but merely part of a scheme that it had taken me months, I may say years, to evolve and elaborate. I think it was Goethe who once said:—

Rest is not quitting the busy career—
Rest is the fitting of self to one's sphere.

It took me an unconscionably long time, I must admit, to discover and "fit" myself to this new "sphere" of mine, and I had to buy my experience, alas, with the coin of much unrest. Let me give an example. One Sunday in the dark days of winter I arrived from my round close upon 4 o'clock. I used eagerly to look forward to my Sunday afternoons and evenings, after a week of hard physical and often anxious mental work, during which time I had travelled 200 miles or more in a very hilly district, and on roads, too, that often closely resembled ploughed fields. On this particular Sunday, I can remember, I seemed to be anticipating my weekly hour of ease with more than wonted impatience, as I was looking forward to seeing friends that were coming from a distance. A ring at the bell. "Please, sur, Mr. Parsley, up at Hay Barn, has been taken desperate ill. Can you come at once?" "What's the matter with him?" I asked. The usual exasperating answer to this, "*That's just what they want you to tell them,*" was fortunately not given in reply, as I felt in no Sunday humour. "He's desperate ill, sur, his missus says; that war all she said, sur, and would you be good enough to come at once?" My groom and I had a quick meal, put a fresh horse into the trap, and off we went. Hay Barn was a little cluster of houses five miles away, with a rise of 600 ft., so you may imagine we did not get there in five minutes. Arrived at the spot, I hurried into the room and found that the only thing out of all the world

that I wanted I had not got with me. It is said that a resourceful practitioner can find a suitable substitute for every important surgical instrument of emergency save one, and that one is *the male catheter*. As the omission of this instrument from my portable armamentarium cost me an extra ten-mile journey on a Sunday evening, when I was eagerly looking forward to a little leisure and the enjoyment of meeting old friends, you can readily imagine that after this experience I never left my house for a journey on the moors without carrying with me a case of these all-important instruments.

In the wilds of the country the chemist, like the dentist, is quite unknown, and it therefore becomes imperative for a medical man not only to dispense medicines from his own house, but it also obliges him to carry medicines with him for dispensing at the houses of those patients who live many miles away. I was told, when I first took up my abode in the country, that the custom prevalent in that district was for the man who brought the message to tell you what was wrong with the patient. Having heard this you went to the surgery, dispensed what medicine you thought would be applicable to the case, put the bottle in your pocket, and drove off to see your patient. What followed can be better imagined than described. You had the one bottle, and the one bottle alone, to bring about the magic of healing in that particular case. The medicine, therefore, had to be fitted to the illness. Sometimes this could be done. If it was not exactly what was required, but on parallel lines, smaller doses of the medicine might be given, and these at longer intervals than the usual four or six hours already prescribed on the previously affixed label. If the messenger, on the other hand, had failed to come within a reasonable distance of the diagnosis there was nothing to be done but to order a good dose of Epsom salts (these were always handy and kept ready for use for ailing cattle) and tell them we would wait twenty-four hours before giving any other medicine. This naturally gave us time to bring a more proper bottle of physic the next day. I tried this method once or twice, but need hardly say found it neither scientific nor successful, so I made up my mind to pick a few of the most useful drugs, fit them into a case, and dispense the physic after seeing the patient at his own house. My equipment, when finally settled, consisted of two boxes, two bags, and the large satchel, to which I have already alluded, that hung from the front rail of the dog-cart. The first box was a properly fitted medicine chest containing scales, weights and measures, besides a number of carefully selected tinctures, spirits and concentrated infusions. The second box, put together by one of the village carpenters, contained more drugs, especially those of the more useful solid salts in solution, which saved much time and labour in dispensing. Then came my obstetric bag, which was not infrequently required, as I was sometimes obliged, when passing through some of the outlying villages, to give the local midwife assistance in a difficult case she was unable to manage alone. My second bag contained every

important surgical instrument and appliance one would be likely to require. Splints were dispensed with, as these could be made whenever wanted, and it was, of course, essential to limit one's luggage as much as possible. The large satchel contained a miscellaneous assortment of things which were all of proved value in the long rounds of a widely scattered practice. As my groom and I were sometimes out as long as eight hours on a stretch, and covered one day no less than $47\frac{1}{2}$ miles, it can be easily understood we felt compelled to take with us something to revive our drooping spirits; hence the tin box, that usually contained biscuits or sandwiches, the bottle that contained coffee, and the spirit-lamp, saucepan and cups to make that coffee palatable and presentable. Besides these articles may be mentioned a stone-remover, of undeniable importance when the horse picked up a stone and instantly fell lame; a couple of spare brechin straps; and last, but not least, a piece of stout rope, which came in most handily when an accident happened, which, unfortunately, was not of infrequent occurrence in dangerous hilly districts, of which, alas, there were not a few.

It is impossible to exaggerate the warm welcome given to the doctor when he arrives at some out-of-the-way farm or manor house after driving miles over the moors. The yeomen of England are truly an important part of its backbone, and their vertebræ are as sound and as staunch as old England's inflexible oaks. The best room in their houses is the kitchen. If you told them so they would no doubt be not too pleased, as the one they deem their best is called variously the "parlour," the "sitting-room," or the "drawing-room." This latter room is large, but there is a musty smell about it when you first enter, as if it were only used on rare or special occasions, and, like King Arthur and his Knights, it possesses a large round table in its centre. Chairs covered with clean chintzes surround this table, and on it, in the middle, standing on a green woollen knitted mat, is a hideous vase filled with either artificial or everlasting flowers. Surrounding this vase are books planted, like the stones of a Druidical circle, with a precision that is almost painful. On the walls hang pictures that have been both made and coloured in Germany. Here is a masterpiece of Abraham offering up Isaac. Nothing has been omitted. Isaac is bound hand and foot, and kneels as if he relished what was going to happen. Abraham, with knife in air, looks almost Mephistophelean with intentness. An angel, looking exceedingly pleased with himself, seems to be saying, "Just in the nick of time," while a poor gilded ram solemnly peers out of a bush and seems to be muttering, "Just like my luck." In another corner Adam and Eve, with very little clothing on and looking very crest-fallen, are being driven out of the Garden of Eden by an angel with an immense pair of wings, and we cannot but feel, as we gaze upon this *chef d'œuvre*, that fine feathers do not always make fine birds. The centre picture portrays Wellington meeting Blucher after the battle of Waterloo, while on the opposite wall Cain has just finished killing

Abel with an instrument closely resembling a carving-knife, from which observation we are able to deduce emphatic proof that Adam, Eve, and family did not live anterior to the Stone Age. No, the British yeoman is an excellent fellow, straight and true to the very marrow; he could buy up a dozen of us country doctors, but one thing he lacks—his artistic faculties have never been cultivated. Rather, indeed, would he own one real live cow than be the possessor of any number of brilliantly executed canvases even by a Ward or a Cooper; a field of healthy living corn is something to him, while a picture of a cornfield painted either by a Constable or a Gainsborough would hardly charm him even in his merriest mood. Is he not eminently practical? Run upstairs a minute and take a quick peep with me at one of the bedrooms. Mind you look at the staircase as you go and remember you are treading thick solid oak planks several centuries old. The bedrooms are all built on the same plan. A large four-poster bedstead stands against the wall facing the door. On either side of it hang framed photographs of graves, the inscriptions on the stones showing so clearly that you can read every word. On the other walls is a magnificent collection of memorial cards of the sisters and the cousins and the aunts of the owner of the bedroom, all suitably framed in as gloomy a manner as it is possible to conceive. There is just time to read one or two:—

How sudden and how awful was the stroke
By which the slender thread of life was broke!
Reader reflect, what happened unto me
For aught thou know'st may happen unto thee.

Farewell my wife and children dear,
I've toiled for you for many a year;
I've always strove to do my best,
And now I'm gone to take my rest.

What a dramatic commencement! The dead man, you will perceive, first addresses the reader, then turning to his wife and children tells them how self-sacrificing he has been all his life, and that he now deems himself entitled to a well-merited leisure.

Take another one:—

We saw him fade and waste away,
We saw him gasp for breath,
We saw upon his sunken cheek
The fatal sign of death.

Weep not for me—I'm free from pain,
My earthly sufferings o'er;
I hope to meet you all again
On a peaceful happy shore.

Another tragic summary of the deceased's last moments by an on-looker (perchance the local poet himself). Then the dead man sits up and tells them all (unlike Hamlet's father's ghost) how truly comfortable he really is, and that there is really no occasion for them to worry any further about the matter. But we are wasting time over digressions.

Let us return to the kitchen whence we started, A large, spacious room it is, with a big, blazing fire, always warm and welcome, especially after some miles' journey across the moors with sleet or east wind driving in one's face. There is a large, comfortable settle by the fire, which seems to invite one to indulge in its restful luxuries. A row of fine large hams hangs from an immense oak beam supporting the ceiling, and innumerable cats lie in lazy attitudes in various parts of the room. The whole scene is the embodiment of ideal rest and comfort, and it must be remembered we are miles away from the rest of the world. Hot ham, cabbages, and potatoes are just being served as we enter. "Come and have a snack, doctor. What, you haven't time; well, Missus, get him a good glass of cowslip wine. Nay, doctor, you won't refuse that?" I have tasted worse sack and canary, served in the best crystal glasses, than that splendid ripe, refreshing cowslip wine that one has sipped with gladness and gratitude after a keen drive over the bleak but beautiful moors; and I have drunk worse, infinitely worse, port than the rich damson wine that has often been placed before one by these worthy yeomen of Old England, who still hand down from father to son the best British traditions of good fare and generous hospitality. I have sometimes wondered since whether it might not have been the magic of that moorland air that gave to this simple country home-made wine the truly divine piquancy it undoubtedly possessed.

And then those moors themselves! What can I say of them? They are a strange world of their own. I have travelled over 75,000 miles along their narrow, rough, and sometimes desolate tracts, at every hour of the day and night, and in every season of the year. I have seen them at sunrise when the birds first awake the stillness of departing night, and the freshness of the keen morning air brings with it a supreme delight and exuberance in the very joy of living. I have seen them when the hot sun poured down its relentless rays on those dazzlingly glaring roads, and it was too hot for even the birds to sing. I have seen them in the evening when the setting sun flashed its brilliant blood-red light over that wide expanse, transforming those wild wastes into a world of lurid wonder and mystery. And then again, I have driven over them when the silence of night was almost oppressive in its intensity, when no sound save the crisp ring of the horse's hoofs fell on the ear, and when a magic spell seemed cast over the moorland universe by the penetrating light of a glorious full moon. All this is a part—and a by no means unimportant part—of a medical practitioner's life in a country practice.

PART III.

"We might have pass'd in peace our happy days
Free from the cares that towns and cities bring."

—Adapted from Rowe.

THE contrast between country and town practice is indeed a striking one, and at times the medical practitioner, who happens to have passed through both experiences, can scarcely believe it to be the same profession he has been following on each occasion. And, first, as regards dress. Carlyle did not write "Sartor Resartus" without minutely examining many of the sesames of life, and, by so doing, discovering many of the secrets that lay behind. I have vivid recollections of my introduction to the patients that had for many years been the patrons of my predecessor, but were now to become mine. I must confess to having felt not a little scornful when I was met at the station by the vendor of the practice, who was clad in a huge rough coat, wore a shapeless hat thrust down upon the crown of his head, while his lower extremities were accoutred in lengthy leggings. Coming from town I had perhaps brought with me a lofty idea of the medical profession, and it was my intention, if possible, to keep up its dignity and jealously guard those professional principles which are so dearly cherished and so zealously followed by all a town's worthiest practitioners. I felt, too, I was to be its sole representative in a wide district. No doubt it was this feeling that was father to the thought that my medical brother, who had come to meet me, might have supported a silk hat. For myself, I had bought a brand new silk hat, an immaculate frock-coat and, if I can remember rightly, quite elegant footwear. I little knew what was before me. It was my first drive across the moors that awakened my slumbering senses and made me forgive the doctor-man, sitting beside me on the front seat of the dog-cart, for his country hat and coat, and made me also question the fact as to whether tall hats were really fashioned by city hatters for blustering drives across the moors. Rain began—it not only began, but went on—increasing in amount and persistency, till I found myself fumbling for my umbrella. Up went the umbrella at last and just as I had got it expanded a sudden, unexpected squall of wind almost tore it from my left hand, till my right quickly came to the rescue. For the moment Mr. Blizzard was baffled, but he was not long in showing me how sportingly he could behave, and how skilfully he could succeed. A second gust of wind raised my hat from my head. My right hand left the umbrella for an instant to capture my hat which was already 4 in. from my brow, and at that moment my umbrella was completely turned inside out! The doctor sympathized with me in a most cordial manner, and I can remember looking with

envious eyes at that hat of his at which I had so lately scoffed. As the doctor was driving it was my place, when we came to a gate, to dismount, open the gate, stand by it till the trap had passed through, close the gate and then mount once more to my seat. Through some of these gates, which led to farm-yards, all the cattle of the farm had to pass twice a day. As the weather was, and had been for some time, most deplorable, it can readily be imagined in what a filthy condition these gate-places were and into what a state one's boots and trousers could become, as the dirt lay, without exaggeration, feet deep! Altogether it was the most uncomfortable drive I had ever experienced, and I returned home, not indeed unlike the Jackdaw of Rheims, ruffled, dishevelled, and not a little crestfallen, feeling probably much the same as did Sir John Falstaff after his ducking in the Thames at Datchet. It was not long after this that I found myself equipped with a good Harris's tweed jacket-suit, a suitable hat that few winds could disturb, and gaiters that proved their necessity by the weight of mud they accumulated after a long round in dirty weather. My silk hat (at least what was left of it) was put into a bandbox and placed on a top shelf, only to be taken down on such Sunday evenings as I was able to go to church, on Midsummer's Day when the Foresters held their annual fête and on Whit Monday when the Oddfellows took their yearly holiday, with all the country festivities of a dinner, a band, shooting saloons and cocoanut-shies.

Society in the country and in the town are naturally two very different things. In the country the doctor knows everyone and everyone knows the doctor. If the Church people and the Methodists fall out with one another the doctor's opinion is often sought by each party as to which is in the right, and it is well for him to be tactful and managing, without treading on any one's toes. Shortly after settling in the country I can remember being asked to take the chair one evening at a concert, to be held, curiously enough, in the Wesleyan Reform Chapel. I must confess to having felt a little surprised at first that they should have selected their sacred headquarters as being a suitable place for holding their concert. This was soon, however, to be eclipsed by other surprises, for which I was quite unprepared. The concert was begun by a hymn, which we all sang through with friendly warmth. Then Mr. Plumber was called upon to pray, which he did with much fervour and eloquence. I was just congratulating myself that the prayer must be nearing its end when I received a vehement shock by hearing the words, "*Lord bless our chairman.*" A murmur of approval ran round the whole building, and I scarcely had time to recover from this unexpected championing when a voice from the end of the chapel caught up the words which had just been uttered, and passionately appended them with the words, "*Do, do,*" as if the request urgently called for fulfilment. The religious element in the country is a strong one. If the desire for doing and being good had been as strong in our village as the love of religious fanaticism then would Hillthorp have indeed been an earthly paradise.

Unfortunately the world is very human, and the religious ambition that each sect of Christianity had in that district to do better than the other was almost as sporting as a prize-fight. The villagers seemed to have an ingrained belief that if a man dons a black slouch hat on the Sunday, tucks a Bible under his arm, and prays and preaches in his special chapel or meeting-house, that that man must be a good one. If he does not make this outward somewhat Pharisaical profession, it is doubtful, in the minds of some of his colleagues, as to which side he belongs. I remember a groom I once had for a short time who could well have stood for Shakespeare's good Master Slender. Questioned by me as to what the villagers thought of a certain individual who was particularly pious on the Sabbath and remarkably cute and worldly during the remaining six days of the week, he said: "Well, sir, I don't think the village folk reckon much of Jonathan Slyman. I tell you what, sir," he added, suddenly brightening up as if a brilliant idea had flashed across his mind, "if Jonathan Slyman gets to heaven I guess there'll be a good chance for folk like you and me!" Believe me, the doctor's ledger is as good a judgment-book of village life and character as one may wish to possess. Some of my biggest unpaid bills were those that had been run up by these emotional, inconsistent, and so-called religious lay-preachers. They made no effort to try and even reduce their account, but allowed it to accumulate till it became, for them, impossible. On the other hand, there were striving, honest men and women, some of whom made no profession of their faith, who always had their cottages beautifully clean and tidy, and owed not a penny to any man. If they happened to get, for them, a large doctor's bill, on account of a long period of domestic reverses, they would steadily set their minds to pay it off by half-crown instalments till it was finished. This was naturally somewhat embarrassing for the medical man, but who could not but admire that patient diligence and that sterling sense of honour that overcame all difficulties?

On my return to town after a self-banishment to the country for a number of years, it was with the greatest possible delight that I walked once again on a level, clean and resistant pavement. If the paving stones had been made of gold instead of stones I could hardly have experienced more genuine satisfaction. What a change from the country! There are no pavements in a remote country village and on wet days there is nothing but thick, moist mud wherever you go. At nights, ye gods! one might be a Sultan for the grand illumination there is in every road and street in town. In the country the only light you have is that of the moon and the stars, and if clouds hide these from view there is nothing, save perhaps an occasional glimmer from a cottage window, but the dead blackness of night. At first one is obliged, if walking, to carry a lantern, but after a while one learns to be able to find one's way in the darkest night partly by sight and partly by the sense of touch. The next thing of which one is conscious, when one has got into the swing of work in town, is how easy it all is after the country. Every-

thing is easier. The transference from one place to another, all one's practice lying in a comparatively small area; the management of cases, every form of appliance being at hand and skilled help obtainable at the shortest possible notice. In the country I had to send over forty miles for my oxygen and nearly the same distance for anti-diphtheritic serum. It took several days to get a reply as to whether a throat-swab was, or was not, diphtheritic, the country posts being so slow and so far between. Indeed, before I got my reply, I was usually able to tell clinically what the result of the bacteriological examination would be, as by that time the throat had either got distinctly worse or had cleared up altogether. How easy are confinements in town with one, or even two, skilled nurses at your beck and call, anticipating your every want before you even make the request! You can be quite sure that the water you use is sterilized and that there is plenty of it, and that every appliance that may be wanted has been boiled or thoroughly cleansed. If there is *post-partum* hæmorrhage you can get water at 117° for the mere asking. In the country how different! You are often called to a difficult case at the last moment. The midwife, often indeed only an ignorant village woman who assumes the required knowledge by virtue of her being herself the mother of a number of children, and of having been several times with a doctor during confinements, has already made numerous examinations with anything but aseptic hands, so that it is impossible for the medical man, who now takes over the responsibility of the case, to know whether sepsis may not have already been introduced. There is often only a limited supply of hot water and clean towels appear to be as rare as Golconda diamonds. I was informed when first starting practice in the district that several women had recently died from "milk-fever," and that the midwives had given, as a cause, a special inherited weakness, in each case adding, as a rider, that it was the Lord's will each woman should be "called," so that it was the duty of their relations to humbly submit and be resigned. To begin with, therefore, it can be readily imagined I had no easy task before me, but I lost no time in explaining to the midwives that the "milk-fever" was due to sepsis and to nothing else, and I was emphatically convinced that the Lord took no pleasure in "calling away" the mother of a number of children by means of germs introduced by dirty and careless attendants during the labour period. It has occurred to me more than once that the special Providence that watches over the two well-known irresponsible classes of people in town must have extended this guardianship, in the country, to that of lying-in women, as it was miraculous to me how more cases of puerperal fever did not occur. At first, therefore, there were strong forces against me, forces that would help the midwives, if puerperal fever occurred in cases of their own attending, by appealing to the strong religious element in the village. I determined, however, not to budge an inch from the just position I took up and which I knew must prevail in the end if unalterably followed. Needless to say, I won.

The midwives developed a healthy fear of me as they knew that the village itself had learnt to see that my methods were consistent and must be right by the good results I invariably obtained. If there was any doubt, after this point had been reached, about a confinement not going rightly, they sent for me at once as they knew I would give them every assistance if I were sent for in time, but if they themselves undertook the risks of floundering in those cases far out of their depth I would in no wise spare the lash if they had endangered their patient's life. Village prejudice having been eventually overcome and dangerous ignorance unequivocally exposed, I am happy to think there was not a single case of death from puerperal septicæmia the whole time I remained in practice in that country district.

There is a vast difference in the way a practitioner has to deal with cases of emergency requiring immediate surgical attention in the country and in town. In the latter it only requires a few steps usually to bring one to a telephone. Skilled nurses, a surgeon, an anæsthetist, and an operating table, can all be bespoken in a few minutes, and in a couple of hours time the operation may be begun, halfway through, or finished, as the case may be. The practitioner is here the organizer and on him rests the entire responsibility of judging the nurses, a surgeon suitable for the case, and the general carrying through of the operation. Credit is attached to his professional reputation in proportion to his promptness in setting the machinery in motion and seeing that all the parts work smoothly, swiftly, and skilfully to bring the case to a successful conclusion. Indeed, to keep up the simile, the practitioner is the mechanic, and it is his duty to see that every part of the machinery is not only in working order, but that it is properly oiled, that everything may work together in one harmonious whole. It becomes, therefore, of paramount importance that the practitioner should know his nurses not only to be thoroughly trained in their work, but also tactful and clever in dealing with not only the patient, but, of even more importance, the patient's relatives and friends. All this is delightfully easy when one has learnt the ropes, and at a time of serious emergency there are few houses in the upper and middle classes in which every member of the household is not anxious to help to the utmost both doctor and nurses, and is unspeakably grateful for all the little attentions one is naturally desirous of rendering. In the country how different! Here the practitioner is often called upon to act the rôle of general practitioner, surgeon, assistant surgeon, nurse, and sometimes even anæsthetist, all in one. No better means can be taken, perhaps, to illustrate this point than by giving an example culled from one's own experience. My first case of strangulated hernia (may I be forgiven if I had been looking forward to such an event) came, as do most other unexpected things in this world, like a thief in the night. It was late one evening when I was urgently summoned to an old woman of 72, who had just recovered from an attack of hypostatic pneumonia, with word that a violent fit of coughing

had produced a severe pain in the "stomach," which had not left her. I went at once and found to my astonishment that it was a case of strangulated inguinal hernia. Taxis failed. My nearest colleague lived five miles away. The single telegraph wire which connected our village with the outside world was denied us owing to the lateness of the hour. There was nothing to do but to man a horse and despatch an urgent message for the doctor to come at once. Meanwhile there was plenty to do. As there were no qualified nurses in the district the first thing was to requisition a clean woman with a head on her shoulders. This done, her first instructions were to empty the old lady's kettle, fill it with fresh spring water, and put it on to boil, and do likewise with a second kettle to be borrowed from an obliging neighbour. The cottage consisted of two rooms only, one upstairs, the other down. All the belongings of this good dame, therefore, were stuffed into these two rooms, and as the downstairs room stood duty for kitchen, scullery, and parlour, it was natural that the upper one should be converted into a box-room and general depository as well as that of bedroom. It may therefore be imagined that we did not dare to attempt to "prepare" this room, as the least displacement of boxes or baggage would have displaced a wilderness of dust and countless millions of germs. My colleague arrived just before midnight, and after a particularly busy day was unusually tired. "I surely did not intend to operate that night?" "Really—well, he had brought nothing with him." "Had all the instruments been sterilized?"

In reply to these queries he was told that the operation was immediately imperative, that plenty of chloroform could be supplied, and that everything else was in perfect readiness at the cottage awaiting his arrival.

It is absolutely essential for a medical man undertaking an operation of this kind in the country to trust no one. He must personally arrange and superintend the carrying out of every detail or there will certainly be trouble. In this case I flattered myself that nothing had been overlooked. There was one thing, however, that I did not overhaul and that was the old woman's lamp. Things went swimmingly. I had everything arranged around me in the shape of instruments, antiseptic swabs, and dressings, and the only thing that haunted me was that belated branch of the epigastric artery. I was just incising Gimbernat's ligament when—"Hallo, what's this?" said my anæsthetist, "the lamp's going out!" Ye gods in heaven, it was indeed! Like a dying fish on the river's bank the old lady's lamp was gasping for breath. "For heaven's sake," said I to our substitute for a nurse, "fetch a candle." There was a scamper of feet and she was gone. Seconds seemed minutes and minutes hours. At each intermittent flicker of the lamp I went on with the operation, and by a stroke of good luck a tallow dip was obtained just as the dying lamp expired. The light, however, from this new source was so small that two dips had to be employed and held so

near the wound to give light enough for one to be able to see, that we stood in imminent danger of the wound becoming baptized with grease. We all breathed freely once more when the wound had been stitched and dressings applied. The old lady did remarkably well. But what of the fees, doctors, what of the fees? My colleague and I were fortunate enough to divide a two-guinea fee between us! But what, after all, are fees compared with the gloriously free life of a country general practitioner?

PART IV.

THE night-bell brings no terrors with it in town as it does in the country. In town it merely means getting up, dressing, and walking to a house, perhaps two or three roads distant. How different in the country! Long before the night-bell rang out its jarring electric clang in the quiet country house my unconsciously listening ears, while I slept, had caught the sound of a far-off distant gallop. No man ever galloped through the still country village at midnight, or in the very early morning hours, unless he were bound for the doctor's house. I knew, therefore, instinctively, it was to be a night-call, and my only wonder, as I lay listening to the gradually approaching horseman, which I must confess had a strange hypnotic effect upon me, was where I would have to go. I knew every sound that was to follow. Louder and louder grew that gallop till the horse was suddenly pulled up. Then followed the scuffle of horse's hoofs and man's footsteps as the messenger dismounted. I could see him pass his arm through the reins and approach the door and then—the bell! It took me little time to leap from my bed and fling open the window (if I were in the front of the house) to question the messenger, or to reach the front door (if I were in the back), to find out where I had to go—it might be only a few miles, it might be many. To save time I usually got my messenger to put my horse into the trap and get everything in readiness while I dressed. Then we set out. If it were pelting with rain, if it were foggy, if it were snowing, if it were freezing and the roads were a solid, polished sheet of ice—it was all the same! I can remember several memorable drives that make me feel uncomfortable even now when I think of them. One night I had to drive over the moors to a place five miles away. On the return journey it became so misty that I was unable to see either of the hedges on the roadsides. I was alone and was driving that night in a "tub" car and was obliged to stand up the whole way, keeping my eyes quickly wandering from side to side to make a rough guess where lay the centre of the road. The fog became so thick that it was impossible to see either of the hedges or road-borders till one was absolutely on top of them. I lost all landmarks and was obliged eventually to give the horse, who in an ordinary way knew every inch of the road, a free rein, and now and again he would stop dead and start backwards as if he saw something approaching that frightened him, and he more than once snorted with fear; but it was nothing after all but the rolling fumes of the fog that were sweeping up against us. I shall never forget that night. I arrived home absolutely exhausted and could hardly get the collar off the horse before getting him into his stall. Another drive I shall not easily forget.

The night-bell startled me very early one morning. I had heard no previous galloping, so took it that it was a patient in the village who wanted me. When I opened the door I found a man on horseback who had rung the bell without dismounting, and snow was falling fast and furiously, which accounted for my not having heard the sound of the horse's gallop. "They want you up at the Grange Hall," he said, "the missus is taken bad, but I really don't know, Mister, how you'll get there with a trap, as I have had the greatest difficulty in getting here on horseback, and I'm sure I don't know how I'm agoing to get back myself. All the roads are full up with snow."

The place to which I was summoned was seven miles away and 1,200 ft. above sea-level. I gave the man as appropriate medicine as I could guess, and promised to come in the morning when I could get additional help. When morning came the roads were worse. Snow had been falling steadily ever since. One horse was of no avail to drag even a light dog-cart in such snow, so I brought out another of my horses, borrowed leader's harness, and managed to fix it on to the cart tandem-fashion. As the first horse was no trained leader we had to put a postillion on his back, and my groom and I took up our position in the dog-cart with a spade between us to dig out our way if so we required. A veteran horseman stood among the crowd that had gathered to see us start, and he said: "It's no use, Muster, you'll never get there, I've been on the roads this fifty year and more and you'll find the snow will be all over the walls, and you won't be able to even make out where the road lies." I thanked him for his advice, but told him we had made up our minds to go, and go we intended whatever happened. We went. The horses started with fine spirit, clearing their way with a gallant effort through the snow, which at present lay lightly, though deeply, as it had so recently fallen. We soon came, however, upon drifts which sometimes reached their chests, and in one place actually came up to their necks. Up and up we climbed, as the road was steep and hilly all the way. At one place I almost thought we should have had to have turned back, as the wind, which had risen, blew the snow with such blinding force against the horses, and, as they were at that time passing through a series of high drifts, it was almost impossible to proceed. My groom dismounted and went to one of the wheels, while the postillion goaded the leader and I lashed the home horse. By one united tremendous effort the trap was moved, and we passed into less deep snow. We got there at last. What was my amazement, and I may almost say dismay, to see my patient sitting in a comfortable chair by a roaring fire in the large, well-appointed kitchen. Her temperature was 99°, and there appeared little or nothing the matter with her. We had a short rest and some refreshment, and then once again made tracks for home. We were looking forward to an easier time on our return journey, as it was practically down hill nearly all the way, but the wind had unluckily changed, and the horses found it immeasurably difficult to overcome its

forces, combined, as it became, with a driving sleet. When we did eventually arrive home we were all terribly exhausted, and I, for one, felt that if we had saved the life of a patient it might have been worth the while, but as it was we had nothing but the satisfaction of feeling we had done our duty, and accomplished what had been supposed to be an impossible journey.

In spite of its hardships a country practice can offer a life of full satisfaction even to an ambitious man with high ideals. If the practitioner be keen upon his profession, if he be a lover of the country, and if he be a student of human nature, he need never have a dull moment. True it is the world of Art is temporarily denied him. The theatre, fine art gallery, and museum are out of reach, and there are times when he may feel a longing for them. In their place, however, does not his Shakespeare lie on an adjacent shelf: do not Nature's magnificent pictures in the shape of exquisite landscapes stretch themselves before him as he daily drives from house to house visiting his patients, often situated miles apart in the midst of glorious scenery; and are not the sculptures wrought by Nature's hand, in the shape of winds, frosts, and rains, on those rugged rocks piled up on the hillsides or lying in tumbled masses in the dales, as beautiful in their way as are the David of Michael Angelo or those fragments of the Parthenon, in our own British Museum, carved centuries ago by the master hand of Phidias? The intellectual life is ours wherever we may be, and it rests with ourselves to guide our thoughts in those channels of literature and Nature that lead to the most satisfying ideals.

As practical men, before purchasing a practice in the country, we should take the utmost care to ensure that a comfortable living can be easily and happily obtained. If we do not make certain of this foundation, how can we expect that the super-structure we work diligently to raise can be an edifice of any solidity whatsoever? Can there be anything more distressing than to hear of a case of a medical man of culture and refinement being obliged, for necessitous reasons, to sue a poverty-stricken patient for a debt of a few shillings? If the practitioner can make certain that the practice he is about to procure can afford him a margin for generosity, he will not find the club work that a country practice necessarily entails as irksome as he otherwise would. Let him regard his club patients as beneficiaries, and when they are giving him extra work and worry during a time of much illness or innumerable accidents, he must forget for the moment that he is receiving the sum of 3s. per head per annum for all services (together with medicines and dressings), rendered by night and by day, at any distance within a three-mile radius from the house in which he lives! When we consider that in every walk in life there are times when either money is lost or extra work entailed by men of position on account of illness of their clerks or employees, when even the man in the street "loses time" while helping a brother labourer that may

have fallen from his bicycle, been run over by a vehicle, or been taken suddenly ill on the King's highway—does it not behove the medical profession, on account of its very superiority over the world commercial, to exceed such as these in their endeavours to be of utility and render service and self-sacrifice to distressed members of our State? Some of the most fascinating cases I have had in my now nearly twenty years of general practice have been in this class of club patient, and a keen interest in the case, a generosity in drugs that may be required or dressings that may have to be used, have imparted a stimulating effect not only on the people among whom one was working, but also on oneself. Believe me, for the few shillings you may give out in one way, you reap many pounds in return, not only in the sense of sterling coin of the realm, but of that gratitude that will make a club patient say, "I shall always respect you, Sir, for what you have done for me."

To a newly qualified medical student who intends taking up general practice I should unhesitatingly say, go to the country for five or seven years. It is essential that you should cut your professional teeth somewhere. Cut them there. Shirk nothing. Fight desperately to carry through everything that comes in your way, no matter how impossible it may seem. The God of Battles will help you in your extremities, so long as you are true and sporting to the highest ethics of the medical profession. If you have not been born with a golden spoon in your mouth, put by all the pennies you can, and at the end of some years you will no doubt have saved a fairly substantial sum, as expenses in a country practice are small compared with those in a town. Invest this sum in a first-class practice in a town or in a good residential suburb.

Having gained the requisite experience and a store of good health by your open-air country life, you have now qualified yourself to become wedded to the Rachel of your profession and may you, like the handsome fairy Prince in the story books of our childhood who won the beautiful fairy Princess by reason of his valiant and knightly deeds, "live happily together," for the benefit of humanity and the good of the medical profession "for ever after."

T. W. P.



