

**The young practitioner : with practical hints and instructive suggestions as subsidiary aids for his guidance on entering into private practice : being modified selections from, with additions to, "The Physician Himself" / by Jukes de Styrap.**

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### **Publication/Creation**

London : H. K. Lewis and Company, 1890.

### **Persistent URL**

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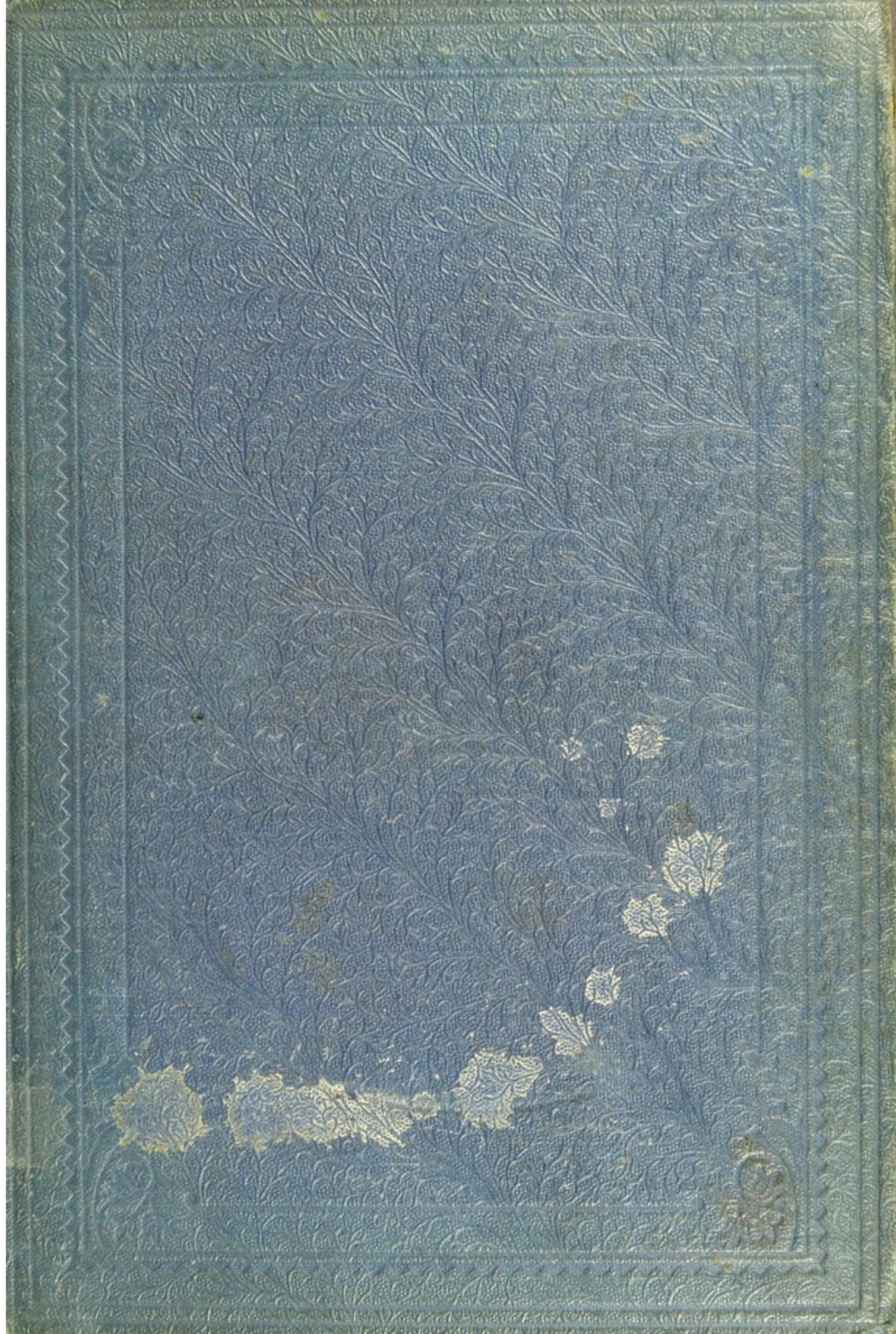
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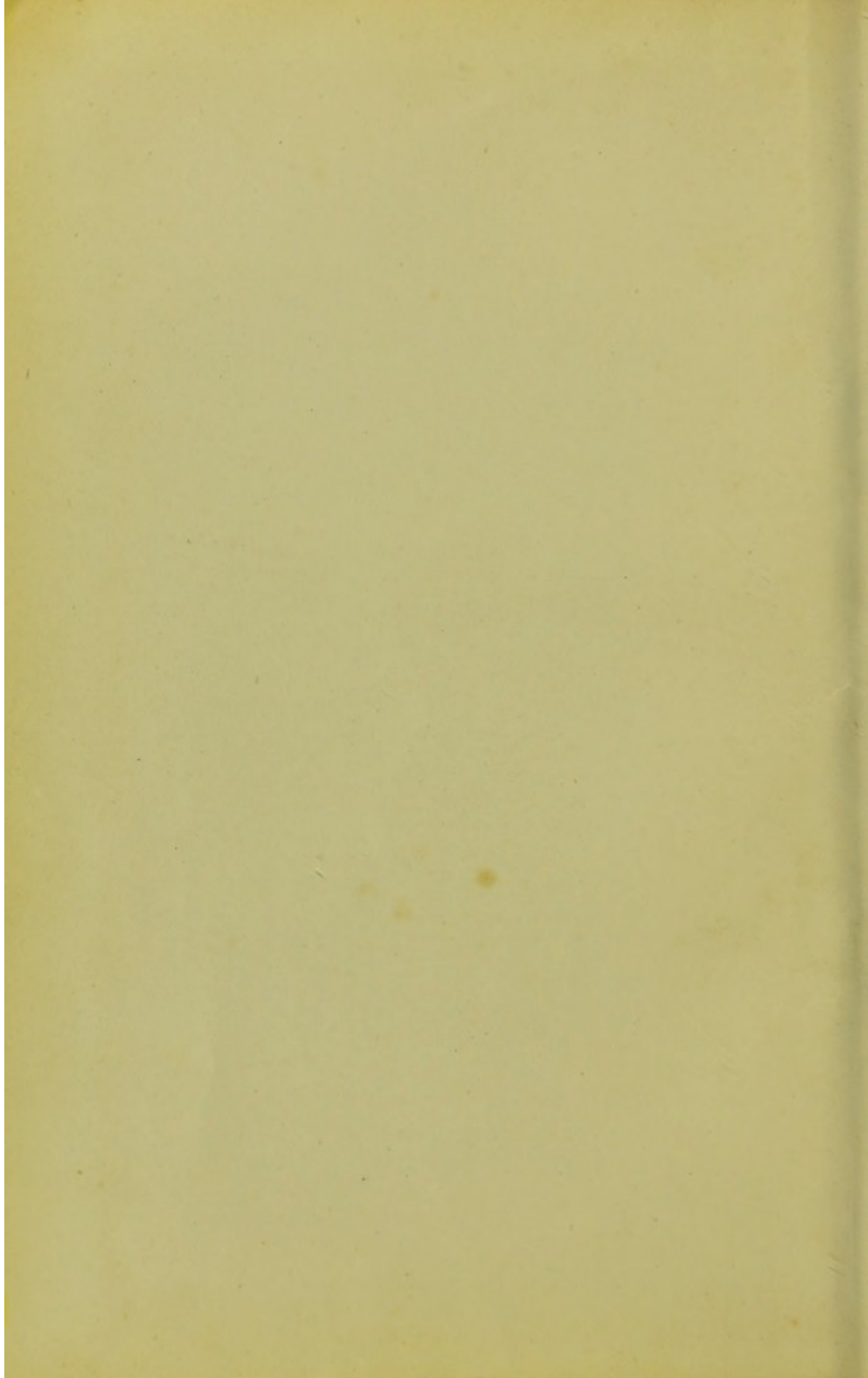
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# THE YOUNG PRACTITIONER:

WITH

PRACTICAL HINTS AND INSTRUCTIVE SUGGESTIONS

- AS SUBSIDIARY AIDS -

FOR HIS GUIDANCE

ON ENTERING INTO PRIVATE PRACTICE :

BEING MODIFIED SELECTIONS FROM

WITH ADDITIONS TO

'THE PHYSICIAN HIMSELF';

BY

JUKES DE STYRAP, M.K.Q.C.P., ETC.,

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'DOCENDO DISCIMUS.'

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LONDON:

H. K. LEWIS, 136, GOWER STREET.

MDCCCXC.



LONDON:  
PRINTED BY WATERLOW BROS. & LAYTON, LIMITED,  
24, BIRCHIN LANE, E.C.

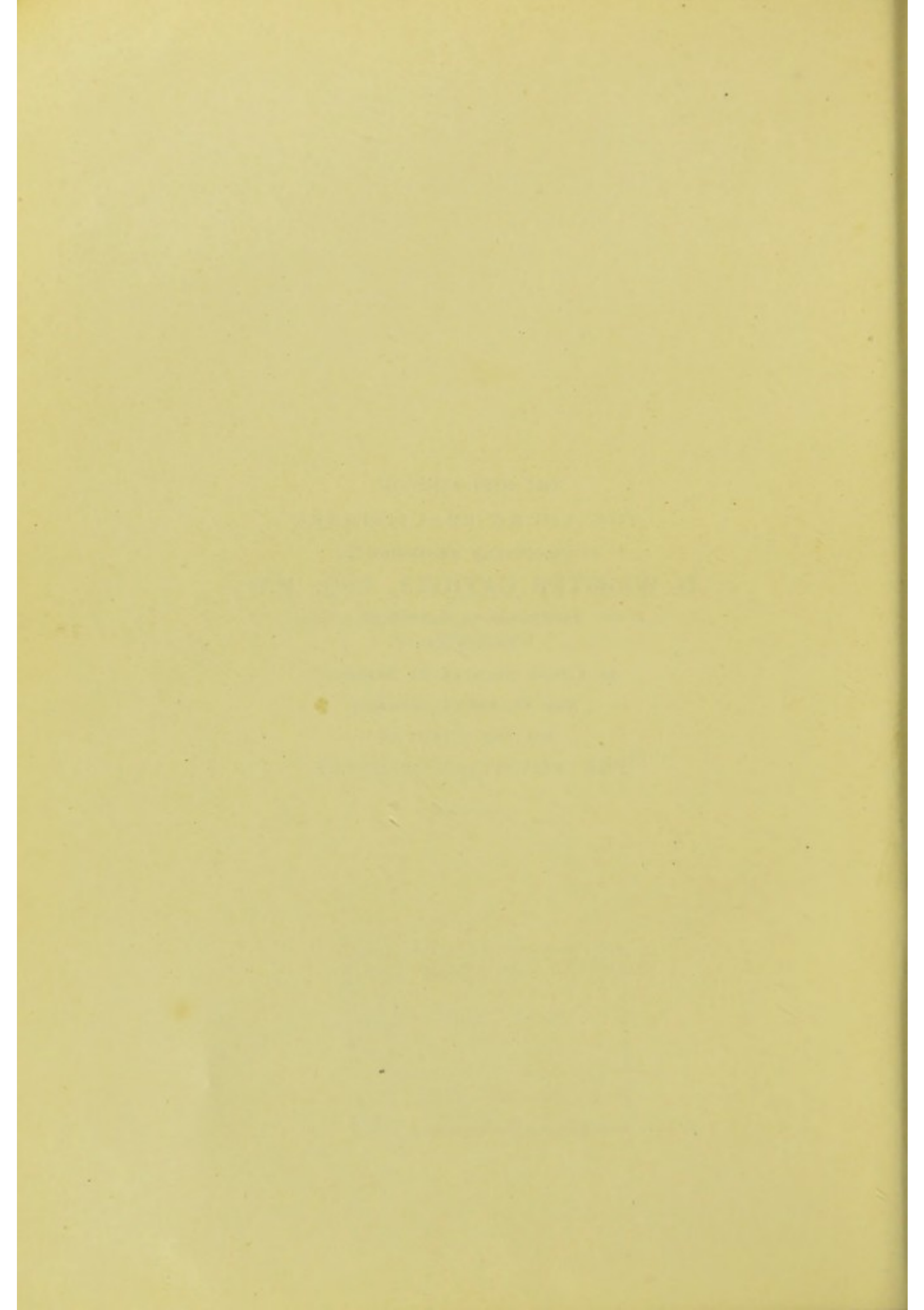
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THE DEDICATION OF  
' THE YOUNG PRACTITIONER '   
IS CORDIALLY TENDERED TO  
D. WEBSTER CATHELL, ESQ., M.D.,  
PROFESSOR OF PATHOLOGY,  
BALTIMORE :  
AS A JUST TRIBUTE OF RESPECT  
AND FRATERNAL REGARD  
FOR THE AUTHOR OF  
" THE PHYSICIAN HIMSELF. "

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PREFACE TO  
THE YOUNG PRACTITIONER.

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DEFECTIVE in intent and treatment, and ill-arranged, moreover, as the subject-matter of the following manual may not unreasonably be regarded, the compiler deems it well to remark that it is offered simply as a subsidiary aid to the young practitioner on commencing private practice, by one, who, during half-a-century's professional life, has more or less carefully noted the many perplexing difficulties by which the medical novice is so often beset; and to assist him, in some degree at least, to successfully contend therewith is the special object of this contribution to the advisory resources of his younger brethren. At the same time, he deems it right to observe that for the material points and their practical delineation, he is especially indebted to Dr. D. W. Cathell, late Professor of Pathology, Baltimore, U.S.A., for whose warmly expressed sympathy with, and most courteously accorded free use of 'THE PHYSICIAN HIMSELF' for the purpose in view, he is under deep obligation, and begs to tender his very cordial acknowledgment.

With regard to the 'INTRODUCTORY ADDRESS'—for the permissive insertion of which, he is indebted to the obliging courtesy of the editor of the British Medical Journal—the writer has been so impressed with the comprehensive, instructive wisdom



embodied therein, that, although its introduction may seemingly not be in strict accord with the specific design of imparting practical hints and suggestions to the junior members of the faculty rather than admonition to prospective students, he nevertheless feels impelled, in the true interest of the profession and of the public, to give more or less prominence to the subject, in the hope that it may arrest the attention of and serve as a guide and monition to parents, whose sons may contemplate entering the portal of medicine as a profession. To all such, therefore, ere electing the art and science of medicine for a lifelong vocation, a thoughtful study of the principles inculcated therein is very earnestly counselled.

In reference, moreover, to the Appendix—a professional medley, so to speak—the writer would simply add that he has, for a like reason, been induced to so far deviate from his original project as to accord it a place in ‘The Young Practitioner’, in the hope that his more or less inexperienced juniors may be able to cull therefrom some practical information that will prove alike useful to themselves and remedially beneficial to their patients—such, for instance, as the suggested and effective treatment for a ‘cold’, etc.

*The College, Shrewsbury,  
December, 1889.*

## INTRODUCTORY ADDRESS.

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### THE MEDICAL PROFESSION.

IT was said of the Napoleonic armies, that every private soldier bore the *bâton* of a marshal in his knapsack, and it may be written with equal truth of the medical profession—for the encouragement of those about to join its ranks—that to each practitioner its highest honours and its most distinguished positions are possible of achievement. It is no respecter of persons, but offers its chief prizes with liberal hand to every honest seeker; its only requirement for their attainment—knowledge. Its only passport to success—diligent and intelligent work.

But though success is thus attainable by any candidate who will use the proper means to gain it, it does not follow that even when obtained it is of a kind which will satisfy the ambition of most men. And therefore it behoves every youth before he finally chooses medicine as his profession to be quite sure of what he seeks, and to be well furnished with the necessary weapons, wherewith, having decided, he may fight his way to victory.

If wealth be his goal, he has mistaken his calling. "Some of us," says Sir James Paget, "may indeed make



money and grow rich; but many of those that minister to the follies and vices of mankind can make much more money than we. In all things costly and vainglorious they would far surpass us if we would compete with them. We had better not compete where wealth is the highest evidence of success."

If social distinction be his aim, he could nowhere have hit on a more hopeless choice, for he will find the claims of his calling so onerous and so incessant that he will have little time to cultivate those graces and opportunities without which social distinction cannot be won.

If he has entered it merely to earn a morsel of bread, he is prostituting a most noble profession to an object not in itself perhaps improper, but as a sole end most unworthy.

It is unfortunately true that many of those who join our body do so with a most inadequate appreciation of the responsibilities they incur. For them medicine is neither more nor less than a means of earning a livelihood. They either adopt it by accident or from unworthy motives, or because it is a cheap profession. Hence our ranks are filled with so many unsatisfactory recruits; hence the space of our medical journals is taken up by complaints of ungentlemanly and unprofessional conduct; hence our law journals contain such reports that cynical lawyers boast there is no case so disreputable, no claim so monstrous that they cannot bolster it up by medical evidence. Hence, too, our social position is impaired, our influence for good lessened.

And indeed our responsibilities are so great, our capacity for good or for evil so enormous, that none should



join us whose aim is unworthy, or, having joined us, should for a moment relax his utmost exertions to fit himself for his high calling. For unless the span of human life be immutably fixed (in which case we above all men are quacks and time-servers ineffable) the power entrusted to us is unbounded. On our knowledge and skill depend the fate of individuals and, through them, of empires. The prosperity of families, the hopes of parents, the happiness of wives, the future of children, the welfare of communities, the victories of armies are in our hands.

And yet no man, however humble, no learner, however feeble, need shrink back in dread of undertaking such high responsibility, if only his aim and his heart be right. His aim, however, must be no lower than truth itself. His heart must be accustomed to self-sacrifice and attuned to sympathy and love. For our career must be one of two—either the skilled and disciplined mind, seeking, like a God, the welfare of mankind and the relief of suffering humanity; or the ignorant and hypocritical pretender, concealing behind the ambush of fair words and smiling face a heart of guile and a soul of bitterness. Our profession is such, our contact with poverty and ignorance is so close and intimate, that either the constant exercise of pity, of charity, and of self-control will render our lives and our minds daily nobler, or we shall become grasping, ignorant, and narrow-minded even as those among whom our lot is cast.

And even in the stage of our pupilage our responsibility and our self-discipline must begin. A great medical authority assures us that "there is no concealing the truth, the melancholy truth, that numbers of lives are annually



lost in consequence of maltreatment." Who, then, will face, uninfluenced and unmoved, the certainty—for certainty it is—that for every wasted hour of student days, for every case unnoticed, for every lecture neglected, for every opportunity despised, some human life may pay forfeit?

Our efforts must not be limited to passing *this* examination or securing *that* qualification or degree, but must rather be devoted to preparing ourselves for a lifelong and unceasing examination, wherein the examiners are disease and death; the penalty for failure to ourselves discredit, to those who have trusted us in vain extremest pain and peril.

The years which we are expected to devote to exclusive study are so few, the subjects we must undertake are so many and so abstruse, that in order to emerge from the schools with even a passable amount of knowledge the whole of our student days must be devoted to honest and earnest work. We cannot safely neglect one of the branches of science we are expected to master, for they are all so interdependent that, if one portion of the edifice of our knowledge be left unbuilt, the remainder is either in danger of falling, or else cannot be raised at all.

Without a thorough mastery of anatomy, neither medicine nor surgery can be scientific or accurate. Physiology is dependent on a knowledge of chemistry, as is likewise pharmacy. Pathology cannot be mastered if physiology be neglected; without both medicine is impossible.

Nor must method be neglected. Everything must be learned in due course. The operating-theatre and the bedside must not be frequented until the lessons of the chemical laboratory, of the dissecting-room, and of the physiology

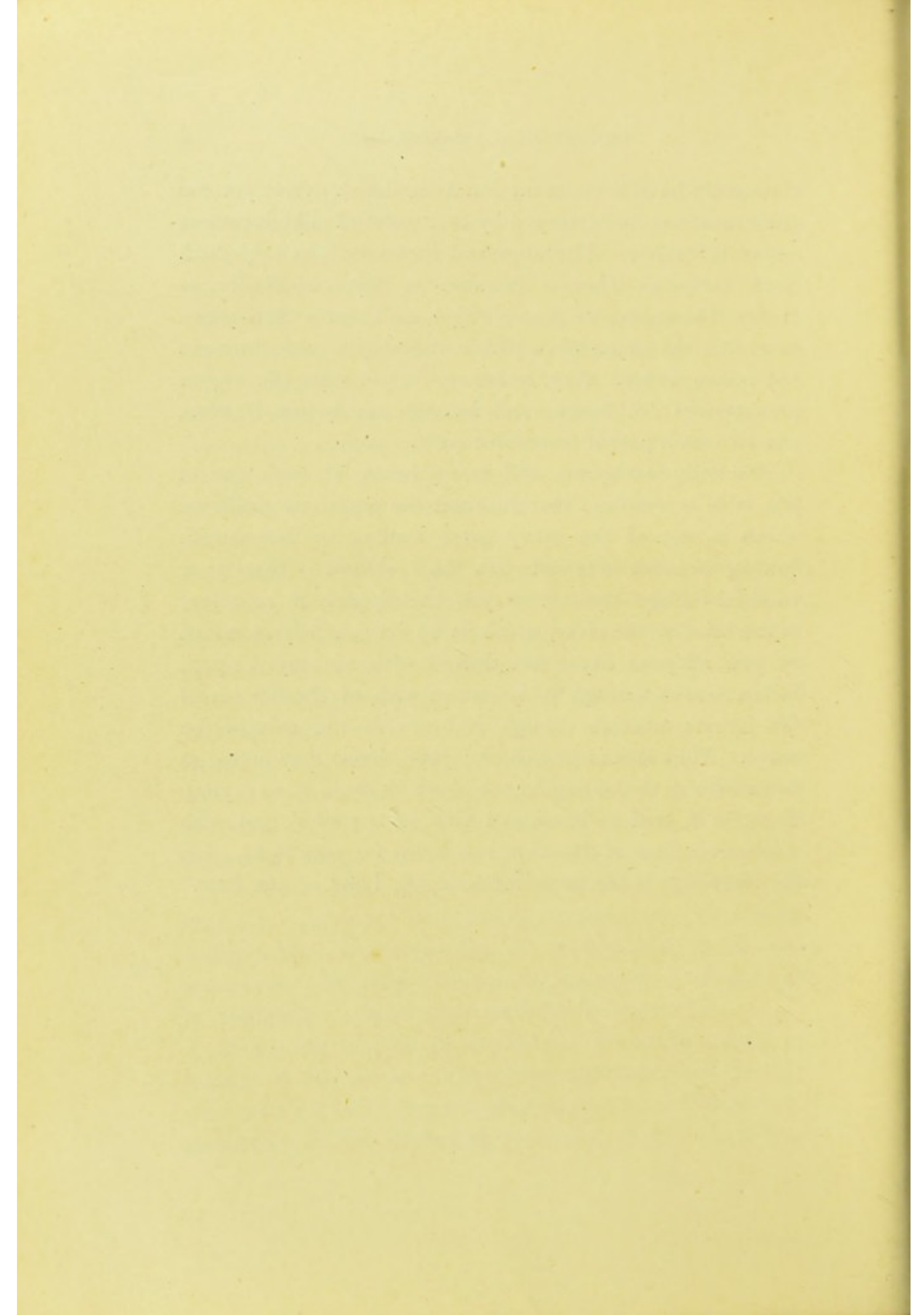


class-room have been learnt and assimilated. And yet the mind must not be cramped by that worst of all educations—a technical one. Literature and art need not be neglected. Such names as Thomas Browne, as Seymour Haden, as Henry Thompson, as James Paget, as Charles Bell prove to us that the claims of medicine and of general culture are not incompatible. Nay, rather as Carlyle says, the higher presupposes the lower; and he who can fly into Heaven, can also walk past if he resolve on it.

So, with courageous and manly heart, let each one of you who is resolved thereto enter the portal of medicine which is one of the many gates leading to that stream flowing beyond, whereof one has written “that your youthful college days are to you the dipping of your feet in the brim of the river, which is to be manfully stemmed by you all your days; not drifted with, nor toyed upon. Fallen leaves enough it is strewn with, of the flowers of the forest; moraine enough it bears of the ruin of the brave. Your task is to cross it; your doom may be to go down with it, to the depths out of which there is no crying. Traverse it, staff in hand, and with loins girded, and with whatsoever law of Heaven you know for your light. On the other side is the promised land, the Land of the Leal.”

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## CHAPTER I.

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"Things small in themselves, have often a far-reaching significance."

—*Chew.*

WITH the view to professional success in life, the mind cannot be too deeply and thoughtfully impressed with the fact, that skill in practice consists not only in diagnosis, prognosis, and prescribing medicine, but is the embodiment of all the powers that the practitioner legitimately brings to bear upon the general treatment of his cases: in other words, the skilful use of medicine is but *one* of the many elements that constitute professional skill. You must study mankind as well as medicine, and also bear in mind, when acting upon diseased bodies, that they are possessed with hearts and minds that have strong passions, warm sentiments and vivid imaginations, which sway them powerfully both in health and disease. To be successful, you should fathom each patient's mind, discover its peculiarities, and comport yourself in harmony with its conditions. Let hope, expectation, faith, contentment, fear, resolution, will, and other psychological aids, be your constant levers, for each may at times exercise legitimate power. It is not prolonged practice, but study and reflection that teach their relative and special value; and if you are not a keen observer of



men and things, if you cannot read the book of human nature correctly, and unite knowledge of physic with an intelligent comprehension of the thoughts, feelings and desires of mankind, together with the knowledge of the effects of love, fear, grief, anger, malice, envy, lust, and other strong but hidden passions that govern the human race, you will be sadly deficient, even after twenty years' experience. A certain amount of professional tact and business sagacity, moreover, is as necessary to the medical practitioner as the mariner's compass is to the navigator. There are gentlemen in the ranks of our profession who are thoroughly acquainted with the scientific aspects of medicine, and can tell you what to do for almost every ailment that afflicts humanity, who, nevertheless, after earnest trial, have failed to achieve reputation or acquire practice, because they lacked professional tact and business sagacity.

If a young practitioner were to ask me by what honourable and professionally legitimate means, conjoined to scientific knowledge and other essential attainments, he might reasonably expect to ensure success, and possibly accelerate it, I should be induced to offer the following suggestions:—

Guided by sound, christian, principles, you should, on commencing practice, regard it as an imperative duty to self, not only to start aright and press steadily onward, but to heedfully pursue an undeviating course along the true, legitimate path of professional life (which, though often beset with thorns and difficulties, is neither exceptionally difficult, nor unduly irksome, when energetically encountered), until you attain the highway leading to success, and, then, look out for a wise help-mate, and marry!—but not



before, unless pecuniary circumstances justify the step, otherwise, the cares and anxieties of impecunious married life may possibly weigh down the spirits, and so far enervate the mind and body as to incapacitate you, more or less, for the arduous struggle for existence ; nor can it be too impressively borne in mind that, unless you succeed in making your mark, and establishing a fair reputation and practice in the first six or eight years, the probability is that you never will.

And here I would incidentally observe, that Partnerships, under other than exceptional circumstances, are not, in my opinion, to be commended—inasmuch as the partners are not, as a rule, equally matched in industry, capacity for professional work, temperament, tact, and other essential qualities, indispensable to a congenial and intimate fellowship ; nor, moreover, are they usually alike cared for by the public—hence such professional alliances do not generally prove so satisfactory and beneficial as could be wished ; and the only form in which I could honestly advise it, would be a co-partnership, for a limited period, with an elderly practitioner desirous to retire.—It may also be judicious to note that

'Branch-Practices', so called, are not—except in the case of, and as a local habitation for, a partner—desirable ; for, in addition to the loss of time, and wear and tear, in going to and fro, they are apt to create an uncertainty in the minds of those who may be in want of the doctor, as to where and when he is most likely to be found. Taking, therefore, a fair estimate of the respective advantages and disadvantages, I am clearly and distinctly of opinion that a branch-practice is, as a rule, inexpedient, and neither



increases the income, nor enhances one's popularity, while it adds greatly to the labour.

Again: the location and appearance of your residence will more or less affect your progress, and you will do well to select one, if possible, in a good and comparatively retired neighbourhood, easy of access, and as near as may be to one or more of the main thoroughfares. If you were to locate yourself in a back, or unfrequented street, it might, and not unnaturally, suggest to the public either defective ambition, or distrust of your own abilities. Note, also, that a recessed or other private entrance and exit thereto is desirable; for, be the cause what it may, it is unquestionable that patients in general have an aversion to be seen standing at the 'doctor's'; and it is not a little deepened, moreover, by the servants' tardiness in answering the door—a matter of seeming trivial import, but, de facto, of much importance, and should, as far as possible, be provided against.

The arrangement and general tone, so to speak, of your consulting-room should also receive special consideration, for not a few patients are sensibly impressed and influenced thereby. I would therefore, among other suggestions, counsel you to avoid any display of surgical and obstetrical instruments, syringes—hypodermic or otherwise, splints, specula, and like repelling objects; also, of framed and glazed diplomas, honorary certificates of proficiency in anatomy and kindred sciences; indeed, even the gynæcological couch, with its elevating mechanisms etc., had better be relegated to the dark corner of the room; moreover, let no stuffed birds, impaled butterflies, lizards, snakes, and the like, be seen therein, or anything calculated to place you

Open the Door  
Quickly



in a light other than that of a medical practitioner; even if you have a natural love for such things, it will be better, I think, to keep them out of sight of your patients, and lead them to regard you simply as a medical man.

It may also be judicious to eschew (in the consulting room only, be it noted,) political and religious emblems, portraits, etc., in so far as they relate to your personal sentiments: for no matter what shade of partisan or sectarian pictures you may display, they will doubtless be more or less offensive to some; and in such and other matters fairly open to criticism, it is a wise maxim to respect public opinion.

My own views of the essential features of a consulting-room may be briefly expressed as follows:—it should be of moderate dimensions, small rather than large; the walls and floor well and tastefully covered; the articles of furniture few in number, but good, and to include a small (and, if the means admit, handsome) book-case, a well designed writing-table, and chairs to correspond—which latter should be so arranged that the patient may sit comfortably, and in a good light, during the consultation; to which may be added a few artistic ornaments and works of art—not omitting a time-piece to silently notify the passing hour to patient and practitioner.

The microscope, stethoscope, laryngoscope, ophthalmoscope, urinary cabinet, (one designed by the writer and manufactured by Messrs. Maw, London, will be found useful, and not unornamental;) and other aids to precision in diagnosis, together with portraits of eminent professional friends and teachers, and academical and other prizes denotive of the mental and physical prowess which distinguished the young

A Dv  
and nothing  
more

Room

Bookcase

Clock

can be seen



practitioner in his still earlier days, may legitimately and appropriately constitute a part of the artistic ornamentation of the consulting room—which, it is scarcely necessary to add, should be kept exceptionally neat and clean, and, as far as may be, so arranged as to more or less indicate a refined and skilled taste. At the same time, it may be well to sound a note of caution, lest, in later life, the successful practitioner should be tempted to an obtrusive display of the votive offerings of grateful patients—a proceeding which has ever been rightly condemned.

Still more important to success will be the nature of the connexions you form in your early career; for by such is a young medical practitioner rightly and keenly judged. Let your acquaintance therefore be limited, as far as possible, to legitimate professional brethren and people of genuine worth; and be careful to avoid associating with those who labour under a merited stigma, or are notably of immoral character, or whose hopes and ambitions have been blighted by their own misconduct. At the same time, eschew the hotel-bar, the smoking, the billiard, and the gambling room—for, irrespective of other sound reasons for avoidance, no one of ordinary judgment and observation ever conceives a better opinion of a professional man for fraternizing with him at such places: which, moreover, tend to a downward course, to blunt your finer sensibilities, to prove fatal to your professional aspirations, and eventually blast your career—in simple language, will, sooner or later, ensure moral and professional suicide! Be assured that moral rectitude alone will render your life happy, and enable you to successfully encounter unfriendly criticism and unscrupulous opponents.

Don't display  
gifts from  
patients

"Friends"



As a further but minor aid to successful progress, be courteous and urbane to all classes of patients, but do not hand-shake and familiarize indiscriminately: undue familiarity detracts not a little from the influence and prestige of juniors. You should never, moreover, become so familiar as to lay aside all formality, and enter a patient's house, or room, be he rich or poor, without announcing yourself by a gentle rap, or ring, at the door.

Yet withal, and assuming that you are in possession of the several subsidiary aids alluded to, you will, I fear, fail to attain success, unless you can command the confidence of your patients—a subject for future consideration, as the one great and paramount essential!

In regard to your door-plate, let it be of strictly moderate dimensions, and the name well and distinctly engraved; for, even in and by so simple a matter, the public are apt to be favourably or otherwise impressed. The title thereon must necessarily be more or less a question of right and of taste. When entitled thereto, it is better to put Dr. . . . ., than . . . . ., M.D. The former not only looks best, but has the advantage of being understood by all classes. As a representative title of the 'General Practitioner', so termed, personally I entertain a predilection for the old familiar one of 'Surgeon', in preference to that of modern innovation—'Physician and Surgeon': a designation which fails to convey to my mind their immemorial meaning and intent.

Unless your name is likely to be confounded with that of another practitioner, it will be well to omit your initials from the door-plate, but to introduce them on your cards.

INOT  
 nowadays  
 Any  
 person  
 in case  
 naming  
 doctor  
 one true  
 me  
 companion  
 few M.D.s



The public are not accustomed to speak of Dr. O. W. Duwell, but simply of Dr. Duwell.

With reference to advice and consultation at home, you will find it a good rule to direct special attention to the hours at which they begin and end; for many people think that if they arrive a minute or so before the specified closing hour, they are in time, and by such lateness inconsiderately detain you beyond the assigned hour for your out-door professional duties, or at least will seek to do so, unless firmly resisted. Persistent late-comers, after courteous pre-monition, may justly be denied an interview, on the reasonable plea that detention after the prescribed hours seriously interferes with your daily routine of work and the fulfilment of your duty to others—your moral obligation to whom, and to self, necessitates a reluctant enforcement of the rule. Sensible people will at once admit the justness of the reason assigned, and retire. With others, you need not greatly care to trouble yourself.

By thus regulating your time, and persistingly urging patients to strictly observe your stated hours, and also, when necessary, to send for you before your accustomed hour for leaving home on your regular rounds, you will do much to systematize your work, and to lessen the number of calls at odd and inconvenient hours, which so greatly add to the wearying toil of a doctor's anxious life. As a means to still further educate them on the desired point, it will be advisable to place in a conspicuous position in your waiting-room, a neatly printed card distinctly notifying your home-hours for the reception of patients, with a courteously worded intimation that, under no circumstances, other than of pressing necessity, will they be



departed from. By such and like means you may fairly hope to render your work less irksome, and eventually to arrive at an appreciative understanding with your patients.

A porcelain or other suitable tablet should be kept in a convenient place, whereon professional messages may be entered during your absence from home, and strict injunctions given that such entry be made at once by the person in charge, with the view to prevent, as far as possible, avoidable mistakes. A speaking tube, near to your night-bell, will also be found of great utility for night calls. A telephone may subsequently become a necessity, and even a luxury. Many practitioners, however, are deterred from having one by the fear that its convenience will lead to undesirable calls and messages at unseasonable hours. The apprehension will prove groundless, and the reality the reverse of expectancy—in so far as it enables one to resist the arguments and attempts at persuasion so often encountered in personal interviews. It is, moreover, far easier to decline to pay a visit, to urge a plea, to suggest a remedy, or to give direct instructions, through the telephone, than by converse with a fallible messenger.

On commencing practice, you should provide a pocket visiting-list, day-book, ledger, and cash-book, and at once begin to enter your prescriptions, and to keep regular accounts—taking especial care to ‘post up’ periodically, be it weekly, monthly, or quarterly; and thus seek to engender, if not already existent, a system of book-keeping, which cannot fail to be of essential service, and, probably, eventually avert serious pecuniary loss.

Be careful, also, to note down in your day-book the full names, occupation, and residence of every new patient ;



for, although their respective identity may, for the time, be clear and distinct in your mind, yet, as patients increase and multiply, and years elapse, your personal recollection of each one will be apt to become misty and confused, and, consequently, may entail upon you considerable money loss. Never omit, moreover, to make memoranda of home consultation and advice, professional visits, payments, etc., in your visiting-list, with a lead pencil, until an opportunity presents itself for writing them in ink.

Should it fall to your lot to practice in a large town or populous city, I should be inclined to advise you—especially if not of robust health—to assiduously cultivate a ‘home’ general consultative practice: or, in other words, to receive patients, as a general practitioner, at your own residence, at certain specified hours, as before alluded to; for not only is it, when judiciously worked, a fertile source of reputation, and a not unfruitful one of cash fees, but a great fatigue-preserver. In such case, and, indeed, in all other, it will especially behove you to study to inspire your patients with confidence and respect, and, by general sympathetic kindness to engender a feeling of grateful appreciation; endeavour, at the same time, to honestly impress them with the belief that the nature of their respective maladies is clearly recognised and understood, and that your best efforts, guided by thoughtful care, will be devoted to effect their restoration to health; and, lastly, if a healthy stimulus be essential to ensure on your part the necessary personal effort to produce the desired mental effect upon such patients, it may be found in the unquestionable fact, and which you will do well to



distinctly bear in mind, that each one during the consultative conference will form some definite opinion relative to yourself, and ever after, more or less, mar or promote your success.

When summoned to an accident, or a case of convulsions, colic, or other of like urgency, go, if possible, immediately; you will then have nothing wherewith to reproach yourself, or to be blamed for by others, in the event of your attendance being too late to be of service. If, however, you are unable to do so, without neglecting other duties alike urgent, it will be more satisfactory to the patient if you send a remedy adapted to the case, with full written instructions as to other necessary treatment, until you are able to attend; or, if it be of a critical nature, it will be better to request, by brief note, a medical friend or other practitioner to minister to the case for you: otherwise, should it take an unfavourable turn, you will subject yourself to severe criticism and an assumed default of duty.

By an intelligent, judicious use of your instruments of precision—the stethoscope, ophthalmoscope, laryngoscope, clinical thermometer and microscope, together with those and the accompanying reagents necessary to a careful analysis, or other modified examination of the urine, you will not only derive very material physical aid in forming a correct diagnosis, but effective co-operation on the part of your patients by increasing their confidence in your ability, and thereby enlisting their sympathetic concurrence in your remedial treatment.

Always carry with you in your professional rounds, a clinical thermometer, female catheter, bistoury, small forceps, hypodermic syringe, lunar caustic, probe, needles,



etc., in a neat pocket-case, for ready use, and, as some little guard against breakage, encase your thermometer in cotton wool ; moreover, never omit, after use, to wash it, and, also, all other instruments.

Be especially careful to avoid, by all precautionary means, syphilitic inoculation, septicæmia, etc., and never, under any circumstances, use an abraded finger in making vaginal and other examinations. Vaseline and lanoline having no affinity for moisture, will be found to answer the purpose well for anointing the fingers and instruments, and, with one or other, you should always be provided.

With the view to maintain your physical health, you should endeavour to live comfortably, and rest as much as possible on Sundays, and at night ; and, moreover, if you would avoid, as far as may be, the risk of a break-down in health, make it a cardinal point of duty to yourself and family, to get your meals and your sleep with as much regularity as possible : a phase in medical life, which, phenomenal as it may seem, can nevertheless be realized to a greater or less extent by careful and persistent schooling (and judicious scolding, if need be,) of your patients, conjoined to your own resolute determination that it *shall* be ! Try it !—Rest, on Sundays, may also be more or less assured to the wearied practitioner by the same disciplinary process. Again I say, try it ! for the comfort and relief it will afford is well worth a strenuous effort and a determined, energetic struggle for mastery.

A medical man should always be scrupulously neat in person and appearance, and should carefully avoid slovenliness and everything approaching to carelessness or neglect, and particularly so in relation to an unsoiled shirt and collar.



Who, it has been pertinently asked, ever saw or heard of a designing swindler, or an unscrupulous gambler, a skilful forger, or a pseudo-gentleman of doubtful means, that dressed shabbily or in bad taste? Such people are keen observers of human nature, and no matter how abandoned or tarnished in character, they but too often succeed in masking their moral defects by assuming the dress and manners of gentlemen. If, then, such be the effect of polished manners and becoming dress in the case of the dishonourable characters in question, how much greater should be their influence in relation to those who are *de facto* gentlemen by education and profession! It may not be amiss to add that, if *lucre* be an incitement to dress well, it may be accepted as a fact that people in general are not only more disposed to seek advice from a well-dressed practitioner and repose greater confidence in him than in a shabbily attired one, but also expect (questionable as it may seem), and even willingly pay him, a larger bill.

Do not, I would say, altogether ignore the fashions of the day, for a due regard to the customs prevailing around you will evince your good sense and discretion. Even though the style of dress, or living, border on the absurd or extravagant, it may still be wise to conform to it to a certain extent. Young says :

“ Though wrong the mode, comply ; more sense is shewn  
In wearing others' follies than our own.”

Nevertheless, do not, under any plea, be a leader or patronizer of frivolous fashions, and, in such wise, too clearly indicate that a spirit of foppishness overshadows all else ; discard also glaring neckties and flashy breast-pins, and the like, fancy canes, and all other peculiarities that may in



any way tend to show a desire to be regarded as a man of fashion, or, it may be, a 'swell'! Such men may possibly be admired for the passing moment, but are not usually chosen by worthy people as guardians and restorers of health—in other words, as their family medical advisers.

However poor your lot may by ill-hap chance to be, let it be that of 'genteel poverty', so called; for the dress, manners, and bearing of a medical practitioner should always accord with his noble and dignified calling. Moreover, neglect of neatness in person, and the absence of refined manners and cultured address, may lead to unfriendly criticism, and more or less personal avoidance, and thus needlessly add to the existent ills and vexations of life. It will also be well, hard though it be, to recognise the fact that not a few practitioners, far less professionally able and personally less worthy than others who fail for the lack of, succeed by sheer attention to appearances, conjoined to affability of manner and thoughtful tact: points seemingly of trivial importance when contrasted with skilled knowledge and practical ability, yet none the less all powerful with divers people; when, therefore, such potential influences have been disregarded and ignored, it seriously behoves the defaulter, unless he cares not to be left behind in the race of life, to promptly and assiduously cultivate them. Yet again, I would earnestly impress upon you, in homely language, the telling fact that clean hands, a well-shaved face or neatly trimmed beard, polished boots, spotless cuffs, well-fitting gloves, fashionable clothing, and an unimpeachable hat, not only severally indicate gentility and self-respect, but impart a pleasurable self-consciousness of being well dressed and presentable; and such should always



be the state and position of the well educated medical practitioner!

Another point for grave consideration is that of dual occupation—or, to define it more clearly, that of active, personal engagement in trade, commerce, or any enterprise or pursuit, other than that of a medical practitioner; for any such superadded avocation is not merely inexpedient, but, by entailing additional worry and anxiety, (irrespective of the absorption of valuable time that should be set apart for the higher studies and necessities of the elected profession, if signal success therein is to be attained), would render the practitioner less capable of fulfilling the responsible and exacting duties of professional life. Let the practice, therefore, of legitimate medicine be divorced from all other callings, and all your energies, mental and physical, be devoted to the pre-eminent one of health-restorer and mind-soother of the sick: a truly noble calling, second to none!

Politics, it may also be well to note, are regarded by some, even when temperately pursued, as more or less injurious to the prospects of a young practitioner; and, that, even when later in life he has acquired a certain professional reputation, they tend to prejudice his real interests. It may possibly be so, and very probably would be in the case of intemperate partisanship; but to my mind, it would be morally wrong for a highly educated, and, so far, influential medical practitioner to refrain—especially in a national or political crisis—from giving intelligent expression to his honest convictions, and according his support to the political party which he conscientiously believed to be the most capable of promoting and maintaining the true

*absolute  
not now allowed*



interests of the Empire! Be no assenting party to such moral, lucre-suggesting, cowardice!

A 'town'-resident practitioner who visits his patients in gig, trap, or brougham, has several advantages over a *confrère* who journeys on foot; not only is he enabled to see a greater number in a given time, and with much less fatigue to himself, but while proceeding from one to another, is better able to collect and concentrate his thoughts on his more serious cases; and, at the same time, reach the abode of his respective patients in a more fitting mental and physical state than would be the case, if he were simply to foot it through the glaring heat of summer, and the ever variable atmospheric conditions of winter, etc. Another distinct advantage is, that, on meeting acquaintances, he need only make a passing salute, or give a nod of recognition; whereas, if on foot, he might be compelled to stop, and lose valuable time in converse with convalescent patients, old friends, and others.

As soon therefore as circumstances will justify the step, it will be well to purchase a good-looking horse and well-appointed trap, adapted to the locality; for such a turn-out is not merely a source of health and gratification to a young beginner, but tends to indicate to the public an increase of practice—a matter of no little importance in early professional life, in so far as many people look upon success as the master-test of merit, and are often thereby induced to select, as their medical adviser, an apparently busy and rising young practitioner: and thus it may be said, and with some degree of truth, that a medical man can often ride into a practice more quickly than he can walk into one. The inexperienced public, moreover, with naught else to



judge by, not unnaturally infer that a practitioner who finds a carriage necessary, must have an extensive and successful practice, otherwise he could not afford it.

At the same time, while perfectly fair to seek reputation by all legitimate means, careful observation cannot fail to convince you that any attempt to attract attention by charlatanic devices—such as an ostentatious equipage, a flashy-liveried coachman, peculiar-looking horses, conspicuous harness and trappings, habitual hurried and headlong driving, as if a nameless personage were in chase, attempting to read a book as the carriage whirls and jolts along, or an affected style of attire: such and like efforts to excite notice, almost invariably fail to attain the real object in view, and, moreover, dispose sensible people to regard the occupant as a brain-lacking rather than a sound and sensible practitioner; and are apt to evoke a smile of derision. Be cautious, therefore, not to thus belie yourself, but heedfully avoid ostentation and all peculiarity of manner, dress, and other eccentricities, that may incite to ridicule, disrespect, and contempt. On the other hand, however, if you evince excessive diffidence, or deficiency in tact, self-reliance, and a certain degree of aggressiveness—so to phrase it—you will certainly fail to attain success, until the defects in question are mastered.

I would further impress upon you the necessity for assiduously cultivating the true art and spirit of professional manner and deportment—the subject of which is fully discussed in the ‘Introduction to the Code of Medical Ethics’, and which you may peruse with advantage. I would also especially urge you to carefully study the ethical rules and principles therein laid down, and, in your



several relations with the profession and the public, endeavour to conscientiously conform thereto, in the spirit as well as in the letter ; and, in such case, you cannot fail to promote that spirit of professional concord and goodwill, which is so essential to the well-being of the faculty.

It will likewise be well to recognise the fact that it is nothing more than natural that an established practitioner should regret the advent of another medical aspirant—for every family that the new comer adds to his list of patients must, as a rule, be diverted from that of a competitive or rival practitioner. The elder practitioners are, therefore, not unnaturally, very apt to be watchful, if not captious of their new competitor ; and some, indeed, are so sensitive and hypercritical toward every new comer as to well nigh constitute a craze—and thus, unhappily, animosities and bitter feuds are apt to arise ; be it, therefore, your constant care to avoid them, as far as lies in your power, and, by your demeanour, ever prove yourself, if a rival, at least a courteous and an ethically honourable one.

## CHAPTER II.

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"Gently scan your brother man."—*Burns.*

THE profession, it need scarcely be remarked, is accessible—the professional door, indeed, is open, too open it may be—to all classes of the community, and not a few of all kinds have entered it; and you will be exceptionally fortunate if you do not encounter some who are maliciously antagonistic. Not only will you meet with Dr. Fair, Dr. Willing, Dr. Bland, and many like characters, but Dr. Cynic, Dr. Oblique, Dr. Crusty, Dr. Sneerer, Dr. Broiler, and Dr. Frigid are also not infrequently met with. To all such, let your conduct on every occasion be straightforward and fair; and, at the same time, strive to build up a reputation for professional probity and loyalty that will win respect from all, whether friendly or inimical to you, and in such wise convince them that you are incapable of any dishonourable act.

Never seek to retaliate or make reprisals, nor enter into a wordy war with a rival; and avoid all innuendoes and sarcastic remarks to the laity in reference to opponents who may have offended you. Resolve once for all to remain and act as a gentleman, be the provocation what it



may, whether others do so or not. Fail not to practise the '*golden rule*'—"Whatsoever ye would that men should do unto you, even so do unto them",—and you may with confidence entrust the balance to time. The profession of medicine is an honourable calling; resolve that it shall be none the less so by your adoption of it. Remember, moreover, that duty and honour enjoin you to act rightly in all cases, not for policy's sake, but because it is right! Do not, however, expect a like exactness from an enemy in return; for were you as chaste as Diana, or as pure as the falling snow, you would scarcely escape misrepresentation by adversaries with jealous eyes and deceitful tongues.

Although you cannot stop people's tongues, nor restrain their malevolent talk, it will behove you to take care that nothing be permitted, *sub silentio*, to blast your reputation for upright, honourable conduct. Imputations against your skill, unless very gross and endamaging, had better be left unnoticed; and though it may not improbably reach your ears that some one has remarked that so great was his want of faith in you professionally, that he would not allow you to attend his ailing cat or dog, such ill-natured observations need not disturb your equanimity, nor be taken as personal, but simply as expressions indicating a lack of individual faith in your professional ability. Such incidents occur to every practitioner; and although they grate harshly on the ear of the one affected, they differ altogether from personal libels—such as charges of being a drunkard, or an adulterer, and the like.

Be circumspect and guarded in speaking of the number of your cases and of the extent of your practice, and do not boast of your assumed wonderful cures. All such



boastful pretensions are very apt to give rise to envy, disbelief, adverse criticism, and other ill-consequences. It will be well also, in visiting from house to house, to avoid all reference to being exceptionally busy, and to your numerous bad cases, too often made with the covert but mistaken view to enhance your own importance. Indeed, it is far better and wiser to be silent in regard to your own merits, and to avoid all reference to cases other than the one immediately before you; to do so will, with sensible people, tend to detract from rather than add to your reputation.

A good address and varied talents are essential to a would-be successful practitioner, who must, *ex necessitate rei*, come into contact with different classes of people of diverseness of character; an intelligent readiness, therefore, in adapting yourself to the various exigencies of practice is an invaluable faculty, and one in which many practitioners are sadly deficient.

In addition to professional knowledge, you should make yourself fairly conversant with general scientific subjects that tend to exercise the reason, rather than the memory, and also with general literature, with the view to put yourself on a conversational level with the cultured classes of society with whom you may be brought into contact. In fact, amongst educated, intelligent, and intellectual people, good conversational powers not infrequently produce a greater impression of professional ability than is *de facto* possessed by the conversationalist in question.

Accustom yourself to use current and correct orthography, and to write in a good, neat, distinct and legible hand. Let every prescription be written as though critics



were to judge you by it ; each ingredient on a separate line, principal ingredients on the first, adjunct on the next, and the vehicle or menstruum on the last, unless you have some special reason for inverting them. Such methodical system insures to a greater or less extent well-weighed and accurate prescriptions, trains and skills the prescriber, and tends to evoke the respect and favourable criticism of those into whose hands they chance to fall. Be also especially careful that your abbreviations of the names of drugs, and notations of quantities, etc., leave no room for a mistake or inexactness in dispensing—to avoid which, as far as possible, you will find it a good rule to make a point, after writing your prescription, of carefully examining, and, if need be, correcting it. It is scarcely necessary to add, that, while the distinctive names of the several ingredients in a prescription should be written in Latin, the directions for use had better be expressed in English, in accordance with the modern system, as being specially intended for the guidance of the patient ; moreover, in the case of a more or less incompetent dispenser, errors as to dose, etc., are more likely to be avoided.

A word of exceptional caution may also be expedient in regard to prescribing incompatibles—an inexcusable error of, it is to be feared, more frequent occurrence in these days of modern medicine than in the olden times of apprenticeship, during which, pupils were not only efficiently taught how and what to dispense, but many other material desiderata necessary to the building up and future development of apt and sound practitioners—irrespective of the moral home influence exercised by the master of the house and family on the early career of the pupil ; in whose



interest, and that of the general public, it would be well if there were a renewal of the system of apprenticeship with a general practitioner, for a limited period of (say) two years. [That the five years' apprenticeship, under the old system, was far too long, there can be no doubt. Nevertheless, it is to be hoped that the day will not be long deferred, when pupilage, in some form or other, will, in the interest of the faculty and the public alike, be re-enacted for a period of not less than two years—to commence, as in former days, prior (not intermediately or subsequently) to the usual professional training in a medical school; for it will be far better that a youth should thus be engaged immediately after leaving school, than in the loathsome Lock-wards of a metropolitan hospital, or exposed to the repellent scenes in the dissecting-room. It will assuredly be early enough after the preliminary period of apprenticed pupilage for him to look upon the dark, depraved, and seamy side of life.] Although the list of incompatibles is a long one, you will do well to learn it thoroughly, otherwise you will subject yourself to the sarcastic remarks of the pharmacist, and, it may be, of assumed professional incompetency by others—to be followed ere long, perhaps, of whispered doubts and disparaging innuendoes. Study assiduously to avoid the cause.

Many people really believe that we write prescriptions in Latin in order to mask the ingredients. The true intent, however, is to give a concise and specific name to each article, so that, when prescribed, misinterpretation, as between prescriber and compounder, may be prevented; moreover, the Latin names of drugs are the same throughout Europe, America, and elsewhere, and can be read by



the scholars of all nations, while the common name is liable to differ in each nation and locality. Latin, being a dead language, belongs to no modern nation, and therefore is not subject to mutations. It is not only accurate, but, by long usage, in high repute.

Again—The art of making a prescription more or less palatable is, I consider, a duty, inasmuch as, nauseous medicine not merely seriously affects the personal comfort of a patient, but, consequent on his natural repugnance to it, the instructions of the practitioner in relation thereto are often evaded, and not infrequently altogether disobeyed. In the treatment of disease therefore, and especially of children, it becomes a matter of serious import, and should be carefully studied.—In a subsequent chapter, the question will be more fully considered.

It may here be incidentally observed in reference to the advisability, or otherwise, of allowing patients to know the nature of the remedies prescribed for them—a question which has engaged the attention of able professors and others—that very much must depend upon the idiosyncrasy of the patient, and that no small amount of tact and discretion is required to distinguish between those who probably would, and those who would not be benefited by an explanation of the intended remedies. In dealing with a man of education and intelligence, there is always a temptation to endeavour to enlist his confidence by affording him an insight into the nature and scope of the means to be employed. But few medical men, probably, have escaped the disappointment and annoyance of seeing their assigned reasons made use of to discredit their skill and impugn their ability. As a matter of fact, practitioners of



mature age and experience seldom commit themselves to anything of the kind ; or if, to gratify a patient's whim, they appear to yield to the temptation, their explanations are advisedly ambiguous—and such had better be your own line of action in like cases ; and while judiciously seeking to inspire confidence in your patients, I would counsel you to keep them, as far as may be, in ignorance of the remedies employed. There is of course always a possibility that the patient may glean some information from the prescription, though of little value.

The official *Pharmacopœia*, it may be well to note, distinctly recognises the necessity of concealing the nature of certain preparations ; and *opium* may be ordered under several denominations without giving rise to the slightest suspicion of its presence ; and it would be for the common weal if *mercury*—to which, prejudice is unfortunately so general—had been alike protected and disguised, for *hydrargyrum* is nearly as well known as the magic word “aqua.” Be that as it may, you cannot well err in honestly seeking to conceal from your patients the nature of the remedies prescribed for their ailments—a course which I have, individually, pursued for a period of nigh half-a-century.

In prescribing, it is a bad and injudicious habit to adopt a routine practice, and slavishly to follow your own, or other stereotyped formulæ for specific diseases. You should invariably adapt your remedies to the particular case, instead of heedlessly selecting a ready-prepared formula, as is so often and unwisely done for certain classes of patients. One formula or ‘stock’ medicine, for instance, for the several forms of diarrhœa is as little likely to suit



every case of relaxed bowels, as would one particular diet be adapted to all diseases. For your own, if not for others' sake, let me advise you to discard so unscientific and charlatanic a practice.

In reference to the, so called, 'etiquette of prescriptions', it may be judicious to state that, although, in olden practice, it was customary for the surgeon and general practitioner to sign their name in full, and the physician to append his initials only, the latter affixture is now much more general; it is desirable, therefore, that the prescription-papers should bear the address of the prescriber—otherwise, in the case of any doubt or difficulty arising in compounding it, (and young practitioners, it has been noted, are more apt in these un-prenticed and non-dispensing days, to prescribe incompatibles;) or of any mistake being made in the dose, etc.,—and the most experienced and careful practitioners are liable thereto—the pharmacist, or other dispenser, may be at a loss to communicate with the prescriber for the rectification of the error.

Yet again, let me impress upon you that, while skill in the treatment of the more serious diseases, and readiness in the diagnosis of rare affections are notable qualities of great value, it is more or less evident that the practitioner of the near future will require, in addition thereto, knowledge and faculties of another and varied kind. Moreover, tact, delicacy of perception, the power of winning the patient's confidence, of allaying his fears, and comforting him in pain, and, at the same time, keeping clear of his prejudices, are essentialities of vital importance, and should be assiduously cultivated.

Again: inasmuch as professional fame must be regarded



as your chief and indispensable working capital, ambition to increase it by all legitimate means is both right and commendable; and, when once attained, may readily, together with the practice it ensures, be retained, as long as you have mental and physical health to endure the strain of the severe and harassing labour, and are discreet and circumspect in the ways of life:—in relation to which latter, I would, as one on the border-land of another life, earnestly seek to impress upon you that a pure and virtuous mind is not only a great and precious gift, but a great aid to success. When, therefore, elopements, seductions, confinements, or abortions, and such like, form the subject of conversation, let it be your determinate rule to be silent, or, if the necessity arise, to speak thereon guardedly and charitably: for, rest assured, that all you may say on such subjects will be retailed and magnified, and, irrespective of the personal wrong you may inflict upon others, the result cannot prove otherwise than injurious to yourself. The position of the gossiping practitioner has ever been a baneful one, and, be it noted, not infrequently entails retributive justice. Take especial care then, while in contact with scandal-mongers, to keep the conversation, if possible, on general or abstract topics, and determinedly avoid, and, if need be, courteously reprove, censorious reflections on individuals and their private affairs.

Be careful also to note the great and unfailing advantage that refined people, with pure and courteous minds, enjoy in every station of life over the coarse and the vulgar, and, in view thereof, let your manner, conversation, jests, and the like, ever be chaste and pure. Never forget yourself on this all-important point, for nothing can well be



more injurious to a medical practitioner than the revelation of an impure mind. School yourself thoroughly therefore, be the cost and trouble what it may, to avoid all and every impropriety of language and manner, and never hesitate to defer to the dictates of modesty and virtue; if, moreover, you would achieve unqualified success, and especially if gynecology and obstetrics be the one great aim of your ambition, it will behove you to chasten every thought, weigh well every word, and to critically determine every phase of your department. A lewd-minded practitioner who indulges in coarse ambiguities, vulgar jokes, and indelicate anecdotes, is certain to be shunned, and the reason therefor made the subject of gossip, and passed from one to the other until it reaches the best and purest of the community, and thus, to a greater or less extent, finally seal your professional doom! Thoughtful people of either sex ever regard such men (and rightly so), as far worse than others addicted to intemperance and profane swearing.

When it devolves upon you in the course of professional duty to ask questions on delicate topics, or to broach private subjects, do so with a chaste, grave simplicity, neither too direct on the one hand, nor with too much circumlocution on the other.

If your manners and conversation are such that win and conciliate rather than repel children, it will be fortunate, and, probably, will put many a fee into your pocket. Fondling, kissing and dallying with people's children, however, are liable to be misinterpreted into an effort to secure, for selfish motives, the good opinion of the parents, and should therefore be avoided.



A cold, cheerless, passive manner, an isolation of oneself from them socially, and failing to recognise would-be-friends in the street and elsewhere, presumably, though not necessarily so, from pride or a feeling of lofty independence, or an ideal view of self-importance, tend not a little to suppress cordiality towards a doctor, and their hapless possessor generally fails to inspire either confidence or friendly partiality; and, in such case, he is not likely to succeed in practice. The reputation of being a "very nice man" is, with many, more potent even than skill. To be both affable and skilful forms a very strong combination, and one that is calculated to waft its possessor to the pinnacle of professional success and repute. If, moreover, he be especially refined in manner and moderately well versed in medicine, his courteous amenity will be professionally more effective with the public than the most profound acquaintance with histology, microscopic pathology, and other scientific attainments.

Cheerfulness, on the other hand, is a never failing source of influence. The science of medicine, contrary to the general belief, is not a gloomy, ascetic profession, but a bright, cheerful one. In alleviating pain, curing some and relieving other poor fellow-creatures, and ministering hope and comfort to their minds, you will be able to realize, in some degree, the great good, material and moral, which your noble, humane, and beneficent profession enables you to confer on suffering humanity—the contemplation of which should not only cause you to feel happy within yourself and with your elected life-work, but should also render your cheerfulness self-evident.

Study, moreover, to acquire an agreeable and profes-



sional manner of approaching the sick, and in taking leave of them. There is an art in entering the patient's room with a calm, earnest manner that clearly evinces interest and an anxiety to learn his condition—in making the necessary examination, giving instructions, and then departing with a cheerful, self-satisfied demeanour that inspires confidence on the part of the patient and his friends, and a belief that you can and will do for him all that the science of medicine enables you to do. The personal appearance, the walk, the movements, the language, the gestures and natural mode of intercourse, of some practitioners are winning and attractive: of others, rude, harsh and repelling to the sick.

Familiarity with the many little details of the sick-room—including the necessary art of making beef-teas, gruels, poultices, etc., together with the minor operations you may there be incidentally called upon to perform, generally create a favourable impression; indeed, by your practical knowledge, or otherwise, of such matters of detail, will observant nurses, ever on the watch, and other habitués of the sick-room, be most likely to assess your skill, and pass their judgment.

The faculty of keeping hope and confidence alive in the breast of the patient and of his friends is a great one; a bright, hopeful countenance, and an easy, cheerful, soothing manner, is a power that well-nigh always imparts a sense of tranquillity and repose to your patient's mind, and so carry him with you on the road to recovery. A cheering word, moreover, will sometimes effect as much good as would the remedial action of a prescription.

It is often a source of much pleasure to the sick to be



allowed to tell in their own way whatever they deem it important for you to know ; allow therefore to every such one a courteous hearing, and even though they may be tedious do not abruptly cut them short, but listen with calm, respectful attention. A patient may deem a symptom very important that you know to be otherwise, yet he will not be satisfied with your views unless you show sufficient interest in all the symptoms to, at least, hear them described. When, for want of time to listen further, or where the recital becomes too irrelevant, do not check him by rudely telling him "to stop", but by quietly asking him a question, or to show his tongue—which latter will often answer the purpose with garrulous women and others.

To be quick to see and understand your duty, and equally prompt and resolute in doing it, as if possessed of inborn acuteness of perception, and of intuitive skill, is one of the strongest points you can possess. People invariably admire and appreciate boldness ; indeed, a bold, prompt act, if successful, often leads to a species of professional idolatry.

Flexibility of temper and suavity of manner, self-command, quick discernment, courteous address, ready knowledge of human nature and ability to adapt yourself to the ever-changing phases of medical practice, are of especial importance.

In the course of our professional avocations, we naturally meet with patients of various and even of diametrically opposite temperaments and character : the refined lady and the hod-man, the minister and the publican, the aged and the young, the hopeful and the despondent, the bold and the diffident, the profound and the superficial. Let each one



and all find in you his ideal. Seek to penetrate the character of each, and to become an adept in adapting your manner and language to the case before you.

If you possess the power to control your temper, and to maintain a cool, philosophic composure under the thousand provocations given to doctors, it will confer upon you a signal advantage over those who cannot, and generally redound to your credit.

A brusque, imperious manner is very prejudicial to a medical practitioner, unless sustained by unquestionable skill or reputation; and even in such case it is professionally objectionable. A gentle, urbane, but courteously firm demeanour is well and best adapted to the greater portion of the community. Remember, moreover, that a stiff, unfeeling, abrupt or arbitrary manner is quite different to the philosophic composure acquired by constant attendance on the sick and suffering. The former is bearish and unprofessional: the latter is essential to enable you to weigh matters carefully, and manage cases skilfully.

If you chance to inherit any genuine idiosyncrasy, it will doubtless be noticed, and, if not an unpleasing one, will probably aid you much; never, however, assume one, for the counterfeit is easily detected by all sensible people. Act your own natural character at all times, and in all places. In addition to making himself ridiculous, a doctor who assumes a fictitious or borrowed manner, must either be wrong-hearted or weak-headed.

If, moreover, you possess fluency of language (not mere volubility), or the gift of conversational power, or gentleness and tenderness of manner, or great natural and unflinching courtesy, or a talent for illustrating your points by



apt comparisons, or a bold, resolute way of encountering and solving difficulties, or deftly cutting the many and perplexing Gordian knots so often met with in professional life, it will very materially help you. If, on the contrary, there is any point in which you are deficient as a necessary aid to success, study to attain it. The ability also to communicate your opinion of a case to the enquiring friends of a patient, in well-chosen and faith-inspiring language, is a power so useful that you should endeavour to acquire it.

Let your manner toward children and nervous patients be such as to remove all dread of your visits; avoid a solemn and formal, or funereal manner, for such is apt to excite alarm and a fear of you—especially if associated with a corresponding style of dress. If your general mien and demeanour are naturally awkward, or gloomy, strive to set them off by enforced cheerfulness, suitable dress, etc.

When you visit a patient, neither tarry long enough to become a bore and give rise to the wish that you would go, nor make your visit so brief, or abrupt, as to leave the patient with the impression that you have not given his case the necessary attention.

Visits

To evince an earnest, anxious, tender interest in the welfare of patients, as if you were present in mind, as well as bodily, is another very strong faith-inspiring quality. To judiciously assure a sufferer that you will take the same care of him as though he were your "own brother", or, in case it be a female, as if she were your "own sister", or will attend a child as if it were "one of your own family", or to assure a woman in labour that you will be as gentle in making the necessary examinations as if she were an infant, and like truthfully-meant expressions of sincere



sympathy and interest, tend to inspire great confidence, and are often quoted long after the doctor has used them.

The world is full of objects of pity; and it may be that no really busy practitioner can devote full time and exert his utmost skill in every case that appeals to him, or throw into it his whole heart, undivided thoughts and intellectual strength, or even feel deep personal interest in the sufferings of every patient to whom he is called; if he did, the endless chain of misery with which he is brought in contact would, through overmuch care and grief, soon unfit him for active practice. But you can, and should, at least, manifest some anxiety and interest in all cases, and avoid exhibiting indifference in any. Be careful to approach the sick, rich and poor alike, with noiseless step, with kindly hopeful greeting and gentle, thoughtful speech. The possession of a feeling of true humanity, or the lack of it, in a doctor, can in no way be so accurately judged, as in his questioning and examination of the sick—the soothing voice, the tender touch, and the sympathetic feeling, tend not a little to soothe the bed of sickness and relieve the sorrow-laden mind.

In examining the sick be especially careful to avoid inflicting pain, and allay their fears and over-sensitiveness by assurances that you will not cause them any avoidable suffering—and then proceed to make good your words. He who possesses such manner and tact, naturally will not, cannot fail to gain devoted patients, who will willingly trust and retain him in preference to all others, even though they know his general reputation for skill to be far below that of his professional *confrères*.

For ultimate success you must of course depend chiefly



upon your skill in curing the sick. You will find, nevertheless, that but few patients, probably not one in twenty, can estimate the amount of technical and scientific knowledge that you possess. The majority are governed by the care and the devotion you show, and form their opinion and rate your services by the little details of routine attention—a fact which affords additional evidence that mere skill is not all that is essential to make a successful practitioner.

While civil and urbane to all, without distinction, be especially courteous to lady attendants on the sick: for 'woman' is, and ever will be, the angel of the sick-room; and you as a practitioner cannot fail to witness many touching evidences of her tender ministrations and heroic devotion as mother, wife, sister or friend to the sick and suffering, even to the sacrifice of her own life.

After the convalescence of a patient, or when it is unnecessary to visit him daily, if, when you chance to be in his neighbourhood, you send to enquire how he is getting on, it will not only give you the desired information, but also impress him and others with a grateful sense of your interest in the case.

In having a sick child (if in a state to bear it) taken up for examination, carrying him to the light in order that you may see him fully and examine him carefully,—having his urine, also, or his sputa, or the spat blood, etc., kept for examination,—will not only give you much necessary information as to the patient's condition, but also satisfy him and the family of your interest and solicitude, and of your anxiety to fulfil your duty. A like effect is oft produced by paying such a one your *first* visit in the morning



and the *last* at night, or staying, in urgent cases, to see that the medicine produces the desired effect.

You will find, moreover, that in times of sudden illness and alarm in families, there is a peculiar susceptibility to strong impressions, and kindness shown to them in such emergencies is doubly appreciated. Indifference or coldness, on the contrary, may then sever attachments, and terminate friendships that have existed between the doctor and a family for years, in as many moments. Many a young practitioner secures a good family permanently by simple kindness and assiduous attention in cases of accident, convulsions, colic, and the like; or by devoted and unwearied attention in cases of typhoid, scarlet fever, etc.

A powerful lever to assist in establishing your professional reputation will be found in curing the long standing cases so often seen among the poverty-stricken. Many of these poor disease-ridden creatures are curable, but require greater attention in regard to the details, and much more care and personal superintendence than old-established practitioners, whose time is more or less monopolized by acute and other cases among the higher and paying classes, can possibly devote to them. By persevering with them until a cure is effected, your special interest will be observed and appreciated, and you will gain a host of warm admirers, who will magnify and herald you forth on every occasion, as being doubly skilful in making the blind to see, the deaf to hear, and the lame to walk; and although you may receive but little, or no pecuniary reward, you will increase your fame, and, at the same time, educate both your hand and your eye, and school yourself in the art of observing, studying and treating disease. It will, however, be well



to add a word of caution not to go out of your way to persuade people to allow you to extract tumours, remove warts, destroy hair, and do other minor surgical operations gratuitously, with assurances of success. There is always a remote possibility of serious or fatal sequelæ, and you should not, especially in private practice, induce people to let you involve yourself for their benefit, without being paid for your risk and responsibility. It is an ugly matter to have a wart which you have insisted on tampering with, become an ulcerating epithelioma. It is better, indeed, to avoid all unrequited work and all gratuitous responsibility, other than what charity calls for.

You will find it comparatively easy to get practice among the moneyless poor, and relatively hard to do so among the wealthier classes. Your reputation will probably begin (otherwise than by partnership in a firm) in the back streets and alleys, among the very poor, where it will extend much more rapidly than among the better classes ; but no matter whether in mansion, cottage, or hovel, every patient you attend, rich or poor, will aid in enriching your experience, and forming public opinion, by giving you either a good, bad, or indifferent name.

Attendance on the servants of the rich, however, especially if paid for by the latter, at the master's residence, will not enhance your reputation much ; at any rate, much less than by attending them at their own homes, or on their own account. People who, in their minds, associate you professionally with their servants, are apt to form a low opinion of your status, and of the nature and class of your practice. Nor will you find it very satisfactory to attend people who "just call you in to see a



sick member of the family" because you are attending across the street, or in the neighbourhood. Those who select you, or send for you because they prefer you to all others, will be your best patients.

It may also be well to remark that you are not obliged to assume charge of any case, or to engage to attend a woman in her confinement, or to involve yourself in any way against your wish; but, after doing so, you are morally if not legally bound to attend, and to attend properly, even though it may be a charity or "never pay" patient. At the same time, there are circumstances that will fully justify you in relinquishing the care of a patient—such as wilful, persistent disregard of your advice; the abuse of your attendance as a 'blind' for some unworthy purpose, or irregularity of life; loss of the necessary restraining influence, and other positions which your innate feeling of self-respect will at once indicate, should the necessity arise.

It is incumbent upon you, moreover, to remember that ethical duties and legal restraints are as binding in pauper and charity cases as in any other: for both ethics and law are based on abstract principles, and govern all cases alike.

You will probably find hospital and dispensary patients, soldiers, sailors, and the poor, much easier to attend than the higher classes; their ailments are more definite and uncomplicated, the treatment more clearly indicated, and the response of their system is generally more prompt. With the wealthy and pampered, on the other hand, there is often such a concatenation of unrelated or chronic symptoms, or they are described in such indefinite or



exaggerated phrases, that it is somewhat difficult to judge which one symptom is most important. With hospital patients, sailors, soldiers, etc., there are but two classes—the really sick, suffering from affections of a well-marked type, and malingerers. Such practice is apt to lead to a rough and ready habit of treating every patient as very ill, or else as having little or nothing the matter with him; the rough and ready treatment, however, it is scarcely necessary to add, should never be adopted except in the case of malingerers.

In relation to the advised study of the Code of Medical Ethics referred to in Chapter I., I would observe that each and every individual in the profession is supposed to be a gentleman, actuated by a lofty professional spirit, and desirous to act rightly, and that, even were there no written rules at all, a very great majority would naturally conform to the innate principle of professional probity and honour. In the absence, however, of written definite rules for our guidance, each practitioner would feel more or less at liberty to frame his own code; and no matter how crooked his ways, no one would be in a position to justly charge him with acting from unworthy motives rather than from an error of judgment. The non-existence of a code would, moreover, render it feasible for the unscrupulous to carry on a regular system of violation of well-understood though unwritten rules, regardless of the rights and moral sensibilities of their professional brethren, and who, although aggrieved, would have no standard of appeal by which the contrary could be proved.

In view of these and many other facts, it was deemed essential and judicious to frame a code of medico-ethical



rules for the guidance of the faculty in their several relations to each other, and to the public at large—and the converse. The moral claim which such a code may be said to have upon you, rests not upon any obligation of personal friendship toward your professional brethren, but on the fact that it is founded on the highest moral principles and the broad basis of equal rights and privileges to every member of the faculty, and that it will serve as a professional lode-star to guide and direct all who wish to pursue an honourable course.

Nevertheless, it is but too probable that in the course of your professional life you will see much to ethically condemn both in the faculty and the public: for there are, so to speak, a thousand unwritten ways in which a man may indicate a true ethical spirit, and a thousand undefinable ways by which he may evince a like *unethical* tendency—or, in other words, undefined professional immorality; be that as it may, should you ever feel constrained to impugn any one's conduct, do it in an open, manly way, and never covertly or anonymously—for underhand, clandestine attacks are despicable, and the work of a dastard.

The code may be regarded as the balance-wheel that regulates professional action, and no one, either among the eminent members of the profession, or the young practitioners on the threshold of life, can openly ignore it without subverting that which is vital to his standing among medical men. If in the struggle and competition for practice you desire to act unfairly toward your brethren, the code will constrain you to carry out the wrongful suggestions of your heart in a roundabout way, or by stealth, and even then your unfairness will seldom go undetected or



unpunished—for God hath declared that 'whatsoever a man soweth, that shall he also reap'. Any one upon whom you encroach in an unprofessional manner will feel himself justified in retaliating with your own weapons, and you will reap a crop like to the seed sown. Whenever you sow a thistle or a thorn, you will reap the like in return; whenever a wind is sown, a whirlwind will be reaped; whilst the precious seed sown by others will to such be yielding a like precious fruit.

When called to attend a case previously under the care of another practitioner, especially if the patient and friends are dissatisfied with the treatment, or if the case is likely to prove fatal, do not disparage the previous attendant by expressing a wish that you had been called in sooner, or criticize his conduct or his remedies; it is mean and cowardly to do either. In all such cases, do not fail to reply to the questions of the patient or his enquiring friends, that your duty is *with the present and future, not with the past*. Refuse either to examine or to criticize the superseded practitioner's medicines and remedial treatment. Let your conversation, also, refer strictly to the present and future, and not to the past, and in no way allude to the person superseded, unless you can speak clearly to his advantage—in which latter case, it will be your duty to do so. As a rule, the less you say about the previous treatment the better. To take a mean advantage of any one you have superseded, besides being morally wrong, might engender a professional hornet, which in retaliation would watch with a malignant eye, and sting fiercely whenever an opportunity occurred.

Eschew all doubtful expedients that relate to the obtain-



ment of patients, and never attempt to unjustly retain any one to whom you are called in an emergency ; if you are in doubt whether you were deliberately chosen, or only sent for in the emergency, ask the direct question, and if it be that another was really preferred, do not hesitate to surrender the patient to him on his arrival, even though you are asked to continue in attendance. If your conduct towards other practitioners in such matters is invariably just and honourable, and arises from a simple desire to do that only which is right, it will in due time be recognised and appreciated, and should you ever unwittingly infringe the rule, one and all will acquit you of any intentional error.

Be it your invariable rule never to visit a patient who is under the care of a brother practitioner, as a medical detective for the patient's beneficial society, with the view to ascertain whether he is malingering, without his express sanction. It would be a still greater offence to remove the bandages from fractures, ulcers, etc., applied by another medical man, whether it be to change the treatment or merely to examine the case.

Be also extremely discreet and chary of visiting patients under the care and treatment of other practitioners, even for social purposes, as it is a frequent cause of suspicion and contention.

Never take charge of a patient who has recently been under the care of any legitimate practitioner, without first ascertaining that he has been formally notified of the change. The principle that governs such cases is this: When a person is taken ill he is at liberty to select any practitioner he prefers, but after making a selection, and the case has



been taken charge of, if for any reason whatever he wishes to change, he must, in doing so, conform to the established custom.

The dissatisfied persons who wish to discard their medical adviser and employ you, will sometimes contend that the rules relative to taking charge of patients recently under the care of another medical man, are harsh and unjust and peculiar to the medical profession. Neither statement is true, for the custom of the faculty is identical with that which everywhere prevails and among all classes of people.

Be especially chary of taking cases in families in which you have ever been called in consultation, and particularly if you were called in at the suggestion of the displaced attendant, who, chagrined at his supersession will be apt to scan every feature of the change, and if there be any ground for suspicion, he will conclude that instead of observing the '*golden rule*', you have ungenerously elbowed him out.

You will, mayhap, often be sent for to a patient, and upon going, will find that he is under the care of some other practitioner, and will, of course, refuse to attend; but you will almost surely be urged just to look at the patient and tell what you think, or to prescribe for him, with the assurance that the other one shall be kept in ignorance of your visit. Bear in mind, therefore, that duty and honour enjoin you to act rightly in such and all other positions in which you may be placed, and that not through fear, or for policy sake, but because it is right to do right, and for the other equally comprehensive reason that you yourself would be cognizant of the wrong, whether the other practitioner



knew it or not ; decline therefore, courteously but firmly, their solicitations, with an impressive assurance that you desire to retain your own respect, as earnestly as you do that of others. Unless the case be of pressing necessity, you should determinedly refuse to interfere ; if, however, the case be one of urgency your services should be rendered so far as to provide for such ; after which, you should decline further direction of the case except in consultation with the practitioner in charge—to whom you should at once forward a note explanatory of the circumstances. Take care, moreover, to make no charge for such services, which should be debited to the patient by the ordinary attendant.

With reference to advice sought in your own consulting room, the rule in relation to previous attendance is less stringent than in regular family practice, and some of the most eminent practitioners prescribe for all ordinary consulting-room cases, with but little regard as to who has been attending, or when, or where. A patient with heart trouble, cough, or skin disease, will occasionally consult various practitioners within a brief period. The guiding principle is that consulting-room advice is everywhere regarded as cash, and the payment of the fee leaves the patient at liberty to consult such other as he may think well to do.

Be most punctilious in your efforts to do justice to every one, and if you err at all in this respect, let it be in liberality. Rather suffer injustice than participate in it. Bear in mind, also, that although, under certain circumstances, the strict letter of medico-ethical law may allow you to take a patient it might be unkind, or unwise to do



so ; and I would very strongly urge you to avail yourself of such opportunities to promote rather than endanger professional harmony. When, moreover, you entertain a doubt as to whether a patient is fairly yours, do not hesitate to give your rival the benefit of the doubt. Never be tenacious of doubtful rights, but let your conduct in such, and all other respects, entitle you to the just esteem of your medical brethren.

Do not captiously follow up every trifling ethical infringement, difficulty, or apparent contradiction ; a certain amount of jarring and clashing in such a profession as ours is unavoidable ; make a free allowance for it therefore, school your feelings, bury captiousness in the land of oblivion, and maintain a friendly attitude toward all fairly disposed neighbouring practitioners. Unless you do so, many questions will arise that cannot well be adjusted by the code, and you will probably become involved in useless, rancorous and endless controversies and reprisals. You will, moreover, find it both inconvenient and embarrassing to pass and repass a professional neighbour between whom and yourself there exists a chronic feud, as also, to meet any one with whom, through enmity or other cause, friendly feeling and even speaking acquaintance have ceased. I would therefore urgently counsel you in your relations with your professional brethren to carefully avoid quarrels and petty jealousies, which, as between doctors, have unhappily passed into a proverb. Be it, henceforth, our duty by Christian culture and practice to uproot and remove the well-deserved stigma ; for, believe me, there is nothing that tends more to demoralize our profession, and cause it to be undervalued, than the mean, unworthy, and cynical



way in which so many medical men speak of and act toward their professional brethren : to our shame be it spoken !

Again : in your several relations with life, lay and professional, ever eschew *finesse* ; let courtesy, truth, and justice characterize your every step in the race of life ; seek, moreover, on every fitting opportunity, to enhance your profession in public esteem, and defend your brethren, and your profession also, whenever either are unjustly assailed. Indeed, to fail to defend the reputation of an absent professional brother, when justice demands it, is not only unprofessional but more or less dishonourable, and implies a quasi-sanction of the libel.

A word in reference to vaccination may also be useful, for although a simple operation it is a prolific cause of criticism and reproach to the faculty. In no case use any but pure lymph ; take your time and do it skilfully and thoroughly, and be prepared to defend its purity with proof, in the event of a mishap occurring to any one vaccinated therewith. Where strong objection exists to the use of humanized lymph, it will be wise to have recourse to that of the calf, if available ; for while being popular with some, it is free from the dreaded danger of communicating syphilis, scrofula, etc. At the same time, weighty objections stand in the way of any suggestion for the universal use of calf-lymph in lieu of arm-to-arm vaccination.

Do not in anywise endorse, as is the habit of some, the indefensible practice of vaccinating children *gratuitously*, in cases in which you have officiated at their birth. Make the same charge also for re-vaccinating any one—whether it takes or not—as a test in regard to the assumed protection afforded by a former vaccination—inasmuch as, successful



re-vaccination is not in a corresponding ratio to the number on whom it is performed, and the fee is for the trouble of making the tentative, crucial test. You should, of course, make no extra charge for repeating primary vaccinations until they take, no matter how long the intervals between. It will also be impolitic to make a second charge for a renewed re-vaccination during the same epidemic or scare. Many people believe that a vaccination protects so long as the scar is well marked. The truth is that a vaccine scar lasts for life, while the protective influence of vaccination in some people gradually ceases. A typical vaccine scar merely shows a previous successful vaccination, not that it still protects. Some people, moreover, think that a re-vaccination must in any wise be made to take, even though they are still protected by the former one.

A word in conclusion : Never fail to promptly send in your professional account to dissatisfied patients, and who may be unjustly attempting to injure your practice, and especially to such as may be threatening to sue you for malpractice, whether or not you ever expect them to pay it. If you cowardly shrink from doing so, it will be quoted as a proof that you are guilty of what they charge, and that you know it ; the presentation of your bill will give you a better position before the public, and raise an issue that will greatly tend to checkmate them. In all such cases do not fail to charge the maximum fees.

*Dissatisfied  
Patients*

It would seem almost an insult to add—and yet the caution may not be without its use—that every principle of honour and duty forbids even the contemplation, much more the suggestion, of lending yourself as a ‘ medical cat’s-paw ’, so to phrase it, in unjust or speculative suits for



alleged malpractice against your professional brethren. Such self-styled 'medical experts' justly excite indignation and disgust at the unprofessional attitude assumed, often too against their own better judgment; and in thus attempting, in conjunction with unprincipled people, to mulct and endamage their brother practitioners,—or in seeking to effect the release of a criminal from legal responsibility on the false plea of 'insanity', or other immoral pretext trumped up with the view to make money or to defeat justice, are guilty of dishonourable conduct, and should be proscribed and avoided.

However improbable, it is nevertheless *possible* that you may either be cajoled by friends or flattered by interested parties, or even tempted by gold, to give a disingenuous opinion as to the mental capacity of a person to make a will, or otherwise,—or that, with one foot in the grave from disease or intemperance, he is temperate and sound,—or with an incipient organic affection or tendency to a certain disease, that he is healthy,—or pleasure-loving officials, and others, may seek to cover their absence from duty by your certificate to the effect, that their non-attendance was due to sickness,—and some may endeavour through your aid to escape attendance at court as jurymen, or witnesses, or from other irksome and inconvenient duties.

Repel all such attempts at once and decisively; and, moreover, in emphatically declining to in any degree swerve from the truth, or to deviate from the path of honour and integrity, you will do well to firmly yet temperately remind the immoral instigators, that the medical profession has ever been regarded as an honourable and a conscientious one—and then bow them out.



### CHAPTER III.

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“Whatsoever a man soweth, that shall he also reap.”—*Gal.* vi. 7.

SHOULD you ever be importuned, as is not impossible, to produce abortion, on the plea of saving the poor girl's character, or to prevent her sister's heart from being broken, or her father from discovering her misfortune and committing suicide, or to prevent the child's father from being disgraced, or to avert the shame that would fall on the family, or scandal from the church, or to limit the number of children for married people who already have as many as they want, or for ladies who assert that they are too sickly to have children, or that their suckling child is too young to be weaned, etc., meet all such entreaties and solicitations with a refusal prompt, chilling and emphatic, and do not even for a moment seem to entertain the proposition. If they are pressingly importunate, express your sentiments strongly and with due feeling.

*Abortion*

To my mind it is inconceivable that any one other than an idiot or utterly unprincipled man should, either for the sake of friendship, or of 'filthy lucre', be induced to lend himself to such a criminal act, and thereby, not only violate his conscience and risk exposure, social disgrace, and



professional ruin for himself and family, but justly subject himself to the dread penalty of the law!

*? Pregnancy*  
 When circumstances, moreover, render it necessary for you to prescribe for females with suspended menses, and suspected pregnancy be the probable cause, it will, in some cases, be better to give an un-Latinized prescription containing some simple remedy—such as hop or dandelion tea, or tincture of iron, serpentary, valerian, etc., under its common English name, with full written instructions how to take it. By avoiding all secrecy in relation to the remedies prescribed, you will avert the suspicion, or, maybe, a charge of giving abortifacients. On the other hand, it will, in some instances, be judicious to temporize, so to speak, and by writing the prescription in the customary Latin, keep them in ignorance of the innocuousness of the patient-assumed abortifacient, lest other means be sought to effect the desired wish and intent.

At the same time, in cases of unmarried women whose menses have ceased, and where pregnancy is surmised, you must express a very cautious opinion, and especially when the suspected girl strenuously denies having had carnal intercourse. To erroneously pronounce her to be pregnant may blast her whole future life and not unnaturally evoke maledictions upon yourself; if, on the other hand, and on insufficient evidence, you declare her 'not pregnant', it might seriously injure you; still, the latter error would bear no comparison to the former, and to the injury you might inflict upon an innocent person by an inconsiderate and fallacious opinion. In every instance, therefore, in which the slightest reasonable doubt exists, be it your duty to self, and to the suspected, to suspend your



judgment for weeks, or, if need be, for months, until the action of the foetal heart, or other unequivocal sign, either justifies your suspicion or vindicates the suspected.\*

Should you, moreover, chance to meet with a case in which you believe the production of abortion to be necessary, in order to save the life of the mother, do not attempt

\* In relation to the special subject in question, I would invite your attention to the following pregnant point which was submitted for the opinion of the writer by the Editor of the British Medical Journal, and the reply to which and a kindred problem appeared therein as follows:—

#### WHAT OUGHT HE TO DO?

MEDICUS writes: "What should a medical man do in cases where he is called in to attend, and he has very strong reasons to believe that some drug has been used by his patient to procure abortion?" This question was submitted by a correspondent to a colonial contemporary, in a letter giving details of a case of a girl, aged 17, who had aborted after taking medicine and pills obtained at a chemist's, the medicine being labelled oil of pennyroyal. The reply given by the editor of the paper was to the effect that the particulars of such a case were confided to a medical man as a professional secret, and that he was therefore in the same position as a priest who had received a confession. The reply concludes: "In the example given by the writer we think the medical man should point out to the patient and her friends on her recovery that a criminal act has been, in all probability, committed by the person who prescribed and supplied the drugs, and that it was their duty to inform the authorities. We are of opinion his responsibility would end there."

Now, Sir, I should much like to have your opinion on the opinion given above; it does not at all accord with my ideas as to what is right. I cannot agree that the matter can in any sense be regarded as a professional secret, or that there is any analogy with the confession received by a priest. Supposing the patient had died, the question of professional secret would not have been affected thereby, and yet I suppose that no medical man would have hesitated for one moment as to whether he ought to communicate with the coroner. To content oneself with telling the friends in such a case is practically to make it sure that the abortionist, whoever he may be, will not be exposed. As I read the statutes on the subject the crime of abortion is one of the most serious that there is, for the law makes it criminal to intend to induce abortion, no matter whether the means used could have had such an effect, and no matter whether the person for whom



it until after consultation with another practitioner of reputed skill and probity, and then only, either in his or in the presence of another—an essential precaution for a young practitioner.

To give directions for the prevention of conception, or instructions in the guilty use of syringes, and other expedients to aid crime or to defeat nature, although not offences within reach of the law, are nevertheless most derogatory and degrading to the assenting practitioner, and a gross abuse of his professional knowledge.

the means were used or advised was pregnant or not. I may perhaps state what I think a medical man ought to do under such circumstances, and you will then tell me and the public what is the right course. I should recommend, then, that the medical man call upon the chief constable of the district privately, and lay the facts before him, giving the name and address of the suspected abortionist, but not that of his patient. By acting thus I fail to see that the medical man would be making himself a common informer or doing more than a bare duty to the public which his particular knowledge enables him to do. Playing with fire-irons is a dangerous thing for a child, and to wink at an abortion is a dangerous thing for a medical man. *Facilis descensus Averni*, etc.

\*\* Looking at the question submitted by "Medicus" in its moral apart from its legal aspect, there can, in our opinion, be no reasonable doubt that when a medical practitioner becomes cognisant, either by the admission of the patient or otherwise, that a criminal abortion has been attempted or effected, such alleged professional secret cannot rightly be regarded in the same light as that of confession to a priest, and so debar him from taking such action in the matter as he may deem necessary to bring the abortionist to justice. At the same time, although we see no valid objection, in a clear or strongly suspected case, to a medical man seeking confidential consultation with the district superintendent of police, we fail to perceive how the more guilty one can be convicted of the offence without the implicating evidence of the female. Nevertheless, the inability to safeguard the patient from public exposure, and, possibly, nominal legal punishment, will not, as we view the question, release the medical practitioner from his moral duty to aid in unearthing the criminal abortionist.

It is, however, well-nigh impracticable to lay down rigid, definite rules for the practitioner's guidance in all cases, inasmuch as we apprehend that the action in each individual case will have to be governed by the attend-



Be careful that attempts to conceal the presence of contagious diseases, or other recognised sources of danger to health, or of births resulting from clandestine marriage or immoral intercourse, do not involve you in the exposures and recriminations that are apt to follow.

Skill in avoiding cases likely to render your attendance in court necessary as a witness, and such like annoyances, legal and social, will prove a source of much comfort and relief.

Be the cause what it may, there can be little doubt but ant circumstances. Medical men will, moreover, do well, we think, to bear in mind that it is only under very exceptional circumstances that they are sustained in their observance of secrecy by courts of justice.

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#### WHAT OUGHT HE TO DO?

MEDICUS writes: I need hardly say that I was extremely gratified to find my views in the letter with the above heading supported by your high authority. I would crave space for a few lines of explanation in regard to the object of communicating with the police in a case of suspected abortion. I assumed that the hypothetical case would not do more than justify a suspicion, and the real object of informing the police would be to cause them to watch the suspected abortionist, and perhaps lay a trap for him.

Since I wrote my former letter another problem has come under my notice, which I venture to submit for an authoritative expression of opinion from you. It is this: Is it the duty of a medical man to report to the police that a patient of his has attempted suicide? In the event of the attempt proving successful, of course he must communicate with the police and the coroner, but what ought he to do in a slight case? Many young people, from jealousy or other equally foolish motive, attempt to do away with themselves. When they attempt drowning they always find their way to the police court—ought they not also to do so when they have taken poison? The particular case I have in my mind was this. A woman, wearied of continual ill-treatment at the hands of a drunken husband, took poison. A doctor in the neighbourhood was called in, and, under appropriate treatment, the woman recovered. Ought he to have communicated with the police, and, if so, when?

\* \* \* The problem submitted by "Medicus", though seemingly somewhat perplexing, is not, as we view it, *de facto* a difficult one; to aid in its



that the practice of medicine tends more or less to isolate the members of our profession from each other—more so, indeed, than any one would suppose. Practitioners daily pass and re-pass one another without a look or a nod, although fellow-workers in the same humane and beneficent profession and well known to each other by sight or reputation; and, moreover, notwithstanding that acquaintanceship and social recognition would be mutually agreeable and beneficial, and possibly ripen into a life-long friendship, they nevertheless often remain strangers to each other for years, unless some fortuitous circumstance brings them together.

Do not hold aloof from the profession, but identify yourself therewith in all legitimate public professional

solution, however, it may be well, in the absence of any defined rule, to appeal to the faculty of reason and the 'still small voice within.' Ere essaying, therefore, to reply to his question 'Is it the duty of a medical man to report to the police that a patient of his has attempted suicide?' we are naturally tempted to ask what would our correspondent deem it his duty to do if the patient in question were a near relative or personal friend of his own; and, further, what benefit would be likely to accrue to public morality were such an intimation to be made to the authorities? Would, moreover, a public exposure of the demented act tend in any degree to deter others from committing a like sin, or have other than a baneful influence on the present and future well-being of the would-be suicide and her disconsolate family? To such questions we reply: Let 'conscience' dictate the answer, and the practitioner's action in the matter be guided thereby.

Looking at it, however, from a strictly professional point of view, we should personally decline to accept it as a duty devolving upon the attendant practitioner to act as a 'medical detective' and delator of the frenzied action of an unhinged mind. Far better that he should, amid such scenes of mental anguish, regard it as a moral obligation to guard against all avoidable disclosure, and, with a feeling of true humanity, seek to alleviate the distress of mind and body of his suffering fellow creatures, and in no way to administer to public morbidity by a revelation of domestic calamities. Medical detectivism in such and like cases is, in our opinion, wholly foreign to the duty of the practitioner in attendance.



matters and in social medical meetings; join, also, the medical societies in your neighbourhood: organization does good both to the profession and to individuals. A good medical society, indeed, is almost equal to a post-graduate school; attrition of mind in friendly discussion awakens reflection and incites deeper thought, which in their turn increase the intellectual grasp and stimulate the mental digestive power; and they, again, in turn tend to enlarge and liberalize the views of one and all, and thus act as wholesome leaven to the profession at large. Nowhere else, it may be safely affirmed, can you so well study the individuality and modality (so to phrase it)—the diverse styles of medical practitioners, and learn so fully the secrets of each one's failure or success, as at medical meetings.

There the professor, the specialist, and the general practitioner all meet, and each in his own way contributes to the instruction and intellectual recreation of the others. There, you can meet your neighbours on common ground, and compare experience and opinion by personal discussion. There, rivalries, controversies and discussions may be allayed, and professional friendships be formed; there, you can gauge the mental and academic capacities of your medical contemporaries, and discern the difference between the wise and the injudicious, between intellectual giants and the mental dwarf; there also, you can estimate the influence of the indefinable excellencies of some, and discover and learn to avoid the glaring imperfections of others,—and in many other respects learn effectually to separate the chaff from the wheat.

Medical societies, of course, are neither a specific for all



personal deficiencies, nor a panacea for all professional sores. Spending a few hours among honourable practitioners occasionally, will not convert a willing doer of wrong into a professional Chesterfield, or impart to him the polish and the value of refined gold, or imbue him with a conscience akin to Milton's, but it will serve as an intellectual and social exchange, where he may listen to and take part in the discussion of moot-points of scientific and practical interest, and, it may be, of intra-professional social concord also, and derive therefrom new ideas, and a deepened sense of personal responsibility—professional and social. Irrespective of the benefits accruing to them individually, the members as a body cannot fail to be more or less beneficially impressed with the proceedings, and so, by reacting on others, tend to promote a healthy development of the true professional spirit among the faculty at large.

Do not hesitate to take part in professional debates whenever you have anything valuable to offer, whether gleaned from literature, or from the great school of experience. If you have a paper to contribute, a discovery to announce, or an operation to describe, or a new instrument to show, or a case or specimen to present, or anything at all to say, do it in a careful, methodical manner, and then sit down; but always bear in mind that when you have nothing worth offering, silence is most becoming and should be acted upon by one and all: let it ever be *your* rule. In speaking, take care neither to abandon your medical vocabulary for the vernacular, nor let your professional manner degenerate. Remember that there, as elsewhere, there is nothing infallible; that a practitioner must school his prejudices and be open to conviction. They who can brook no opinion



that does not accord with their own, are usually hot-headed, rash and indiscreet, and unsafe guides. Remember, also, that controversies, discussions and parliamentary battles, no matter how sharp, are, by men of discretion, usually conducted within the bounds of decorum, and without violating the ordinary rules of good breeding; moreover, that there is no mode of practice and no remedy for disease which has not been the subject of more or less persistent earnest dispute, and that every new discovery or important announcement generally stirs medical life to action, testing, reporting, asserting, and alike denying.

Be it your invariable rule never to oppose the admission of any one into membership for private or personal reasons, or for any cause other than ineligibility or unfitness for the honours and benefits which membership is assumed to confer, seeing that medical societies exist for the benefit of all legitimate practitioners, and for the good of mankind, and it would be unjust to interpose an objection, or to blackball any one, on purely personal grounds.

You will find that many people entertain a belief that medical societies are formed for the pecuniary advancement of the profession, just as trades-unions and like organizations are for the working-classes, and that in some way or other they tend to limit the freedom of personal opinion, and abridge the individual rights of their members. Be careful to correct such errors on all fitting occasions, and point out to those thus misled that medical societies exist not for selfish but more especially for scientific purposes.

Keep up your medical studies, or the knowledge you have already acquired will soon become misty and ere long fade from the memory. Without more or less continuous



study, the details of cases and the symptoms of many diseases are apt to be forgotten; indeed, after two or three years have elapsed, such details, and the like, unless very uncommon and interesting, do not often recur to the mind, and their utilization in practice is thus lost to mankind.

In consulting text-books and journals, bear in mind that the practice which has been found successful in your own climate is always, as a rule, more to be relied upon locally than the treatment applicable to the same disease in other regions. Do not rely on antiquated medical works and back volumes of journals, as guides in so progressive a science as that of medicine. Modern investigations and studied progress render new text-books essential to those who would maintain the skilled readiness and self-reliance which the consciousness of being fully posted (so to phrase it) by careful study naturally inspires.

Endeavour, therefore, to collect and form a library of practically useful works with as little delay as may be after graduating; money judiciously so spent will return a hundredfold. Take care, however, that book-agents, with 'the greatest work ever published', do not induce you by their importunities to subscribe for books for which you have little or no use. No one can patronize everything, or even read one-tenth of all that is offered, unless he has nothing else to do. Subscribe, moreover, to as many good medical journals as you can afford to pay for and find time to read, and digest them carefully, so as to keep abreast of the times: they are necessary to the progressive practitioner; but neither swear by, nor at, all that you see in them. At the same time, it may be well to point out that, as a rule, the practical observations in text-books in relation



to general therapeutics will be found more reliable and mature than articles on the subject in medical journals, which are often founded on a single case, or the unconfirmed experience, or speculations of one and, may-be, partial observer.

Never allow yourself to be biased too quickly, or strongly, in favour of new or unsettled theories based on physiological, microscopical or chemical or other experiments ; especially when advanced by the over-zealous to establish their own hasty conclusions or preconceived ideas.

With reference to the attempts which have been made, both here and in America, to supersede the old weights and measures (which every one understands) by the metric system, it may here be well to note that hitherto they have happily been unsuccessful, and from a national point will, I venture to believe, continue to be so ; it is therefore, scarcely worth while to discuss their assumed relative value—otherwise, sound logical reasons could, no doubt, be adduced to prove that the metrical system would be incompatible with our national intuition and duty.

Do not neglect or disregard the practical branches of your profession for histology, pathology, microscopic anatomy, refined diagnostics, bacteriamania, and analogous subjects that merely interest, or it will tend to impair the more important practical bent of your mind, impart an undesirable bias, and conduce not a little to diminish your usefulness as a medical practitioner. The advice, it is scarcely necessary to add, is not intended for application to professional teachers and experimentalists with hospital and laboratory facilities for such studies, or to those who are pursuing science with the more especial view to gain



distinction therein, or as an object of scientific pleasure, and are independent of their practice for the means of support. I simply wish to impress upon you that a person may get so deeply absorbed in science as to think of nothing but science, to the neglect of the practically useful studies which are essential to become a skilful practitioner, and especially the art of treating diseases with success.

Never for the sake of appearing in print, publish trivial or unreasoned medical articles, for whatever a man writes is naturally supposed to be a reflex of his own mind. Do not, however, hesitate to write whenever you have anything valuable or instructive to offer, either for the benefit of others, or to enhance your own status and repute.

When possible, base your articles on facts, or on an analysis of facts, rather than on speculation and theory. Let your diction be pure and simple, and as clear and concise as perspicuity will admit, so as not to cramp your ideas, statements, or deductions, or obscure them by wordy trash.

Be especially careful to give your paper, essay or book a concise, appropriate and, as far as possible, an attractive title, one that will indicate its contents and show with sufficient clearness the general character of the remarks that are to follow. This is essentially necessary when the title of the work is to be indexed or put in a catalogue. Such titles as "A Curious Case", "A New Method", etc., furnish no clue whatever.

In writing, cultivate simplicity of style, avoid diffuseness and discard the use of quotations from the dead and foreign languages, unless a translation be appended; for except it be some time-honoured or conventional phrase, the average



reader will probably be constrained either to pass it over unsolved, or to reach down his dusty book of quotations or consult his schoolboy grammar. The English language is of itself capable of giving lucid, eloquent expression to every thought of man, and it is to be regretted that any should, from ignorance or pedantry, fail to express themselves clearly and intelligibly in their own mother-tongue.

Take notes of all important cases, but do not report or publish any that are not unique, or at least that do not present some exceptional or instructive feature, or in some way militate against accepted theories; otherwise you will merely increase without adding anything valuable to existing records. You will find every department of medicine more or less burdened with theoretical discussions, speculative dissertations, compilations and empty word-building—old things, in fact, depicted in a new form. Let your contributions, if any, consist of original work, and, as far as may be, of new ideas.

In writing monographs or essays, you will find it convenient to use octavo (small or large, as the case may be) sheets of *sepia ruled* white note paper, which will enable you to alter or re-write pages with less trouble to yourself than on larger sheets, and to carry also to and fro for discussion at the meetings of societies. If intended for the press, write on one side only, and leave a margin at the inner edge; and further, for your own and the printer's sake, prepare your subject-matter with such thoroughness as to require little or no revision. Be careful also to avoid the too common but injudicious practice of appending to your name a long list of degrees and titles, with etc.'s; such enumeration is in bad taste and tends to excite the ridicule of persons of



discernment. The chief use of suffixes is that the identity of the writer may be recognised; a single suffix or simple title, or the name of your town, street and number, may be regarded as unpretentious and yet sufficiently explicit.

Never furnish a report, statement, or opinion on any important case, or subject for publication, either in book, journal, or newspaper, without a proviso that you are to see, and, if necessary, revise the proof and correct the printer's errors in spelling, punctuation, etc., before it goes to press; otherwise you may find some purblind proof-reader, or smart go-ahead printer, investing your language with a constructive meaning the reverse of that which you intended to convey, thereby necessitating a long list of *errata*, and, may-be, causing you to regret that you allowed the article to appear in print; such has been my own experience.

Do not fail to pay your just debts punctually, and, also, any other pecuniary obligation for which you are morally responsible, even though it entail upon you the loss of half your hard-earned income. The best plan is to pay as you go on, and to strictly limit your desires to the extent of your purse; for to be in debt for horses, carriages, food, or dress, and still worse, for luxuries, rent, servants' wages, etc., cannot fail to set the tongue of scandal wagging freely and injuriously, to the possible ruin of your credit, and to more or less seriously compromise your position. Payment must be made sooner or later, and it is far better to discharge each liability as it becomes due than to defer it from time to time to the certain prejudice of the debtor and the not improbable inconvenience of the debtee.

To borrow books, instruments, umbrellas, and the like, especially if they be unduly retained, or returned in a



damaged condition, will tend to depreciate you in the opinion of the lenders more than you would suppose. Never involve yourself by borrowing any apparatus, instruments, et cetera, from one practitioner, or patient, to lend to another; if necessary, introduce the parties to each other, and let the borrower act on his own responsibility.

In making professional and other calls, you cannot be too careful in guarding against repellent habits, such as a breath reeking with the fumes of tobacco, spirits, beer, etc., or redolent with the odour of cloves, cinnamon, and other masking aromatics, which, to some people, are alike objectionable, otherwise you will evoke criticism, and, possibly, engender aversion, and so entail the loss of your patient.

To make your appearance (at home) in your shirt sleeves, rough, creaking boots, or with your pipe, or to be caught sky-larking, etc., will by many be regarded as evincing a degree of moral weakness, tend to diminish your influence and prestige, detract from your dignity and lessen you in public esteem, by impressing people with the idea that after all you are but an ordinary person, and not up to their ideal standard.

Moreover, to be seen carpentering, painting, or displaying other commonplace or out-of-place talents, will naturally lead people to infer that your mind is not so engrossed with your profession as it might and should be. Nevertheless, you may, notwithstanding such drawbacks, possibly win and retain the confidence of the public; but, as a rule, such proclivities unquestionably tend to decrease it.

Inebriety may be tolerated in practitioners fully established, on account of their general worth and recognised talents and of the friendly attachments formed, prior to the



lamentable habit being contracted ; but it would be fatal to one commencing practice.

The wisest policy for you as a young beginner is to personally avoid intoxicating drinks and to allow others to do as they think best ; and when it becomes known that you abstain from intoxicants, you will find that it will greatly enhance your position and reputation ; but to intemperately urge temperance on others, or to be a member of temperance and kindred societies, will aid you but little, if any, in acquiring practice—the most desirable class of which is the quiet family practice, and which you will do well to seek to attain by a faithful and kindly discharge of your duties to rich and poor alike.

To take a prominent part in temperance, total abstinence, local option, and other sumptuary crusades, will not only be injudicious, but very likely will recoil upon yourself. To assume an aggressive attitude in matters of a partisan or secular character forms no part of your more especial mission, and you cannot take an active, officious part therein without exciting enmity, and, may-be, rancorous personal hostility. You had therefore better leave all such matters to the general public, unless your pecuniary or social position be such that you can well afford to run the risk, or that you are impelled to do so by conscientious scruples that outweigh all other considerations ; but even under the latter circumstances, it would be better that your profession should be the key-note of your general policy.

Presents from fond or grateful, very liberal or romantically generous patients, although ~~the~~ flattering will almost invariably lead to a disarrangement, if not actual disruption of the legitimate pecuniary relations previously sub-



sisting between yourself and the donor, and which it may consequently be impracticable to fully re-establish. Most practitioners can probably recall instances in which such presents have proved the reverse of profitable. When you foresee such a result, be guarded.

You will find it a good rule to decline all presents that are likely to place you under embarrassing obligations to patients. A still more important rule is to avoid intercurrent accounts with trade and other patients, for such arrangements rarely prove mutually satisfactory, and often lead to disagreements; and, moreover, in 'squaring up', a pecuniary sacrifice will not improbably be entailed upon you by a more or less pressing solicitation for a reduction 'in these hard times' of the balance due for your professional services, or by some other specious form of requisition, alike difficult to resist. The better plan is to conduct business matters upon strictly business principles; in a word, let the respective parties—yourself and patients—severally pay their accounts in cash, each to the other.

Study to maintain towards your patients a becoming degree of calm and courteously impressive dignity. Frivolous conduct, vulgar jokes, great levity and undue familiarity are unprofessional, and tend to engender contempt and may haply give rise to scandal. Discourage all attempts to rudely address you with a 'Hallo, Doc!' or by your christian name, unless on terms of intimate friendship, or in any way to pass the limit of propriety. Give to every one his proper title, and exact the same in return. Do not, however, misunderstand me and infer that I condemn good-natured pleasantry; not so: for when accordant with good taste and in moderation, it is

Gifts



often very appropriate, and sometimes acts as a tonic on the drooping spirits of a patient. If, moreover, you happily possess a congenial earnestness of deportment, and a cheerful mien withal, it will be as moral health to yourself and sunshine to your patients.

Unsocial and seclusive as it may seem, and, inferentially, adverse to your professional interest, you will nevertheless find it sound policy to avoid, as far as may be, dining out with your patients, and attending their tea or card parties, etc. Let it be your rule, therefore, to eat as seldom as possible at their houses—only when unavoidably detained there by cases of labour, convulsions, and the like. There is a tendency to conviviality and *abandon* around the festive board that has a levelling effect, and divests the physician of his legitimate prestige. It is, at times, far better to eat a cold repast at home than to partake of the most savoury viands at the festal board of sundry patients. Let a physician or other practitioner once unbend himself among a certain class of patients, and he will incur a risk of the loss of their professional appreciation and regard.

When constrained by circumstances to partake of food, if you chance to be served alone, so much the better; if seated with the family, be courteous and somewhat reserved, and simply endeavour to render yourself agreeable. Eschew *badinage* and gossip; and undue extolment of the viands; be careful also to make no after subsequent allusion elsewhere to the “snowy cloth”, the “tender, juicy beef-steak”, the “delicious butter”, etc., as though you were a stranger to such.

When in attendance on patients, strive to induce a



feeling of satisfaction on their part ; and, in evincing your anxiety to afford relief to their mind and body you will not—cannot fail in your ambition to succeed in establishing a practice. To fully accomplish this, however, you must feel and express a genuine interest in the case, and in the effects of the remedies employed. Bear in mind also that, with every practitioner, the first essential to success is that he should command the confidence of his patients.

When necessary (as is oft the case) to scold or to find fault with patients or their attendants, you will do well to preface your intended remarks with the intimation that it is not *in anger* that you do so, but in your earnest desire to have them to do right for their own and for others' sake. By thus prefacing your impending reproof, you will disarm resentment, and, generally speaking, all will be taken in good part.

If it be that you are unmarried, it will no doubt be often cited against you ; nevertheless, I believe that, *de facto*, no material professional advantage accrues to a practitioner simply from being married. The substantially true objection lies not in his celibacy, but his youthfulness, and my practical impression is that a like objection obtains in the case of a youthful benedict. To marry, therefore, solely with 'an eye to practice', would be to entail responsibilities and expenses without corresponding benefit. The question of marriage in relation to practice should, moreover, be regarded from a higher and less selfish point of view, otherwise you may incur the misery (as will not improbably often be your lot to witness) that so often flows from ill-assorted and degrading marriages entered into for reasons other than of true affection and congenial disposition.

Reproof



It may be well to note that every one is more or less wishful to have for the family attendant a reputedly fortunate and successful practitioner; consequently, any succession of deaths in child-birth, or of unsuccessful surgical operations, or of cases of puerperal fever, or of others that have terminated unsatisfactorily, are calculated to injuriously affect the unfortunate practitioner, may be, for years, by attaching to him—especially if he be a beginner—the imputation either of being blind to danger and heedless of his personal responsibilities, or of a *long-to-be remembered* reputation for bad luck. If, therefore, from exceptional or other causes, a series of such untoward incidents seem to be impending, whether in your early or later professional life, lose no time in extending your advisory resources by consultations with a sound practitioner in good repute, and thus seek to strengthen your position.

The power to favourably impress others with the belief that your selection of medicine as a profession was judicious, and one for which you were well fitted, is a potent and important factor, and, if skilfully used, likely to conduce to your early success. Meanwhile, whenever you have reason to suspect that your mode of procedure has been unsatisfactory, take counsel with yourself, and by rigid self-examination try to discover and eradicate your faults; and while endeavouring to hide your defects, give play to your good qualities, and assert your better-self. At the same time, I believe that no practitioner will ever fully succeed unless he possesses the good opinion of the maids and matrons with whom he may be associated in the sick-room. They can be his best friends or the reverse. The ladies of every family have a potent voice in the selection of the family



doctor; and I have often thought that the real secret why so many truly scientific aspirants fail to obtain practice is that cold logic and abstruse mathematics and other high theoretical and philosophic attainments, however excellent in themselves, are often acquired at the expense of the endearing sentiments, and hence fail to excite sympathy; on the contrary, they are often associated with a lack of the minor qualities of the head and heart which more especially appeal to the female mind and work upon its emotional element.

The faculty of being able to please and thereby to retain the favourable opinion of those who have sought your advice in an emergency, or, it may be, tentatively, is likewise a power that you should carefully cultivate. You will find also that a recollection of the names of children and of patients whom you but rarely see, and the address to recall the salient points of your previous interviews, are very useful accessory aids to success.

A still more important auxiliary will be found in being courteous and considerate to all, and especially in any case in which your patience may have been severely tried, or yourself, mayhap, *ex necessitate*, in exceptional haste. Discourteous abruptness, it may be well to note, often inflicts a needless wound difficult to heal. True courtesy, so to speak, may be regarded as an indigenous seed that costs nothing, will grow in any soil, and, if carefully cultivated will always bear good fruit; and so tend to practically illustrate the truth of the ancient motto, that 'Manners Makyth Man'. Be it therefore your part to culture it heedfully and assiduously.

Yet another but less direct item in the list of 'aids to

Remember  
Names



practice', remains to be noticed in the matter of subscriptions. When boys or young men appeal to you for a contribution in aid of their cricket, foot-ball, or boating clubs, and the like, do not hesitate (if in a position to do so) to give something, and to give it freely. If ladies, also, solicit a donation in furtherance of any laudable object, contribute willingly and cheerfully. If, moreover, the little boy or girl call and ask you to buy a concert or other ticket, or to otherwise aid them in some matter in hand, do so at once with a smile and good-humoured laugh; for such gifts not only do good to others, but may also be deemed a judicious professional investment for self. Were you to scowl and say "no", the respective solicitants, not omitting the small boy, would unite in calling you "old stingy", and hereafter avoid you.

Children's likes and dislikes will, to a greater or less extent, unquestionably control your destiny in divers families. Many people, indeed, patronize various quack medicines for no better reason than that "the children take them readily", knowing full well from past experience that an attempt to give pills or nauseous doses to spoilt or refractory children means a fight and a failure. We owe it probably, and not a little, to the persistency with which practitioners of the sterner sort have pressed their rhubarb and black draughts upon rebellious children, in defiance of the protestations of nurses and mothers, that the tasteless globule has found such favour with the weaker sex. Children of this enlightened age are far more pampered and spoilt than those of the previous generation. Mothers seem unable to control their feelings; or, it may be, that, with a smattering of physic-lore, they find that there is no longer



any necessity to cling to the once inevitable and nauseous potion. A word too must be said for the children. None of us like compulsion. It must not be forgotten, moreover, that there is often more harm done to a child's nervous system by cramming the draught down its throat, than all the good the nauseous drug was supposed to effect. Children will often take days to recover their equilibrium after a protracted encounter with the medicine glass in the nursery, under the stern discipline of a would-be conscientious nurse. Judging from the varied susceptibilities and dispositions of the children that have been under my care, some of them having very resolute wills, others possessing—I cannot say endowed with—mothers of a pronounced æsthetic temperament, to whom everything is a bore, except a novel to read and a sofa to lie upon, it becomes most important to formulate a line of treatment that will satisfy such requirements.

This class of children are not infrequently ruled by a domineering old woman called "Nurse", displaying a maximum of 'tall talk', with a minimum of what she delights to call 'common sense' (and very common, indeed, it often proves to be). The medical attendant must cultivate a habit of attacking such a stronghold of prejudice and conceit by a series of carefully planned flank movements, in such a way that the nursery magnate may be drawn, against her own convictions, into a pliable frame of mind, sufficient to enable the doctor's physic and regimen to stand a chance of being attended to.

To attempt to invade the sanctum of a nursery where the lady-paramount is cajoled into the idea that "nurse is a treasure", and prefers rather to foster the notion, than to



care to have her eyes opened to the actual state of reigning ignorance, requires all the practical art of the medical man gradually to overcome and remedy.

Undoubtedly the ailments under which children for the most part suffer, belong to the preventable class. They are due sometimes to overfeeding; very often to neglect, especially of the calls of nature; and very much to general mismanagement. With this view it may be well to presume that the best and most approved mode of treatment for habitual torpidity of the bowels is not medicine, but an enema of soap and water, with occasionally a little castor or olive oil added to the injection. If this does not succeed, and the child's appetite begins to fail, it is an indication for administering medicine by the mouth.

*Costive  
children*

In your efforts to establish a practice do not place too much reliance on your social influence, for even your truest friends and well-wishers may well prefer that you should test your skill and gain your experience by attendance on others rather than on themselves or their families. Socially, you may be a great favourite while all are well; but when illness supervenes and imperils the life of the loved one, the ordinary impulses of friendship will be held in abeyance and in no way influence the choice of a doctor. In such cases, and very naturally so, the feelings of no member of the family circle will be much studied, if it be thought that by any human skill the life in question can be saved; consequently, the afflicted family terror-stricken at the possibility of losing the kind indulgent husband, the beloved wife, blooming daughter, darling babe, dutiful son, or honoured parent, as the case may be, instinctively send for the doctor in whose skill they have most confidence—alike



insensible to the expectant hopes of the young medical friend of whose unpractised skill they know too little, and of the neighbouring practitioner of whose system of stimulation\* they know too much, and pass over all whose professional life may seem to more or less unfit them for a stewardship so solemn, so precious, and so weighty, as that of a family doctor, and wisely determine on the one in whom their faith and hopeful confidence centre; faith, in fact, is the great controlling lever.

There is, in especial relation to the medical profession, a significant fact which, unless your attention be directed

\* With regard to the system of stimulation above alluded to, a word of caution may here be judicious, for you will probably ere long have to face the grave responsibility of having to use stimulants and narcotics in the treatment of disease. This responsibility you cannot evade or minimize. My impression is that intemperance (so to phrase it) in such things is greatly on the increase. Again and again I have heard these debasing habits attributed to the remedies prescribed during illness. Is, it may well and fairly be asked, the admitted growth of morbid reflexes and insanity among us a cause or an effect of such habits? That both stimulants and narcotics may be advantageously used in an emergency, like other powerful remedies, cannot be denied; but, in my opinion, it is no less certain that the great majority of our common ailments are, as a rule, better managed from first to last without them. Morphine, by subcutaneous injection, and chloral are invaluable in some few cases, but their abuse in our day has become a formidable fact. I would then advise you to, as far as possible, avoid these agents, or at least limit and control their use, and do not unnecessarily run the risk of incurring the anathema of having contributed to ruin a fellow-creature.

In reference to the reputed remedial action of alcohol in an acute disease, I may observe that when in doubt as to whether it is wise to commence its administration, probably the best test of its use being beneficial will be found in a reduction of the rapidity of the pulse. In such latter event it most rarely fails to do good. On the other hand, if it accelerate the pulse, it rarely fails to do harm. Now, it may perhaps not be generally known that we can ascertain which effect it will produce in almost as little time as I have been engaged in thus recording it. Give the patient what

If  $C_2H_5OH$   
reduces  
pulse  
rate  
Give it,  
Not otherwise



thereto, would probably escape your notice : namely, that after getting into full practice, your days, weeks, months, and years will unconsciously flit by faster than those of other people, seeing that, as a practitioner, your time will be well-nigh incessantly engrossed with a series of more or less important cases, so that the lapse of time will pass almost unnoted, until the wear and tear of an anxious, trying life reminds you that you are but mortal and subject to the usual infirmities. Be advised therefore, and seek, by judicious relaxation and diversion, not only to prolong but to get as much out of life as you honestly can during the age for physical and mental enjoyment. Many practitioners, in the eager pursuit of their profession, year after year unwisely defer all relaxation, intending to indulge in ease (*otium cum dignitate*, as they term it;) and the social pleasures of life when they get older, and thus foolishly forego the necessary rational recreation till they lose all taste and desire for it, and care for and are fit for nothing but to work on the professional treadmill, a slave for life.

If it be true, as has been gravely asserted, that seven

under the particular circumstances you would consider to be a full dose, taking care not to alter his position before or whilst doing so. Keep your finger on the pulse, which must have been carefully counted two or three times beforehand for not less than a full minute each time, and count it by the minute. Before two or three minutes have elapsed, you will probably find the rate altered; it may be that you may have to wait five or six minutes. The result of this test is a sure indication of the effect which proper doses of alcohol will have on the circulation. For example: a young girl in a state of extreme asthenia from shamefully neglected typhoid was admitted into the hospital. At the time the following observation was made:—Her pulse was 135. Two teaspoonfuls of brandy diluted with water were administered without disturbing her. Within a minute, her pulse was again counted, with the following results: First minute 140; second, 140; third, 145; fourth, 145; fifth, 145. She died two days afterwards.

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days' work in the week tends to shorten the allotted span of life of threescore years and ten by twenty, it would indisputably prove that relaxation is not simply a great blessing, but absolutely essential to a right performance of the duties of life.

Let it be your rule and principle to do—as far as is consistent with your duty to others—as little work on Sundays as possible, holidays included. A summer trip, moreover, with an occasional day's sport with rod or gun, or an evening at a convivial meeting, or at the theatre, et cetera, will act as a refresher to your labours, relieve the worries and cares of practice; break the monotony of life, tend to subdue the irritability resulting from overwork, conduce to longevity, and, withal, make you more philosophical and a better practitioner.

Rest.



## CHAPTER IV.

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"The first step to wisdom is to be exempt from folly."—*Horace.*

ALWAYS entertain and show respect for your seniors in practice. There is probably no type of practitioner more unworthy of respect than the one who evinces contempt for his seniors. You may excel the older members of the faculty in severely scientific and technical points, but experience has been their teacher, and they have a ripe clinical knowledge of disease, and an intuitive perception as to the choice of remedies which generally makes them sounder logicians and much better practitioners—in so far as knowledge and skill derived from observation and experience far outweigh mere book knowledge—and, so to speak, forms a part of one's very nature, and, withal, becomes indelibly fixed on the mind for future reference, when needed. You will also do well to remember that although young practitioners have recourse to scientific 'extras', and modern instrumental and other aids to diagnosis, more than do the older ones, yet, in relying too much on them and too little on rational, subjective symptoms, they seemingly ignore the fact that the art of curing disease is more indebted to sound judgment



and common-sense bedside observation and experience than to aught else.

The older practitioner is more apt to disregard the scientific pathological diagnosis which defines the technical character of the disease—whether, for instance, a case of pneumonia is catarrhal, crupous or instertitial—and to pay more attention to the therapeutical diagnosis which indicates what the treatment should be; duly weighing the influence of age, the season, rate of progress, complications, secondary affections, compensatory changes, and other phenomena, with a nicety that the junior can never acquire from books—and then, with intuitive wisdom, determining as to the best remedies for the mental and bodily sufferings of the patient, in accord with the teachings of experience. Such men do much to elevate our profession, and are entitled to much respectful consideration.

When you have been in practice long enough to have impressed your patients with the belief that you not only have an independent judgment, but, when necessary, are prepared to assert it, and, also, that you are especially conversant with their moral and physical idiosyncrasies, such impression will be of great service to you, and, while much facilitating your professional intercourse with them, will establish your position more firmly. Your assumed knowledge of the family constitution and temperament will also probably induce other and distant members to consult you in like affections, under the very natural impression that you possess some sovereign remedy calculated to afford them relief.

A popular belief, moreover, that you understand this or that person's constitution and natural tendencies and know



exactly what they require, is an acquisition and a power that will invest you with prestige and authority, and impart to them an unquestioning confidence.

Skill and experience are what the public especially seek in a medical practitioner; they are materially important, and everybody knows it. Naturally, we all possess the retroactive faculty, but it is prevision, foresight that is specially needed; and such cannot fail to be acquired from practical experience in carefully diagnosing and combating disease — which will, moreover, exercise and strengthen your judgment, and enable you year by year to foresee events with greater clearness; and if you will devote yourself to careful, honest work, and seek to develop and culture the faculty of observation, each succeeding year will find you a better practitioner, and in the course of ten or twelve years you will in all probability have encountered and become clinically familiar with most of the ordinary diseases; and the resulting experience should enable you to avoid former errors and mistakes, and also to determine more exactly your diagnosis, prognosis, and treatment in each.

In addition to the great advantage which the older practitioners possess over the younger from increased ability to discern the true nature of, and to foresee the probable duration and progress of gravely critical cases, their acquired experience enables them also to recognise and take note of doubtful cases, or are likely to prove very tedious, and thereby relieve themselves of undue anxiety and blame. Such advantages necessarily enhance their reputation, give them greater confidence in themselves, and enable them to treat serious and tedious cases with



patient tenacity of purpose, and, meanwhile, to retain the family confidence with greater certitude than their juniors. Such experience may also be regarded as the one and chief reason why the elder practitioners are not harassed in difficult cases by meddlesome officiousness from outsiders, and either discarded, or constrained to call in a consultant, so often as are their younger brethren, and why, the practice of medicine becomes to them relatively easier year by year. Moreover, after you have been in practice for twelve or fifteen years and forgotten much of your theoretical knowledge, your practical experience will be invaluable to and often aid you in cases in which book-learning will be of no avail; indeed, from books alone it is impossible to obtain the necessary knowledge to render you a good and competent practitioner. The assumed possession of self-attained post-graduate practical knowledge is no doubt the true reason why the public prefer the older practitioners to the comparatively inexperienced younger ones. They like to see a doctor who appears to fully comprehend his duties, and to act intuitively, as it were; strive therefore by practice to be quick in diagnosis, and ever ready and prompt in the treatment of the ordinary cases that will probably constitute nine-tenths of your practice.

Study carefully and thoughtfully the principles of prognosis and probable duration of disease, for in these it is that young practitioners are most apt to err. Very few people are able to discover whether or not your diagnosis and treatment are correct; but if you say that a patient will recover and he dies, or that he will die and gets well, or that he will be ailing for a month and yet recovers in a few days, or the reverse, people will see that you are wrong.



and will naturally infer, that since you were wrong in your prognosis, your diagnosis and treatment may have been equally so.

Skilled practice in these important matters will enable you to foresee in a greatly increased ratio of your cases, their likely duration, and to prognosticate a favourable, doubtful, or fatal termination, and thereby spare you no little anxiety.

In forming your prognosis be careful to ascertain not only the state of the organ more especially affected but of the other vital organs also, since their condition and action may, in some degree, compensate for the lost or impaired functions of the diseased organ. Look also at the surroundings of your patient, and especially as to the nursing and attention he can command; and, finally, learn to estimate from the look, voice, gesture and general aspect—mental and physical—his vital power of resistance to the disease (which differs in each individual), and then form your prognosis.

On paying your first visit to a patient, you had better avoid asking the apparently simple yet awkward question, "What is the matter with you"? or, at any subsequent visit, "How are you to-day"? or he may possibly retort, *that* is just what he wants the doctor to tell him.

Do not by continually citing the opinion expressed in this or that work, or by such and such a medical celebrity, unnecessarily disclose the fact that, as a young practitioner, your treatment is based more or less on theoretical rather than on practical knowledge, and thus belittle yourself in the estimation of patients—who like to believe that their doctor is treating by a regular system evolved out of his



own practised brain, and specially adapted to their own particular cases, and not at hap-hazard or experimentally—more especially in diseases they suppose to depend on the state of the blood, or some peculiar diathesis.

With regard to necropsies, whenever a fitting case for examination presents itself, utilize the opportunity for careful research into the cause and nature of the death, but not in such manner as to allow it to be inferred that it is done to gratify idle curiosity, or simply to satisfy yourself, or that it is a great favour to be permitted to do it; but put it rather and emphatically on the higher ground that it is for the benefit of science, and in the interest of suffering humanity, and possibly for the benefit of the very persons with whom you are conversing. It is scarcely necessary to add, that to consent (otherwise than by direction of the coroner) to make a post-mortem examination of any one who has died under the care of a professional brother, at the solicitation of parties obviously desirous to disprove the diagnosis, and thus seek to discredit the practitioner in question, is morally and ethically very wrong.

As the hypostatic congestion which naturally follows death is often mistaken by the public for ante-mortem changes, and apt to give rise to marvellous stories of assumed 'murder', 'only in a trance', and the like, it will always be well to point out to them its true nature and cause, and utter lack of significance.

With regard to the ordinary and clinical examination of the urine as an aid to diagnosis, not only will it render you much valuable information as to the state of your patient, but, in conjunction with a judicious use of the microscope, will tend to invest you in the eyes of the public



with a scientific reputation, together with its attendant advantages.

Obstetric practice is undoubtedly, in some respects, desirable, especially at the commencement of active professional life, as it paves the way to permanent family practice. The inevitable and wearisome detention at the bedside, however, entails a serious loss of time. 'Chance' calls can of course be accepted or declined at your discretion, but engagements, especially in obstetric cases, must be kept, whether in the night or by day.

Should you ever get so overburdened with work as to be seriously pressed for the necessary time for the due discharge of your responsible duties, a large obstetric practice will probably so overtax your powers that it may become necessary to restrict the number of such cases, or, possibly, to altogether withdraw therefrom, in order that you may be better able to fulfil your obligations to other patients, and, as far as may be, to yourself also, in regard to meals, sleep, etc. Midwifery is a wearying, exhaustive branch of medicine, and entails much anxiety, care, and responsibility; and although it leads to other family practice, it will eventually be found that the ordinary fees for attending cases of confinement are, owing to the loss of time in waiting and consequent interference with other duties and engagements, together with the unavoidable fatigue and loss of sleep, etc., which they give rise to, relatively less remunerative than in any other branch of practice. If you keep a daily record, you will probably find that nine-tenths of your entire loss of rest is due to obstetric cases.

When a person below a certain grade of life engages



you to attend her in confinement, it will be well to write her name and address on one of your cards, and hand it to her with instructions to send it to you as soon as she feels that your services are likely to be required. It will emphasize the engagement, and serve to remind her of the mutual obligation or contract, so that, when her time comes, she will be without reasonable excuse if she fails to send for you, and calls in another practitioner, or midwife, as is sometimes the case, with the view to save expense.

Nevertheless, and notwithstanding that you had been engaged to attend the case, and probably kept in suspense for weeks or months, you will occasionally be told that the confinement is over, that a midwife or granny was sent for, and the excuse will be that everything occurred in such a hurry that they could not wait for you, or that they had no messenger to send, or some other equally lame plea. Ere accepting any future engagement with such people, you will act wisely in insisting on prepayment of a moiety of the stipulated fee.

You will probably oft be called upon in bad cases to do ugly work for midwives who have reached the limit of their obstetric knowledge, and for the sufferer's sake you should never refuse to go. Such occasions, moreover, will afford you valuable opportunities to prove the practical superiority which duly qualified practitioners possess over the unskilled midwife and unpractised irregular, and at the same time to enhance your position in the estimation of the public.

In every *primipara* case of confinement, after the expulsion of the child, etc., be careful to call the mother's attention to the lump or protuberance in her abdomen, and inform her that it is only the contracted womb. If you



omit to do so, she may accidentally discover it, get greatly alarmed, and either await your expected visit with dread, or send for you post-haste.

Attendance on patients at long distances will tend to derange and diminish your more immediate home practice, for during your absence in visiting such, your services may be sought for by several in your neighbourhood; neither do distant visits, as a rule, pay in a pecuniary sense, and, moreover, cannot, and especially in a serious case, prove satisfactory either to the patient or to the practitioner. It would be better that every family should select a medical attendant resident within a reasonable distance, other than in cases of consultation. In fact, a few far-off patients will entail a greater waste of time, ruin more horse-flesh, use up more carriages, harass you more at unseasonable hours, and expose you to bad weather more than all your other practice combined.

Limit your practice to a number that you can properly attend to, which can be more or less readily effected by sending in your bills promptly, weeding out worthless patients, circumscribing your field and sphere of practice, declining other than lucrative obstetric engagements, raising your fees, etc. In refusing to take charge of a case at a distance, or of one that is likely to involve you as a witness in court contrary to your wish, or to accept an obstetric engagement, if you are really '*too busy*', assign that as your chief reason, as it is the least open to criticism and persuasibility.

Never offer as an excuse for neglect in visiting a patient, "I really forgot you"; it is unpardonable.

Syphilitic and gonorrhœal cases are not very desirable,



otherwise than for the larger fees usually insisted on, and which should be notified to the patient at the outset, or the case declined. They are dirty, secret cases, and repel rather than attract the victims and their friends to the attending practitioner, when in need of professional advice for other ailments.

Although you may entertain no doubt that a patient is suffering from syphilis, it is not always judicious to say so. Nevertheless, though prudence may dictate a reservation of your opinion, the treatment to be pursued should be in accord with your belief as to the true nature of the disease. Indeed, in the practice of your profession it will, may be, oft fall to your lot to recognise the result of sinful habits and vicious courses, and to which you are assumed to be indifferent and morally insensible—a doctrine to which I cannot assent.

Be careful that your repute, for special interest in venereal diseases does not obscure and surpass that for other maladies, otherwise you may get the unenviable title of 'P—x Doctor', and entail social ostracism and the loss of family practice that would surely follow;—or that fortuitous success in restoring the menses in females apprehensive of pregnancy, does not induce many others in like case to consult you, and thereby acquire that of 'Abortionist';—or by attending a comparatively large number of the courtesan and pugilist class, that you do not obtain the undesirable notoriety of having a 'fancy practice';—or, again, by perpetually and indiscriminately inquiring about the urine, and having it kept and bottled for you, earn the easily acquired title of 'P—s Doctor';—or by developing a hobby for stomach, liver, kidney, uterine, or other disease,



that it does not become your scape-goat—for any or every obscure disease, and thus eventually impair your usefulness and position as a practitioner.

Your pleasure and satisfaction in attending families professionally will vary much; from some you will receive intelligent co-operation and exceptional consideration for any little failure or shortcoming; while from others you will experience the reverse, as if they wished to perplex and harass you in every conceivable way. It is this harassment and continual anxiety, quite as much as over-work that breaks down the health and abridges the life of the medical practitioner. You will act wisely therefore in bearing this in mind, and to let it be your philosophic rule and determination, moreover, not to unnecessarily worry yourself about anything which you cannot well help or avoid.

You cannot be too guarded in asking private questions before people not in the confidence of the patient, unless they are clearly entitled to hear them: in such case, request all, and particularly those of the opposite sex, to leave the room before putting the questions; and be especially cautious in this respect, if your patient be a female, and the questions refer to marriage, menstruation, lactation, uterine affections, constipation, urination, or other delicate subjects, so that her confidential secrets may not be exposed, or her modesty offended.

You will find it judicious also to avoid making inquiry of a patient in any public place, in the presence of strangers, with regard to his ailments, or of patients at his home. Many persons are very sensitive in reference to their complaints, and captious respecting the time, place and mode of questioning.



So far as your influence can prevent it, do not allow indiscreet patients to go about bepraising and speaking of you as a pet, etc. Inordinate praise, no matter from whom, is apt to arouse a corresponding dislike on the part of those who deem the praise either extravagant or misplaced ; such injudicious laudation cannot fail to more or less react against you, and may even arouse a feeling of anger and jealousy on the part of husbands, lovers, or others. Indeed, practitioners pure in thought and intent have found it necessary to discontinue their attendance in families in consequence of the existence of such jealousy, with the view to avert domestic strife and estrangement.

It is also in very bad taste, and injurious, moreover, for the wife or other near relative of a practitioner to commend him overmuch, and boast of his great skill and wonderful cases and cures, for people very naturally regard such boasting as highly coloured by interested motives. Eulogy, to be duly appreciated, should emanate from comparative strangers, and not be 'home'-bred.

Wife

On visiting the sick-chamber, it is better, as a rule, to give attention to the conversation of the husband, if he be present, rather than to that of the wife—temporarily disloyal to the sex though it be,—and to address your opinions, explanations and remarks to him, or to such other person as may, for time being, be the superintending head in the sick-room, and to pay to the others the simple respect which courteous civility demands—otherwise, sensitive people will feel aggrieved and ignored, and, dissatisfied thereat, may create trouble.

Probably one of the most valuable subsidiary faculties you could, as a medical practitioner, possess is that of a



ready discernment as to who are the *ruling spirits* in a family, and to so cultivate their confidence as to enlist their good-will and word.

You will find it judicious, as a rule, to decline holding confidential (so-called) communications with inquisitive nurses, or prying mischief-makers: and if necessary to answer their questions, do so openly and in your ordinary voice, and not in seemingly confidential whisperings.

When making your professional visits, banish all else from your mind other than the case before you; and no matter who may be present, let the patient, whether young or old, be the main object, and your thoughts and conversation be centered on him and his case. Both patients and their friends will naturally feel more anxious to know what you think of their cases, and to receive practical suggestions and advice for their guidance and benefit, than to hear aught else. If the conversation digresses to other subjects, change it as soon as possible back to the case of your patient.

Adopt the same precautions also during consultations, and keep the conversation between yourself and colleague on the case under consideration, and do not allow it to be diverted to religion, politics, horses, etc.; economy of time, both on your own and more especially your patient's account, demands it—for if a consultation be unduly prolonged, it is apt either to excite alarm in the patient and his friends, or to induce a belief that you disagree or are perplexed, and in either case, may prove prejudicial to you.

Skilfulness in changing or modifying your diagnosis or prognosis is all-important in cases in which it has to be made or admitted.



In prognosticating the probable duration of a case, do not too hastily or definitely commit yourself, for whatever prognosis you foreshadow at the outset will, as a rule, be accepted. It is only when such prognosis is altered and assumes a graver form, or its duration much prolonged that dissatisfaction arises. You cannot therefore be too careful in forming and giving expression to your prognosis. One of the greatest reproaches to medicine is, that it is not an *exact* science—consequently, the practice thereof often lacks the element of certainty.

School yourself to submit with dispassion to the often irritating failings and infirmities of the sick, and tolerate, with as much equanimity as may be, any rude treatment you may occasionally experience from hysterical, peevish, or depressed patients ; and, further, do not take as an insult anything that an ailing or unreasoning person may say, unless you have reason to believe it to be deliberately intended as such. In the latter event, self-respect will no doubt dictate a becoming protest and withdrawal from the case.

Beware of confidants—and never become so partial to patients, or others as to make them the repository of your professional or personal secrets. With our imperfect therapeutical means we cannot always attain perfect results, or give complete satisfaction, and it may be that some of those whom you have most conscientiously attended, and regard as unlikely ever to change, will now and then surprise and disgust you by turning round and loudly decry you. The possibility of such a reversion of feeling, it is always well to bear in mind, and while seeking frank and cordial relations with your friends and patients,



to avoid putting yourself into their power by confiding to them your secrets and aspirations—otherwise, on the rupture of the assumed friendship, they might be spitefully revealed to others.

To be over-assiduous in paying visits without adequate apparent cause, or too deferential and attentive to those who regard themselves as extra good patients, is more than injudicious ; for as soon as such an one conceives himself to be your best patient, or that you are exceptionally cultivating his good opinion, he will sooner or later be certain to undervalue and not improbably relinquish your services.

In cases of danger, or other pressing necessity, you need not hesitate to undertake any menial work for a patient ; but unless such cause exists, to pull off your coat, administer an injection, give a bath, swaddle a new-born babe, rummage drawers or ransack cupboards in search of towels, old linen for bandages, spoons, goblets, etc., will ill-comport with your position, and may be quoted against you as evidencing a sad lack of professional dignity and self-respect. It is far better to ask for the things you need, and to let them be brought to you.

A patient in an improving state will generally be satisfied with a much shorter visit, a slighter examination, and less perfect attention, than one who is not progressing alike satisfactorily—and especially if he is going on so well that, on taking your leave, you can express your emphatic satisfaction with the progress he has made.

When a case is obscure, or in the initial stages, be cautious in expressing any positive or unguarded opinion ; but in cases in which you can safely do so, give free, honest expression to your diagnosis and prognosis. To



enable you however to do this clearly and intelligently, you must train your judgment by carefully studying your cases and critically examining their diagnostic features, ere formulating your opinions, instead of simply treating the most prominent symptoms, regardless of the minor ones—as is too often done by mere routinists.

It may be important to you to remember that, contrary to the popular belief, the art of medicine does not enable you, or any other practitioner to diagnose positively any of the eruptive fevers, until their local manifestations appear.

When, as will often be the case in serious illnesses, you are importuned by anxious relatives as to the possibility of more being done for your patient, it will oft be expedient to mention incidentally that you deemed certain remedies to be contra-indicated, as for instance—leeching, cupping, blisters, baths, or mopping the throat, etc., and tell them why you have not had recourse to them, so that they may realize the fact that they had not been unthought of, but that you had good reasons for not using them.

Never pronounce any one's sickness feigned or trifling, unless you feel absolutely certain that it is so, and, moreover, never make fun of people for sending for you, or in being alarmed at what may to you appear trifling ailments; indeed, you should never joke, talk frivolously, or laugh about your patients or their sicknesses, either in their presence or elsewhere, nor taunt them about the trifling nature of their ailments. Some will laugh off such a criticism, while secretly they will feel deeply hurt and resolve never to have you again. Still another reason is that trifling ailments sometimes develop into serious diseases, and simple tumours may assume a malignant form, and, in the



latter event, blame will assuredly, justly or not, be imputed to the jesting practitioner for life for the assumed fatal loss of time in recognising the true nature of the disease.

Again—never guarantee a cure, or certain success, or a safe recovery, even for a knat bite; guarantee nothing, except that you know your duty and will endeavour to fulfil it. Medicine is not a perfect science, nor is life a definite quantity. When pressed therefore to say whether any case of sickness is dangerous, it will in some instances be well to reply promptly, “Of course there may be danger, *because* it is sickness, and any sickness, even the bite of a fly or the scratch of a pin, may become dangerous”, and that even a person in apparent sound health has no guarantee of life from one day to another. In such class of cases, which you will soon learn to recognise, you may also venture to remind the questioner that you do not keep the book of life, that your will and God’s will may differ, and that you cannot guarantee that any case of sickness may not become dangerous, or have an unfavourable issue and even terminate in death; then state what you think will be the issue of the case in question. Even in doing this, you should bear in mind that while every case presents a large group of probabilities, it is also surrounded by a chain of possibilities, a fact which you should not fail to mention, and leave yourself a reasonable margin for uncertain contingencies.

The laws everywhere confer on the medical practitioner judicial powers and immunities that are withheld from other classes. You are exempted from military and jury duty, and made an officer of the law in relation to insanity, vaccination, etc., and your certificate with reference to births, deaths, inability to attend in court, and other offices of



trust, are everywhere respected, and it is your duty in return to comply cheerfully and promptly with all legal requirements—to aid rather than impede enforcement of the laws.

In giving certificates in cases of mania-a-potû, syphilis, abortion, etc., you should never yield to importunities, or a false tenderness for family affliction, and substitute other pleasant-sounding terms that may risk placing you in a false position.

Further—in giving certificates, it is best to certify, “In my opinion”, etc. Indeed, not only is it more prudent, but far less pretentious, in expressing an opinion, written or oral, to state simply, “I believe so and so”, or “In my opinion”, etc. The fact that it is your opinion, or belief, no one can dispute, even should it prove erroneous.

In these days of an imperative heed of professional self-protection, it is scarcely necessary to enjoin extreme cautiousness in giving certificates of insanity with the view to consign patients to an asylum. Do not yield to the importunity of mistaken or designing persons and be guilty of the cruelty of depriving a fellow-creature of his rights, liberty and property, because he entertains some harmless crotchet, as, for instance, that his legs are of glass, or that some lady of rank is in love with him, or other inoffensive delusion, while in all other respects he is sane and demeans himself and manages his property rationally. Be careful to distinguish between the really insane as contemplated by law, and those who are only seemingly so, and refuse to give certificates in all but clear cases; and keep a memorandum of all the facts in each.

Keep memoranda also and be very guarded when called as a witness in will cases, divorce suits, etc., with a view to



protect yourself and maybe, others, against treacherous friends or designing enemies.

Never conceal the presence of a contagious disease from those around who are liable to contract it, or you may very justly encounter the condemnation of the community at large. When your opinions respecting the presence of, or danger from, cases of infectious diseases (small-pox, scarlatina, typhus fever, etc.,) militate against the wishes or supposed interests of landlords, boarding-house keepers, etc., your views will in all probability be met by strong opposition. In such event do not allow yourself to be browbeaten into allowing anyone to violate the laws relating to the public health. Your duty to the healthy is equally great as to the ailing. Indeed, the public health is of far greater importance than the well-being of any individual. When therefore these or other dilemmas present themselves, adopt Davy Crockett's sage motto, "Be sure that you are right, then go ahead."

Be careful to prevent, as far as possible, children in whose family contagious disease exists, from infecting others by attending school, or otherwise mingling with any who are likely or liable to contract it from them. At the same time insist upon visitors being excluded. Take care also that its presence in hotels, boarding-houses, etc., is not concealed from and thereby endanger the public.

Never let people know that you have just returned from seeing a case of small-pox, scarlet fever, measles, etc., or even that you are attending any contagious disease; for in the event of any case occurring among those to whom you have made it known, blame will certainly be attached to you as having been the cause.



On your return home from visiting cases of contagious disease, take care to disinfect your clothes by walking or riding in the open air; also wash your hands in very hot water, or, if that be not at hand, hold them over the fire; disinfecting lotions, etc., may likewise be used with advantage; and further, if necessary, take a warm bath.

It may here, mayhap, be well to briefly consider the question as to how long it is necessary for a medical man to avoid midwifery-practice after a case of puerperal fever; and also what must be done in the way of disinfecting clothes, etc. An eminent authority thus writes: "The danger of communicating infection to a puerpera varies with the nature of the particular cases attended. It is wise to assume the most infectious kind, that is, scarlatina. The time during which infection from this zymotic may last when precautions are not taken to disinfect the carrier is unknown. But let everything worn during the possibility of contamination be disinfected by sulphur-fumes; let the medical man bathe freely in water, and in the open air (sic) that is by riding or walking, and in a few days there will be little risk of his carrying infection. He should wash his hands in solution of bichloride of mercury, 1 in 3,000: and not make unnecessary examinations, especially after expulsion of the child."

Deprecate all attempts to convey cases of diphtheria, scarlet fever, measles, small-pox, typhus fever, and other contagious diseases, in any public vehicle, and if any private or other carriage be used give specific instructions for its subsequent disinfectment. Protest also against the attendance of friends at the funerals of persons who have



died of such diseases on the ground and imperative moral obligation that the dead should not be allowed to unnecessarily imperil the living, as is so continually and heedlessly done—more especially in the case of the under-bearers shrouded by the pall, and exposed to the mephitic air. Be it your duty to enlighten the public on the melancholy subject!

• Never keep a tongue-depressor for indiscriminate use; for, irrespective of the disgust that patients would naturally feel at having an instrument put into their mouth which had served a like purpose in many others, it might actually convey the virus of syphilis, diphtheria, etc., from one patient to another, and justly render you liable to very grave censure. When you wish to examine a throat at the patient's home, it is far better to ask the nurse for a clean spoon than to take a tongue-depressor from your pocket, or spatula from your case, and excite the patient's aversion, and a lively curiosity among those present as to the nature of the case in which it was last used. An ivory paper-folder answers the purpose equally well, is not disgusting, and is readily cleaned.

In any case in which your assistance may be sought by a professional friend, it will be only right and proper that such should, if practicable, be cheerfully rendered; but it would be unwise to place such aidance at the service of other practitioners merely to utilize them for their own especial benefit and repute; or to administer the chloroform, hold the instruments, etc., in their operations, unless you are fairly remunerated for the work and the responsibility entailed.

Obsequiousness and subserviency should be heedfully



avoided, for not only will they fail to enhance your position in the eyes of the public or of the profession, but will assuredly, sooner or later, tend to depreciate you in their estimation, and possibly expose you to their contempt.

Preaching morality to dissolute patients seldom effects any practical good, but you may often beneficially influence those who indulge to excess in smoking, drinking, feasting, late hours, dancing, venery, and other excesses, that render them liable to disease. Your injunctions indeed in regard to the last four named, if judiciously given, will frequently be as strictly obeyed.

When tipplers tell you that they intend to "swear off" for a definite period, advise them instead of swearing off to pledge their word neither to treat any one, nor allow any one to treat them, to liquor during the prescribed period. Such a pledge will be more manly and consistent, and, at the same time, more likely to be observed.

A simple caution in regard to photographs may fitly close the chapter. Do not allow yourself to be betrayed into a habit of presenting your 'photo' to every one who may be enamoured by your professional skill, or of your pleasant manner, good looks, style of dress, etc., or it may place you in many an awkward dilemma.



## CHAPTER V.

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"A mind fraught with integrity is the most august possession."—*Blaykey*.

LET me earnestly impress upon you the paramount duty of paying all due and proper respect to religion—the one true foundation and key-stone to a successful, happy life. Your profession will often bring you into contact with the clergy and ministers of various denominations, and, in conscientiously fulfilling your anxious duties, you will not only find in them staunch friends, but your chief supporters also in many of your most trying cases. The ministrations of a cheerful, sensible and pious clergyman, who confines himself to his true vocation, are sometimes more valuable to a worn out and irritable patient than medicine; and even in cases in which death is near and inevitable, calm resignation will often take the place of despondent fear and apprehension, if the impending approach of death be judiciously communicated to the sufferer by a thoughtful and skilled pastor. In fact, when cheered and sustained by religion, and impressed with the belief that whatever may occur they are in God's hands, many evince as little regret on being gently apprized of the probable near approach of death, as does a traveller when about to start on a pleasant journey.



When summoned to attend cases of angina pectoris, apoplexy, organic heart-disease, suspected aneurism, desperate wounds or other serious injuries and diseases that are apt to end in sudden death, prudence may render it necessary for you to conceal from the patient your own apprehension as to the result, lest he should at once lose all hope and be driven to despair, which could not fail to exercise a grave and, possibly, fatal influence. In such cases, however, it will be your duty to give timely private warning to those especially interested, and never, so far as it is possible to avoid it, to let any fellow creature—high or low, rich or poor—pass away from life without apprizing the relatives, friends or neighbours of the probability of such an event. You should also be extremely careful in talking before children laid up with scarlatina, variola, rubeola, etc., of the danger of complications, or of their illness being serious or dangerous; seek also to banish from their minds the fear of hydrophobia, tetanus, etc., for many young children fully realize the meaning of death, and such talk would tend to terrify them. Be alike cautious in speaking within hearing of patients who may seem to be sleeping, drunk, semi-comatose, etc.

It is just as natural to die as to be born, and every one's time must come sooner or later; and although you can neither see what is written in the book of life, nor detain the living soul when summoned by the Angel of Death, you will no doubt at times have cases under your care in which you will seem to be fighting death itself and vainly struggling for the mastery, and yet, to your astonishment, the patients will recover as if by a miracle; while in others, in which the friends around rejoice to think that



they are getting better, and are unwilling to believe otherwise, your practical skill will enable you to detect the fact that if not in the actual embrace of death, they are fast approaching thereto. Be prepared therefore for such incidents.

You should never attempt to thrust your religious beliefs, or disbeliefs, or your political convictions, upon patients who hold opposite views. It is no part of your duty to seek to proselyte or to administer to the religious cravings of the sick. Every Church and sect has teachers of its own, to whom you must leave the spiritual work. Confine your ministrations (except in rare instances, or in the absence of a spiritual adviser) to the worldly welfare of your patients, and never suggest anything in religious matters that involves a creed differing from that of the sufferer.

The momentous question of eternity will, in not a few cases, unquestionably and naturally cast a dark shadow over all temporal matters. Be ever ready therefore not only to sanction, but, if need be, to advise patients to seek for spiritual comfort. True religion not only attunes the mind and prepares the soul for the unknown hereafter, but even here is a power that can assuage the keenest sorrow and suffering and smooth the ruffled brow of care, and if there be any practitioner that fails to recognise it, he is deficient in the A B C of philosophy and elementary observation. It will probably often be your privilege to see many a poor, sick, careworn, despondent and broken-hearted creature calmed in mind and soothed in body by its comforting and cheering influence, and if his malady is curable will aid in restoring him to health; if incurable, he derives therefrom unflinching faith, hope, patience and resignation, and becomes earnest, and even anxious for the hour of departure.



The automatic and seemingly anxious movements unconsciously made by many of the dying are popularly supposed to be efforts to communicate some remaining thoughts, or secrets, or special wish before death. In such cases, do not fail to explain to the friends that a kind Providence has mercifully drawn the veil of unconsciousness around the dying one and that he is insensible to suffering. The dying struggle though painless to the unconscious patient, is, nevertheless, often distressingly painful and harrowing to all who witness it.

It is well that you should, whether a Roman Catholic or not, be cognizant of the following duties required at the hands of a medical practitioner by Catholic patients.

When in attendance on Catholic families, be especially careful in cases of dangerous illness to warn the immediate friends, in order that the sufferer may receive the last sacraments.

One of the seven sacraments of the Church of Rome is Extreme Unction. It is believed to purify the soul of the dying from any sin not previously expiated through other sacraments, and to give strength and grace for the death struggle.

That Church teaches that moral responsibility begins at the age of reason; therefore Extreme Unction is necessary for all who have attained that age.

Extreme Unction is given but once in the same illness, but if the patient has recovered and shortly afterward has the same, or any other kind of dangerous sickness, this sacrament is again necessary.

Another of the seven sacraments of the Church of Rome, with which you should be familiar, is the Holy Eucharist.



The Holy Eucharist, sometimes called the Wafer, is believed to contain Christ's whole being, His body, soul and divinity. It may be administered frequently in all cases of sickness in which the patient is confined to the bed or to the house for any length of time, provided that he has sufficient reason for making a full confession.

If the nature of your patient's disease is likely to render him unconscious, be careful to inform the family of the fact, so that the clergy may be sent for, and the confession be heard, and the Holy Eucharist given before the reasoning powers are obscured.

Those who are to receive the Holy Eucharist are required to fast, if possible, from midnight until they have received it; but if you consider that your patient being without either food or medicine would be detrimental to his welfare, the clergy should be informed.

Where there is incessant nausea and vomiting, the Holy Eucharist is either not given at all, or given in the smallest quantity. To expose it to being vomited is a great irreverence.

Be also equally careful in Catholic families to administer or have administered, conditional baptism to all children during or after birth, whenever there is the slightest reason to doubt their viability. The following are the conditions and details of conditional baptism:—You, or any one else, whether a Roman Catholic or not, are allowed to administer it. A male adult is preferable to a female, and of course a Catholic, if one is at hand to a non-Catholic. The baptism is administered as follows: After procuring a glass or cup of clean water (spring water is designated, but hydrant, or pump, or any other kind of true and natural water will do),



in a suitable manner say "I baptize thee in the name of the Father", precisely at the word "Father" *pouring* a small portion of the water upon the child's head; continue, "And of the Son", at the word "Son" *pouring* another small portion; again continue, "And of the Holy Ghost", and at the words "Holy Ghost" another small portion.

Remember that in baptism every word must be uttered; were you to omit even an "of", the baptism would be insufficient. Bear in mind also that the water must be true and natural, and must be poured exactly whilst the formal words are pronounced. So very important are these details that if you arrive after a midwife or other person has baptized the child, carefully ascertain whether she has observed the full form and used the correct language. If she has not, and death seems impending, you should baptize it again. In such case it is necessary to preface the formal words with: "If thou art not already baptized, I baptize thee", etc.

If in a midwifery case the child of Catholic parents is believed to be in danger of dying, it must be baptized. If it is partly born, baptize it on its head, if the head is presenting; if not, upon the hand, or foot, or any other part that is born. If no part is born, and you can reach the child through the vagina, the water must be applied to such part as can be touched. In all cases of unborn children, preface the regular form with the words "If thou canst be baptized, I baptize", etc. In such a case apply the water to its body with a syringe, or by any other means by which the water will remain uncontaminated till it touches the child.

In Catholic families you will run great risk if you use



the forceps before the child has been baptized ; for if this be neglected and the child be born dead, you will not readily be forgiven.

Remember also that it is better that a Catholic patient should be thrice prepared and not to pass away, than to go unprepared ; if therefore you err at all, let it be on the safe side.

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Be especially careful to give timely warning of danger to all who have business of vital importance to transact ; in cases of sudden serious illness, for instance, friends may have to be summoned, wills executed, and other important arrangements made ; it will also be well to bear in mind that in almost all illnesses in which the pulse has gradually risen to 160, you may safely venture to predict that life will not be prolonged beyond a few days, at the furthest.

Close observation will, in all probability, eventually lead you to the conclusion that, when a patient becomes firmly impressed with the belief that he will die, his predictive fears are very apt to be fulfilled.

You will find it judicious to decline (except in cases of emergency, or under exceptional circumstances) to act as a witness to wills, and especially in cases in which you are not thoroughly satisfied of the mental capacity of the testator ; and you should, moreover, determinedly refuse to take part in, or in any way interfere with the settlement, or division of the property of persons whom you have professionally attended, lest—a not improbable contingency—you should incur the charge of misusing the opportunities afforded you by your position as medical attendant. It is scarcely necessary to add that if you be witness to or



executor of a will, any legacy or pecuniary interest therein devised to you, will be void.

When in attendance on serious cases, be careful to evince due gravity and sincerity of purpose, and do not hold out any hope, when you really see none. If, moreover, any one in such case wishes to know whether he is likely to die, and pointedly asks you the question, answer him frankly and truthfully, but couched in calm and gentle language, so as not to appal and unadvisably depress him by extinguishing hope and substituting despair. At the same time, in expressing your opinion, impart to him all the encouragement you honestly can, and mention, as a solace, anything you may have noted as favourable, either in his physical or spiritual condition. In anticipation of such painful incidents, it is well to be prepared with consolatory and advisory language adapted to the respective cases.

And here, mayhap, it will not be without advantage if I forewarn you that to proclaim a truth is not unseldom attended with unpleasant consequences. Thus, after due consideration, you deem it your painful duty to announce to a patient or, it may be, to some member of his family, that he has an incurable disease. The result often is that you at once lose your patient, not by his death, but by his going to one consultant after another, in the hope that he will find some one to reverse your verdict, and to give a more hopeful opinion. The late Dr. P. M. Latham, referring to cases of this kind, said: "He consults an infinite number of medical men, and it is remarkable that he gets no comfort or satisfaction from those who understand his disease the best, and the greatest comfort and satisfaction from those who understand nothing about it".



Before, however, giving utterance to an opinion as to the existence of an incurable disease, it is obviously the practitioner's duty to make sure of the evidence upon which his opinion is based. A hopeless prognosis deduced from insufficient evidence inflicts unnecessary pain upon others, and brings discredit upon the erring practitioner. But having satisfied himself of the existence of a disease which is beyond human aid, the possibility of losing his patient in the manner before indicated, should not deter the medical attendant from giving the timely intimation of a state of things with which, for various reasons, it may be of the highest importance that the patient and his family should be made acquainted.

With regard to the nature or relative degree of a person's illness, you are at liberty to be silent, or to say as little as you deem judicious ; but whatever you do give utterance to, whether little or much, let it be conscientiously truthful. You must not, cannot, substitute falsehood for veracity, not even in your well-meant efforts to afford solace to the sick and the dying : neither as a man, nor as a physician of the body, must you, under any circumstances, sacrifice principle or honour for expediency ; but you can and must, as far as possible, blend and impart the truth with Christian feeling and sympathy.

You will find but few with the necessary fortitude and submissive resignation, to bear with and seek to enjoy their remaining life, after being told that their cases are incurable ; you should be cautious, therefore, not to suddenly cut off all hope, even from those suffering from tuberculosis, cancer, Bright's disease, and like cases, in which death slowly approaches like a creeping shadow, up to the final



stage, seeing that persons so afflicted have more or less time, while gradually sinking away, to realize their true state. Indeed, in such cases, it is not unseldom injudicious to give a more or less unfavourable prognosis, unless you are prepared to be superseded by some one who, with the exception of speaking more hopefully, can probably effect no greater good than yourself. Be on your guard, therefore.

You may often prevent anxious patients, whose pulse or temperature has increased, or whose diseased heart, lungs, etc., you are examining, from asking inconvenient questions that would necessitate a disclosure of your gloomy prognosis, by being prepared immediately on completing your examination, with ready questions relative to their appetite, sleep, state of bowels, etc., and so, temporarily at least, afford them no chance for inopportune questioning—be prepared, however, for such at your next visit.

Nothing will justify your abandonment of a case simply because of its incurability; for even in the last stage of a fatal malady, your continued attendance may not only prove highly beneficial to the suffering patient by suggestions for the alleviation of pain, and, it may be, the relief of mental anguish and distress, but a comfort to the sorrowing friends—present and absent—in knowing that the loved one is receiving all necessary professional care and attention.

In every stage of your career be it your aim to prove to the world that your profession is not in concert with death, but, on the contrary, that all its characteristics are indicative of health-giving and life-restoring power. Neither Hygeia, nor her parent, Æsculapius, is represented with the habiliments of mourning, but, in place thereof, we see Æsculapius



armed with serpents, the symbol of wisdom and convalescence.

Remember, moreover, that Death is the physicians' great antagonist, and that when he defeats your efforts and extinguishes the spark of life, your duty ends. Do not, then, essay (otherwise than mentally) to offer up a prayer, or stay and administer nervine draughts to relatives or friends, or tender your services for promiscuous duties, such as carrying messages, etc., but, at the earliest fitting moment, quietly withdraw.

Leave the laying out and the application, if need be, of preservative fluids\* to the face and body of the deceased, and all such matters, to the friends.

Abstain also from visiting (otherwise than from professional necessity or obligation) the house of mourning for the purpose of viewing the dead, and, except when it is absolutely necessary, avoid attendance at the funeral of your deceased patients. More especially, refrain from writing apologetic letters to the bereaved, expressing self-reproach for failing to recognise this or that fact, or regret at not having followed a different plan of treatment. If there are any facts in connection with the case that call for an explanation, let your communication be made verbally.

Never have recourse to such deceptive tricks as to assure a timid patient that you will not lance his boil, but merely wish to examine it, and then suddenly do that which you assured him you would not attempt. Veracity, so essential in all the relations of life, is invaluable in the

\* The putrefactive process may be retarded or modified by painting with a soft brush the body, with acetic acid, or a weak solution of perchloride of mercury, or a ten to fifteen per cent. of carbonate of ammonium.



several relations between patient and practitioner, and should never, by any act on his part especially, be overshadowed by a doubt.

The rich and the poor, the reprobate and the courtesan, the outcast and the semi-criminal, the swaggering rowdy and the rascally sneak, will all probably, at one time or other, be represented in your practice. Attend to any or all such, if it be necessary; but avoid, as far as possible, all disreputable places and people low down in the scale of morality, for they are far more likely to prove a curse than a blessing; nevertheless, if it must needs be do not hesitate to do your duty to a suffering fellow-creature however low in the scale of humanity and morality. At the same time, however, you will do well to remember that such people will not respect any practitioner or other one, who fails to respect himself.

Endeavour to acquire and maintain a solid professional influence over all your patients, for unless you enjoy their confidence and respect, you will have to contend not only against their physical condition, but their mental and moral also.

You have a perfect right to relinquish attendance on a case if you find that your interest or reputation renders such a step desirable; at the same time, let the cause of your withdrawal be fully understood. It would be better however to decline undesirable cases at the first interview, on the plea of great press of work, rather than having undertaken the charge ultimately to have to relinquish or neglect them.

Never refuse (if able) to rise from your bed to pay necessary night visits to patients; to do so would be



unjust and a neglect of duty, inasmuch as it might entail needless suffering (possibly death), or necessitate the calling in another practitioner, or it might impel the messenger to have recourse to a chemist, or other undesirable person, for advice and medicine. If, however, you will make it a rule to charge full *night visit* fees for *all* visits made after bed-time, you will be spared much loss of rest and night exposure in attending those who could have sent for you at a more reasonable hour; *unnecessary* night-visits deprive practitioners of their much needed rest, and although entitling them to extra fees afford no fair equivalent for the over-work and risk to health.

Be extremely cautious in accepting patients who are to be visited clandestinely, and in having married women or young females to consult you secretly—especially, if it be for vaginal, or other private examination, without the knowledge of the husbands or parents. Be very careful also about attending patients for other than their real ailments, with the view to screen them by misleading their relatives or friends.

Do not over-visit your patients, and be especially heedful to pay but few visits to those suffering from trifling injuries, uncomplicated cases of measles, whooping-cough, chicken-pox, mumps, etc. People note and criticize a practitioner's procedure in all such cases, and if he seem over-attentive, are apt to believe either that they are more seriously indisposed than he is willing to admit, which will cause them more or less alarm, or that he is *nursing* the case and running up a bill *unnecessarily*. It is sometimes a very delicate point to decide whether it is necessary to pay another visit to a patient or not.



Practice alone will enable you to form a correct judgment in the matter.

Many people, and not unnaturally in some instances, dread the expense of professional services, and excessive attention and numerous visits are rarely appreciated. A practitioner who pays but few visits, and yet effects a cure, is generally popular; and if you can gain the reputation of making no unnecessary visit, it will be regarded as an especial *trait* in your favour, and tend not a little to increase your practice.

A good and the only proper rule is to visit your patient when, and only when, you conscientiously believe it to be necessary, whether it be once a day, or once in seven days. Never do so several times a day without pointing out the necessity for it.

Yet again: avoid running in to see a patient unnecessarily because "you happen to be in the neighbourhood." If the visit be made on such a pretext, and charged for, it will be sharply criticized and your bill possibly disputed. On the other hand, never visit a more or less seriously indisposed patient so seldom, or so irregularly, as to induce a belief that you are neglectful or indifferent.

Some well-to-do, or over-anxious people form an exception to the rule, and insist on your visiting them frequently, so as almost to live at their house during illness, with the view to observe progress, instruct the attendants, etc., regardless of the additional expense; you may of course gratify them, provided that such attendance does not interfere with the fulfilment of your duty to other patients. At the same time, if other than the patient himself will have to pay the bill, the person responsible



should (if need be) be informed of the reason why the extra visits are made, and of the *de facto* unnecessary expense entailed thereby. No blame can then attach to you.

During such frequent visits you should maintain a strictly professional attitude, and avoid digressing from the patient to politics, the fashions, or other current topics, otherwise he will be very apt to lose confidence, on which you will incur a loss of influence and, probably, receive but scant courtesy.

When visiting a patient, always let it be known whether, and when, you will repeat the visit; it will not only satisfy him, but prevent all uncertainty and the usual anxious expectancy and longing for the doctor's rap. When a case has so far convalesced as to make frequent visits unnecessary, and yet improves so slowly, or fitfully, as to make you apprehensive of a relapse, it is better to keep an eye upon it, by looking in occasionally, and intimating when you are likely to call again, with an understanding that if in the meanwhile the patient becomes worse, or, on the other hand, gets so much better as to render your promised visit unnecessary, you shall be notified thereof. Such an arrangement is, for many reasons, better than to, more or less, abruptly cease your attendance.

To evince an earnestness and personal interest in your cases are potent, master-qualities that inspire confidence and respect, and are often freely and readily accepted in place of superior skill. Seek therefore to imbue your mind with a feeling of genuine interest in your patients, and it will be certain to reveal itself in some form or other, alike conducive to your own and the satisfaction of your patient.



Make it a study to bear well in mind all that is said and done at your respective visits, so that your line of conduct may be consistent throughout the case. Take care also not to betray a short memory or a lack of interest; for were you to ask a patient 'What kind of medicine did I give you last?' or to hesitate in your questions, it would at once be noticed, and probably give rise to a suspicion that you either felt but little interest in his case, or suffered from a failing memory.

Study so to efform your manner and address that patients will not hesitate to impart to you their secrets and the nature and seat of their disease. One of the greatest drawbacks to many practitioners is that they fail to inspire full confidence, and, consequently, patients will neither entrust them with the secrets of their folly, simpleness, or wrong-doing, nor consult them in troubles or anxieties that give rise to feelings of hesitancy or shame.

Do not let your wife, or any one else, know your professional secrets, or the private details of your cases, even though they be not secrets; no one likes to have conveyed from house to house what they said in their delirium, or how they shrank from the leeches, or shuddered at a pill, or to have their whims, fancies, or weaknesses exposed.

*Wife*

Many people labour under the impression that practitioners who (injudiciously) allow their wives for the benefit of fresh air, to occasionally accompany them in their professional rounds, on driving from the house relate to them all that has transpired during the visit. Such of course is not the case; nevertheless, if people think so, the discomforting thought is the same, whether it be true or not.



There is no end to the mortifications, compromises and estrangements into which a practitioner's prying wife may not lead him. Nothing is more vexatious and annoying to the feelings of sensitive patients than to hear that the details of their cases are being whispered about, as coming from the medical man, or his wife, or others whom he or she has told.

If you allow yourself to fall into the habit of speaking too freely even of ordinary affections, or submit to be indiscriminately interviewed by chatty people concerning your patients, your very silence in disreputable cases will betray them. The credit of whole families and the character of its individual members will sometimes be at stake, and unless you shut your eyes, and close your mouth, lest you should see and say too much, it may ruin them and involve yourself.

You, as a medical man, will be permitted to see people in a very different light to that in which they are seen by others. The community, as a rule, view one another with a veil thrown over their moral and physical afflictions, their blasted hopes, and the sorrows that flow from love and hatred; over their poverty, their frailties and their crimes, their vexations, their fears and their anxieties; *you* will see their deformities of mind and body, their infirmities and imperfections, with the veil uplifted, and will become the repository of all kinds of moral and physical secrets.

Love, debt, or guilt and the like, may prey upon the mind of a sick person and tend to, and, in some instances, will unquestionably transform a simple into an incurable malady. As such matters are apt to be concealed from you, it is necessary that you should bear in mind that they are



important agents in the causation and intensification of disease, and be prepared to recognise them betimes.

Be professionally reticent, and never allude to the private affairs of any one in making your daily visits. Let your lips be hermetically sealed to the fact that any patient has or ever had venereal disease, fistula, hemorrhoids, rupture, leucorrhœa or constipation, or that abortions, private operations, etc., have taken place, or that any person has recourse to anodynes or stimulants, or that Mrs. . . . . had a baby too soon after her marriage, or that . . . . had one without being married at all, or that Mr. . . . . is addicted to this, that or other bad habit. No matter how remote be the time, if patients care to have their secrets revealed, let them be their own revealers. You have no right to disclose the affairs of patients to any one without their consent.

NB  
Mistress  
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But while judicious silence should be your rule, it is your duty to society and to the State to expose and bring to justice abortionists, unprincipled and heartless charlatans—professional vampires, so to speak—whether acting under cover of a diploma or not, whenever you have proof of their iniquitous work. Unless, however, you possess ample and positive proof of the wrong-doing, never (though morally certain thereof) attempt to charge any one with dishonourable or criminal conduct, otherwise, the accused will not only indignantly deny it, but probably bring against you a counter-charge of malicious persecution, with its legal consequences.

In prescribing medicines, it is better to confine yourself to a limited number of remedies with the powers and uses of which you are fully acquainted than to employ a



larger number of ill-understood ones—for which reason, you, as a young practitioner, will act wisely in avoiding *new* remedies until their value, as remedial agents, has been satisfactorily proved. It may be well to note that the number of remedies actually required in combating disease is, *de facto*, relatively small.

Whenever you order unusually large doses of opiates, etc., instead of using the common signs, be careful either to write the quantity out in full, or to underline both the name and quantity, and, also, to append to the prescription the name of the patient. When, moreover, you prescribe morphia, etc., in other than the ordinary doses, it will be well to have it made into pills or granules, and to instruct the chemist to “put them into a bottle.” It is so unusual to dispense pills in a bottle, that it intimates to the compounder that the prescribed dose is not a blunder, but is as intended, and acts as a guard to patients and attendants against taking, or giving them in mistake. When, again, you prescribe pills, powders, etc., for sailors and others whose occupations render them liable to get their medicines wet or wasted, it is better to direct them to be put into bottles or tin cases instead of paper boxes.

You may occasionally have a patient who persists that he is ‘bewitched’, or that a pin or fish-bone is lodged in his throat, notwithstanding your averment, after careful examination, that such is not the case,—or syphilophobic, and anxious to take the necessary medicines,—or morbidly afraid of hydrophobia or lock-jaw, or the victim of this, that, or the other vagary or hallucination, and who cannot be convinced by all your assurances that his ailments or forebodings are imaginary. In such a case, when all else fails,



it may become as clearly your duty to employ such remedies as are likely to relieve him through psychological impressions as it is to give certain medicines for a well defined disease. Any remedy intended to such a patient is termed a placebo—which should, as a rule, be small and easy to take; mild tonics, the bromides, or valerian or other harmless agents are usually employed.

When you have recourse to remedies intended to act chiefly through the mind, take care to look your patient earnestly and steadily in the face, and give precise instructions as to the time and mode of using them, and so enhance their intended effect.

You will not only find that almost anything will relieve some of these cases, but be further surprised to learn that they are chanting its praise, and vowing that they were cured of one or another awful thing by it. Some, indeed, who seem to be magically benefited by doses of—‘nothing’—will actually thank them for saving their lives. What a sad commentary on the boasted intelligence of the nineteenth century! What a pitiable fact for us that simple flavoured water, etc., often receive as much praise as the soundest remedies! What a harvest such people supply for those who live by fleecing!

Of mental remedies make none other than an honest and proper use (leave all that is dishonest to Dr. Fleecer); and if you happen to have the appropriate remedy, give it gratuitously and charge for advice only; if not, write a prescription for something that is inexpensive and simple.

Never send a patient to a chemist with a prescription for bread pills, or the like. It is not right to cause any one to pay money for articles that have no intrinsic value;



besides, if among all the simple tonics, nervines, etc., in the pharmacopœia, you cannot select some recognised agent of greater remedial value than bread pills, your resources must indeed be limited. Moreover, if a patient were to discover that he had not only been paying money for such inert, valueless articles as bread pills or coloured water, but wrongly exposed to the criticism of the chemist, he would naturally feel that he had been sorely deluded and be justly indignant thereat.

Let me here impress a caution: to believe too much and not to believe at all, are both unfortunate mental conditions for those who practise medicine. Take care therefore that your mind is not led into an exaggerated view of the importance and power of drugs. Bear in mind the example of the old dame in Paris who filled bottles with water from the Seine, sold it as a cure-all, and heard of so many cures wrought by it on all sides that she died convinced that the (polluted) water of that river was a sure cure for all the ills of the human race. Guard yourself, also, against the opposite and grave error, that medicines are useless and unnecessary; either view would materially impair, if not nullify, your fitness for the practical duties of your profession.

The old custom of taking a little purgative medicine occasionally, with a view to "clearing out or purifying the system", is still kept up by not a few persons. Such people always want to see and feel promptly and fully the action of medicines, and some of them think that they could scarcely live a month unless they had almost turned themselves wrong side out with pills, salts, etc., and are thereby induced to purge themselves much too often. It will be



well to remember that when nature is relied upon, the bowels ought to act daily, or at least freely once in two or three days; for, when the bowels are naturally moved, the lower portion only of the intestinal cavity is cleared out, and during the interval before the next evacuation, the fecal matter from above passes down and is in turn evacuated; but when a purgative is taken, it sweeps out the entire alimentary canal, and of course such a scouring out is not needed as often as the natural, though partial evacuation. For any adult who cannot have an evacuation without the aid of medicine, to give an aperient or purgative once in three or four days is sufficiently often.

Be especially careful never to solicit people, either by word or otherwise, to employ you, for such a course would tend to repel rather than attract them, and could not but fail to ensure you the necessary respect and esteem.

*Wife*

Many people are naturally fickle and capricious, and no matter how earnestly one tries to serve and satisfy them, they will soon become wearied and disheartened, and will insist upon consultations even in the most trifling ailments; they will change about—first from one practitioner to another, then, may-be, to a prescribing druggist or irregular practitioner, and will finally wind up with a quack, or quack medicine. Others will adhere to you through everything, good or bad, with firm tenacity. You should, nevertheless, under all and any circumstances, base your hope of being retained and respected, no matter on what class of patients you are attending, upon the one true foundation of having a just and deserving claim thereto. Do not, however, set your heart or faith on the continuance of the patronage or support of any one, for you will again and again be replaced



by those whom you have reason to know are far inferior to yourself in well nigh all that constitutes a sound practitioner. Sometimes you will unexpectedly and unjustly be dropped by a family, and very possibly be superseded by an ignorant, shallow fellow, or 'an old woman', so to speak, or homœopath, and, at the same time, may have to submit to the humiliation and the wrong without being in a position to resent it.

The faculty to promptly detect loss of confidence, or dissatisfaction with yourself or your remedies, is one which, if you do not already possess, you should seek to acquire. Bear in mind, also, that continued suffering, protracted confinement and disappointed expectation of convalescence, all tend to produce impatience and dissatisfaction in the mind of the patient and of his friends, and to create doubts of your knowledge, skill, or judgment, and for which due allowance should be made.

A patient has a perfect right to dismiss you from a case, and you, also, have a like right to relinquish attendance upon him, at any time. Indeed, you may at times find yourself so hampered, or harassed, or badly treated in a case, that to retire from it is your only alternative.

Whenever you find it necessary to withdraw from a case, endeavour to do so in a courteous manner; for such withdrawal does not necessarily make it incumbent on you to break off all friendly relations with the family.

When discarded from a case, con over and carefully reflect upon the various circumstances that led to the discontinuance of your services, and the means by which you might have averted it, so that you may by self-training, acquire the art of doing your duty acceptably to your patients.



Some people, indeed, who will almost idolize you so long as you are lucky and have no unfortunate cases, or deaths in their families, will oft, as soon as either occur, turn as rudely and maliciously against you—as if you kept the book of life and controlled the hand of God.

When you are unjustly dismissed from a case, and especially if it be to make room for a homœopath or other irregular practitioner, do not tamely consent to be cast aside in such a way. Express your perfect willingness to retire, but, at the same time, do not fail to convey to the patient in a courteous, gentlemanly manner, that such treatment grossly wounds your feelings, casts undeserved reflection on you, and endamages your reputation in the eyes of the public—to none of which can you be indifferent. Such a protest will not only enable you to give vent to your feelings, but enhance their respect for you, and, moreover, tend to more effectually counteract any injury likely to arise from your dismissal than if you stoically submitted without protest.

In acutely painful cases, large, even heroic doses of morphia or other patent medicine are often required, and must be given promptly, as hours, or even minutes, may seriously affect the result; care must, of course, be taken that the total quantity be such as not to poison the patient. The following case will serve to illustrate the point: A gentleman known to the author had an attack of cholera morbus; a physician was called in, who prescribed for him twelve opium pills, one to be taken every six hours. In that case the physician was fatally slow in his therapeutics; for long before the time to take the second pill had arrived, the soul of the pain-racked sufferer had taken its flight to a



land where medicine is unneeded and six-hour intervals can do no harm. Take care to avoid his error, and never leave long intervals between the doses for patients suffering acute pain.

Bear in mind, also, that an opiate indued with the virtue of relieving acute pain will do so within an hour, otherwise, a second or third dose will be necessary. A dose of chloral (in the free use of which you cannot be too cautious) will produce sleep within half an hour or so, if at all, and it is useless to wait longer before repeating it. When it is intended to keep a patient under the influence of opiates, it is necessary to repeat them every four hours or so, inasmuch as the effects of a dose begin to wear off after that time.

When opiates are no longer needed, the nausea that might follow their abrupt withdrawal may be (in the absence of other remedies) obviated by continuing them in decreased doses at four-hour intervals, decreasing the dose each time to one-half of the preceding one.

There is a popular belief that opiates are given only to allay or relieve pain, not to cure the malady. Opiates, however, are not only palliatives, but by controlling pain, restlessness, etc., they act as potential curatives in a long list of diseases.

5 The non-medical community expect you to examine your patient at every visit. Let your first examination be specially thorough; omit nothing that can shed light on the case, and never neglect the following five cardinal duties: To feel the pulse, examine the tongue, inquire about the appetite, the sleep, and the bowels. No matter what the case may be, take care to attend to these and all other evident or special duties at every visit.



Whenever symptoms render it probable that hernia, cancer uteri, Bright's disease, or heart disease is present, or that the throat is diphtheritic, or the ear occluded by wax, or that a tumour or an aneurism exists, or that the patient is pregnant, or that any other condition exists which, if overlooked, might imperil the patient's life and possibly cause you deep remorse for having committed a grave error, or subject you to humiliation and disgrace if recognised by another, you should always make an immediate and thorough examination, and, if need be, to gently hint to the patient or to the friends your suspicions and apprehensions.

To mistake a tumour for pregnancy, or *vice versá*, is one of the most mortifying and personally damaging errors of judgment that can well be. To be attending a female who has been ailing for weeks or months, and who proves to be pregnant is also very damaging unless you have recognised and notified the fact, otherwise her entire illness will be attributed to the pregnancy. In such case, some demur will probably be made to the payment of your fees.

Never ask an unnecessary question, yet be careful to make every inquiry essential to ascertain all the facts, and, withal, to satisfy the patient and others that you take an interest in his case; if you neglect to do so, you will incur the risk of an error in the diagnosis, and, thereby, lose his confidence.

Prompt detection of changes fraught with danger, or of the approach of death, not only shields the doctor from blame, but a certain *prestige* attaches to him, if he points them out before the patient or friends observe them.

Be careful never to speak of anything that you may do



for a patient as an experiment, for everybody is more or less opposed to medical men "trying experiments" upon themselves or theirs. For the same reason, it is unwise to give patients the sample bottle of new remedies sent to you for trial, or to let any one know that he is the *first* to whom you ever gave this or that medicine, or that his is the first case of the kind of fracture, or of small-pox, or of hernia, or of anything else you ever attended.

You should keep a case book for recording the date, diagnosis, treatment, etc., of unusually important cases; also a reference book in which to enter particularly efficient remedies, prescriptions for obstinate diseases, etc. Nothing impresses a patient suffering from a complicated or long-standing disease, with a conviction that you feel an interest in him, and intend to do your utmost for him, so much as to know that you keep a daily or other record of his case.

Keep  
Records

When the facts of the case will admit of it, let your patient's suppositious belief be included in your diagnosis, or disprove it altogether, in order that his mind may not distrust your opinion and so tend to counteract your treatment.

You can more easily impress and permanently convince a doubting patient of a medical fact which militates against his wish or belief—for instance, that shortening of the limb is usual after fracture, by a simple book demonstration than by a hundred verbal statements.

Study to be fertile in expedients, and never confess, or allow the inference, that you are hopelessly puzzled about a case, or have reached the limit of your resources.

Never be too sanguine of a patient's recovery from a



serious malady, and never, moreover, 'give one up' in acute disease, unless the process of dissolution has *de facto* begun; and above all else, never withdraw from a case of acute or other disease because the patient is very ill, and more likely to die than to live, for it is always highly comforting to anxious relatives or friends to know that the kindly doctor is ready and willing to do more, if an opportunity occurs.

If a patient is unable to swallow, call into requisition the œsophageal tube, or if food taken into the stomach is not assimilated, continue your efforts by rectal alimentation, etc., until he is either better, or has ceased to breathe; for *nature*, by a crisis, or a vicarious function, or a compensatory process, or the tardy action of the remedies employed, may turn the scale and let the life-power rally and gain control over the disease at the last hour; under such circumstances, if you have given up the case as hopeless, you will be justly mortified, while some brother practitioner, or homœopath, or, may be, an old woman who has stepped in at the lucky moment, will gain the credit and the *éclat*.



## CHAPTER VI.

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|| "He is most free from danger who, even when safe, is on his guard."  
—*Publius Syrus*.

YOU will have to be on your guard against the numerous pitfalls and rocks which lie hid in the paths and under-currents of professional life to entrap and upset the unwary. When, however, in doubt as to whether your duty requires you to do a thing or not, recollect that the sin of omission is, in appearance at least, not so great as that of commission.

In all serious cases, be what they may, in which you think there is any danger of an unsatisfactory termination, and of your being blamed, or sued in consequence, for the result, never hesitate to seek professional aid—by which you will not only have a second practitioner to share the responsibility, but it will tend to avert hostile criticism and causeless suits for malpractice. Keep in view, moreover, that the general community have the idea that doctors can and should perfectly restore broken bones and injured tissues, no matter what the injury may be; bear in mind, also, that when a fracture, or dislocation, or a disfiguring wound, or accident of any kind, results in a deformity or disablement, there is a danger of it ever after serving as a lasting and lingering libel on the reputation of the medical



attendant. It is therefore better that the responsibility should be shared by another. In this respect medical and surgical practice differ—the effects of ailments usually disappear, while those of surgery remain.

Such exclamations as “ Oh, no, Doctor, it cannot be that his arm (or leg) is broken, for he can work his fingers (or toes)”, will often greet you when you pronounce that a bone is fractured. The error is due to the fact that people believe that the fingers and toes are moved by the bones, not by the muscles, and it sometimes becomes necessary to explain the matter in defence of the opinion you have expressed.

Always take the precaution, as well for your own as for the patient's protection, to examine carefully the action of the heart immediately before administering an anæsthetic ; and to watch the respiration during the administration— withdrawing the agent on the least approach of blueness of the face or lips, or failure of the pulse. In all cases in which it is necessary to produce anæsthesia take care to have another practitioner present, more especially if the patient be a female, with the view, moreover, to disprove, if necessary, possible hallucinations in regard to improper language or action, and so to avoid scandal.

Patients sometimes decline to allow the doctor to make any examination that necessitates uncovering the body, or to allow him to see the underclothing, simply because they are unclean and unfit to be seen, the practitioner being led to infer that the refusal is dictated solely by a feeling of modesty and utter repugnance to the exposure. In many of such cases it is better to respect their delicacy in the matter, and instead of insisting on an immediate examina-



tion, to defer it for a time, so as to afford the desired opportunity for effecting a change of linen, etc.

Curious-minded husbands occasionally evince a determination to remain in the room during operations which necessitate exposure of their wives' persons, and you will doubtless feel tempted to ask them to retire that *they* may escape the indelicate sight, and *you* the embarrassment. If asked to retire, one or other may refuse to go, or do so with suspicious anger. The better plan in such cases is to intimate to the husband that you are about to begin what your duty requires you to do, and he will probably retire of his own accord, unless specially requested to remain. In the event of his refusing to leave, it may become necessary to consider the propriety of proceeding with or deferring the operation.

Expertness in detecting and refuting the various kinds of scandal and calumny admits of cultivation to a considerable extent; so also does the skill to foresee and avoid entanglement with the captious, the mischief-maker, silly tattler, the malicious, and the like.

Busy neighbours, ignorant chattering nurses, and jealous midwives, often exert a malign influence, and tell tales or circulate falsehoods about medical men which must be noticed, coped with, and refuted according to the necessities of the case.

Tact and nice discernment in establishing and maintaining a proper attitude toward nurses and other attendants on the sick is a valuable gift that will prevent or counteract possible machinations. To give the attendants due credit on fitting occasions for judicious care and faithful discharge of their duties is not only just and gratifying to them, but



will tend to make them your firm friends ; such public endorsement, moreover, encourages them to do their best to maintain the reputation which you have awarded them.

An incompetent, injudicious nurse may cause an otherwise curable case to end fatally by improperly indulging the patient's appetite for food or drink ; or by neglecting to give him medicine, prescribed drinks, diet, etc., at the proper time, or in the manner directed ; or by appropriating his food or robbing him of the stimulants directed to be given ; or by subjecting him to an excess of heat or cold, together with a restricted supply of necessary fresh air in a close, stuffy room, or by getting drunk or becoming careless, etc.

The conciliation of anxious, captious, impatient or dissatisfied friends of the invalid, when the illness is not progressing satisfactorily, naturally requires no little skill and a careful comprehensive study of human nature.

Scandal-mongers and lying snakes in the grass will often lie in wait for you, and must be met or checkmated by the most available means ; to judge what is best to be done under the circumstances is at times a very annoying and puzzling question, to be confronted as best it may.

In serious or exceptional cases, and particularly in such as engender great public excitement, if you indulge in confidential or semi-confidential whispered communications to the people or rabble, as the case may be, or issue bulletins for their information, it will often give rise to misrepresentation, or even to utter perversion of what you really did say or mean, and your statements may return to you so transformed as to necessitate tedious and irksome explanations from you. You will act wisely therefore in being



ever on the alert to avoid the danger. If it be necessary, express your opinion to the proper persons in writing, with the view to prevent it being misrepresented or perverted.

When an ailing person places himself under your care he entrusts you with a responsible duty. If he then neglects or refuses to have recourse to your remedies, or imperfectly carries out your instructions, and so frustrates your efforts to afford him relief, he cannot hold you responsible for the result, and it may become your duty to self to consider whether to go on with or to retire from the case. If, again, he cannot or will not do exactly as you wish, and provided that no special danger exists, it is sometimes better, after (as a protection to yourself) drawing his attention to the position in which you are placed, to humour his whims or childish weaknesses, and alter or modify your treatment so as to meet his wishes. This you can effect in a good-natured way, without *de facto* yielding to him, or compromising your authority or dignity. The wishes, prejudices and erroneous views of exceptional patients must be studied and to a certain extent respected. To do this is a matter of policy, and differs very materially from yielding a question of principle.

Never captiously oppose a remedy because it is suggested by a layman. The most ignorant person may make a wise suggestion; and laymen often talk excellent sense about facts which have come under their notice. Listen patiently to all sensible propositions, and if simple and unobjectionable, you may find it judicious, if only for their moral effect, to utilize them in conjunction with your own particular treatment. Be frank in giving credit to any good idea, no matter by whom advanced; and when rejecting a remedy



thus tendered, let it be known that your disapproval thereof arises from honest conviction and not from superciliousness. You may also in some cases humour a whim and sanction the use of harmless domestic remedies, herb tea, mustard and other plasters, etc., conjointly with your more reliable agents.

Make it a rule to give credit to persons for well-meant acts, even though valueless in themselves; also, when possible, to approve the domestic treatment adopted before you were sent for; at least, do not condemn it in a violent or offensive manner. Listen patiently to those around while they relate how they did the best they knew, and do not pooh-pooh, shrug your shoulders, or smile sarcastically, and thus belittle their honest efforts to relieve the sufferer.

Your cordial approval of their simples, used in good faith with true and loving motives, will greatly redound to your credit, and enhance not a little your reputation for kindness and sympathy.

When in attendance on certain classes of patients seriously ill may-be, e.g., the wife of a druggist or the child of a physician, if there is any simple remedy in which they have great faith and which they wish to try, every consideration should induce you, unless there is some clear contra-indication, to acquiesce and allow it, in conjunction with your other remedies.

It will be a trying ordeal when, by accident, you chance to meet an "old lady who has an infallible salve", etc., good for anything from knat bites up to elephantiasis. You will find her so full of faith in herself and in her salve that neither reason nor ridicule can skake it. Be fair and reasonable with her; but if you indiscreetly concede to her



remedy any recognition beyond its actual merits, or take her into your confidence or demi-partnership in the treatment of ulcers, wounds, etc., you will make a huge mistake, and fill her as full of conceit, and of mischief, too, as the sea is of water.

Hypochondriacs, the hysterical, the slightly insane, and various other kinds of bores, will sometimes come to your consulting room and tax your patience and ingenuity with annoying or unnecessary questions, or exaggerated descriptions of their ailments, or the details of their business, or the history of their family affairs, when you have no time to waste and yet are naturally indisposed to be rude, till you actually wish that you could fly out at the window and escape from them.

Some of these you will, so to speak, have to freeze out by chilling coldness in their reception. If on entering you courteously inform them that time is very precious with you, they cannot deem you uncivil, and, unless unusually impercipient, will be brief of speech and retire. If, however, the annoyance is persisted in, keep a placard ready at hand with "*This is my busy day*".

When you are to be a witness in court in a grave case, courteously but firmly decline to give any person connected with the opposite side either a verbal or written statement of what you saw, heard or observed in the case, or what your opinion is, or what your testimony will be ; also, if need be, repudiate their right to question you at all on the subject ; for should you be disposed to yield in such matter, you may actually aid them in setting traps for you by distorting your statement from its proper meaning and intent, or to rebut it in the witness-box, or to impute to you a lack of



professional knowledge, and thus bring both justice and yourself to grief. Firmly but courteously intimate that you decline to give the desired information, but that they can elicit all you know in the witness-box.

When giving evidence in court, whether as plaintiff, defendant, or witness, endeavour to keep cool and self-possessed; guess at nothing and express no opinion for which you cannot give the why and wherefore.

There is no class, or profession, other than our own, whose members so habitually confront and confute one another in the courts and before the public. Our so-called psychological experts, specialists and other would-be highly scientific representatives, have so often been engaged by litigants with the view to use their dialectic powers to frame or elicit favourable testimony, or the reverse, as the case may require, in will, life insurance, criminal cases, etc., that the public are led to freely jest about the differing opinions of doctors, and not unnaturally believe from our lamentable professional contradictions and divergence of opinion that our boasted science of medicine is a mere tissue of guess-work. It is scarcely necessary to add that the preceding remarks apply only to the pseudo-experts, who are willing to sell their testimony to the highest bidder.

To rid yourself of undesirable would-be patients will be one of the most difficult dilemmas that you will have to face. If you are 'Too busy to attend', it is probably the most unassailable of all excuses that you can offer in such cases. To assume charge of a sick person and neglect him afterwards, is unjustifiable.

When sent for to attend persons whom from any cause you cannot or will not accept as patients, you should at



once recommend them to seek for other advice, so that the sufferer may be spared needless delay, and yourself the annoyance of repeated messages and solicitations.

No one can blame you for not being at home when your services may chance to be needed; but if at home and you quibble or refuse to respond to the call, you will at times be severely criticized, especially if the case should happen to go wrong in consequence of the delay in obtaining professional aid.

You will occasionally encounter patients, or their wise-acre friends, who will seek and presume to discuss with you your diagnosis and remedies. Such people are generally full of theories, doubts and beliefs,—foreseeing and prejudicing all that you do, often thwarting your every effort,—and, it may be, drawing the curtain aside, so to speak, after you have left, and exposing to everybody matters that should rightly be regarded as professional secrets. If you perchance write a prescription for gonorrhœa, or cough, or indeed any other ailment, many a presumptuous patient, or his friend, will often proceed to comment on it, and very possibly seek to argue thereon. You will often be more or less harassed by such intermeddlers; and compelled to resort to various expedients to satisfy or baffle them, and, at the same time, avoid clashing with their whims and prejudices.

The presence of self-important sick-room critics, with jealous eyes and unrestrained tongues, will, if you are timid and irresolute, often impair or nullify your efficiency by diverting your mind from the case, and may even lead to errors in diagnosis or treatment. The consciousness, moreover, of being watched, or under unfriendly criticism,



will, in many cases, embarrass you, to some extent cloud your judgment, and as a necessary consequence, of course, mar your skill. It is better to leave your directions relative to medicine, food, etc., with the nurse, or whoever may be in charge, than with the patient.

Study so to control your countenance as to prevent it giving expression to your thoughts and opinions, and be especially guarded also in your manner, so that nervous and seriously ill patients may fail to detect therefrom any unfavourable reflections in regard to themselves, which you may wish to conceal.

Let it be your general rule not to prescribe large quantities of medicine; it is far better that the prescription be repeated again and again than to risk having half a bottle set aside untaken. It is a nice point in medical practice to decide as to the quantity to order at a time. In many cases, you will find it judicious not to order more than sufficient to last from one visit to the next.

Medicine

To set aside unused medicines and order others, in such a way as not to impair confidence, necessitates not a little clever management. In divers cases in which a remedy is ceasing to produce the desired effect, or other indications given for a change in the treatment, it is better not to stop it abruptly, as though it were wrong or doing harm, but rather to give instructions to temporarily discontinue it and commence the new medicine at — o'clock.

Patients will seldom complain of the cost of medicines taken, but they will note and criticize the apparent waste, when you set aside a partially used remedy, and prescribe another. A medicine thus put aside is very rarely re-indicated. If, when you set aside any medicine



and substitute another, there is any prospect of the first being required later on in the case, be sure to mention it, as it will tend to avert the otherwise probable impression that a needless expenditure has been incurred, or misjudgment in prescribing committed.

Be careful also in recommending patients to buy expensive articles, reclining chairs, supporters, or other costly appliances, unless you feel certain that they will answer the purpose and be used. It is anything but creditable to the medical adviser for people to be exhibiting this or that article that cost——, ordered by him, but for one reason or another never used, and now referred to as a shameful instance of needless extravagance.

You will occasionally encounter patients who have been kept in a state of intense anxiety and terror for months or years (a species of Hades on earth), through the deception of some rapacious and shameless quack, or the ignorance of some novice in the profession, who has pronounced them syphilitic, when in fact they have really never had any sign or symptom of the disease.

It is torture enough for those who really have constitutional syphilis, to pass through life filled with remorse for the past and apprehensions for the future, without the superaddition of unfounded cases. After careful examination has satisfied you that the case before you is not syphilitic, it will be your duty to give such explanation and assurance to your patient as will remove from his mind the erroneous and distressful impression.

You will be certain to produce unnecessary alarm and distress in the minds of those whose chests you examine, if you tell them of 'a slight deposit in the apex', 'an ab-



normal resonance', a 'bruit de diable', 'râles', 'a palpitation', 'disordered rhythm', or other, to them, ominous symptom. Be careful therefore to avoid saying or doing anything that will unnecessarily fix the mind of a patient on the character of his breathing, or the action of his heart, etc.

You will occasionally meet with persons who have been told (at least so reputed) that their lungs were gone and that they would not live a year, or that they were suffering from this or that affection that would destroy life in such a time. Such unnecessary and unwise forebodings cast not a little discredit on the profession, and justify severe censure on the injudicious prognosticators.

God only knows how many young women are tormented with apprehensions of 'womb complaint', which has no existence except in some practitioner's imagination—young women who—had not the subject been suggested to their minds, would have lived a lifetime without even a thought of such a thing as a womb.

The chief reason why there are so many spurious cases of womb disease is obvious. When a man is told that he has a luxated shoulder, or a cataract, or hernia, or cancer, he finds many ways by which to confirm or refute the doctor's opinion, and he can also see the effect of the treatment pursued; but when a miserable woman, morbid on the mysterious subject of 'womb disease', gets examined, and is told, correctly or otherwise, that her womb (like her nose, may be,) 'is turned a little to one side', or 'is down', 'ulcerated' or 'affected', it tallies with her fears; and, shrinking alike from the expense and the exposure to be endured, if she were to consult another doctor, she naturally



submits to the manipulations and, it may be, to the monetary exactions of the practitioner, or charlatan, who first made the examination—possibly recovering from morbid states that never existed, and paying for cures that were never performed. If there be a wretch meaner than another, it must be the practitioner who, void of moral sense, would intensify the nature of a case and terrify the sufferer for mere lucre's sake.

It is cruelly injudicious also to tell patients, without due explanation, that their trouble arises from the heart, or kidneys, or liver, or the lungs, or that they have the 'liver complaint' or 'kidney disease', or that their lungs are 'affected', when in reality there is only some slight or temporary affection of those organs. And it is still more cruel and unwise to predict immediate or impending death, even if you discover serious organic disease of the heart or lung. The duration of life will depend on various circumstances that you cannot always foresee; the carefulness and prudence of the patient, the conservative powers of the system, the compensatory powers of nature, etc. You know that a man's liver or his lungs or heart may be deranged this week and be well the next; but many people think that if either of these organs are in any way affected it is necessarily permanent, and it gives them constant anxiety. Many people are at this moment living in as great anxiety as if a sword were suspended over them by a hair, because they were told long ago that such and such an organ was affected, without any explanation being given of the functional or temporary character of the derangement. Contrary to the belief of the laity, and of some practitioners, sudden death rarely occurs in heart disease, except in aortic



obstruction and regurgitation. By explaining the difference between temporary ailments and those of a permanent character, or the distinction between a functional and an organic affection, you will avoid magnifying real ailments or creating imaginary ones, and thereby ensure many a patient perpetual sunshine in exchange for constant gloom. It is your duty at the least to avoid all ambiguity of language in such cases.

In nervous, hysterical and impressible persons, it is possible to convert a slight, or even imaginary complaint into a more or less serious one by fixing their attention on the organ deranged; hence, in these cases, ignorance is bliss, and the practitioner should divert the mind of the patient as much as possible from the real or supposed seat of disease, even though he has to treat it *sub silentio* and unsuspected by the patient.

Even our instruments of precision can be used in such a manner as to become objects of fear and dread. That excellent instrument, the clinical thermometer, often tells from day to day the unwelcome truth that fever continues, till the patient and those around him at times almost wish that it had never been invented. Try therefore so to use it as to avert, as far as possible, such ill-results.

Take especial care not to allow your patients' attention to be fixed upon their urine. Some persons have a morbid tendency to watch this excretion, and only need a discouraging word from the doctor to make them as anxious about their kidneys—apprehensions of Bright's disease, diabetes, gravel, etc., arising before their disordered mental vision—as are some women about their wombs.

You will also have patients sadly lacking in sound



common-sense—the salt of wisdom—who torment themselves with evil forebodings over alleged conditions that are either imaginary or perfectly natural; some because they have discovered that their left testicle hangs lower than the right, or because their scrotum remains contracted or relaxed; others terribly alarmed, because they have in examining themselves discovered the little odorous glands on the posterior part of their glans penis, and imagine them to be chancres or cancers; others because, either from fear of disease, blackmail, a charge of bastardy, or accusation of immorality, etc., having failed to complete the act of copulation with loose women, they are led to fancy themselves impotent. You will also occasionally be asked for advice by those about to marry, and by others newly married, who are miserable on account of this or that affection, defect or fear. In all such cases bear distinctly in mind that your advisory opinions constitute your capital, and do not fail to charge your full fee, even though you write no prescription. With such patients, the charge is for banishing their fears and anxieties and giving them valuable and appreciable information.

Advice

Be careful to warn all such people against the curse of falling into the hands of quacks, or other “friends of erring youth”, through pamphlets on the evils of spermatorrhœa, masturbation, etc., and tell them of the mischief such people inflict on their victim’s health, and also of their unscrupulous, never-ceasing voracity for money.

It is very doubtful whether the various medical guide books for the public, “Dr. Alpha’s Family Medical Guide”, Professor Omega’s “Every One His Own Physician”, and a host of others, ever do any one much good; it is very certain,



however, that they do a great deal of harm, by filling people with imaginary wisdom, and emboldening them to try their hands at doctoring cases that require a medical man, until either much suffering or, may be, permanent injury has been entailed, or, possibly, life itself sacrificed.

May not Pope have had such works in view when he said :

“ A little learning is a dangerous thing ” ?

The large papillæ to be seen upon the base of every one's tongue, often occasion much anxiety on being discovered by over-anxious laymen, while looking into their throats for indications of syphilis, diphtheria, or ulceration. Much relief is afforded to them when informed that they are natural.

You will often be consulted by persons suffering from true syphilis, who are wishful to know what would be the result of their marriage. To such never promise certain immunity against future attacks; and do not sanction marriage unless three years at least have elapsed since they contracted syphilis, and, at the least, two years since they had any indications of the disease. Even then they should only marry under hygienic and therapeutic restrictions.

When a patient, alarmed about his health, consults you, if you wish your opinion to be fully satisfactory to him, *be earnest*, and let personal intentness on his case dominate all that you say or do; take especial care, moreover, not to divert his conversation from himself to extraneous subjects. If it be at your consulting room, do not digress by showing him the painting or piece of workmanship on which you are engaged, or by telling the latest news, or the history of the cigar you may have been smoking, or of the newspaper.



you are reading ; and if *he* diverts the conversation from his case, bring him back to it at the first opportunity.

Never, under any circumstances, recommend sexual intercourse as a remedy for self-pollution, nocturnal emissions, spermatorrhœa, hypochondriasis, or aught else. If those who are subject to these affections choose to run the risk of syphilis, gonorrhœa, bastardy, or other discreditable exposure, let it be on their own responsibility, not on yours. Perfect chastity is not only thoroughly compatible with good health, but I know of no disease, either of mind or body, in which sexual intercourse is essential as a remedy or palliative.

Bear in mind that nocturnal emissions recurring occasionally in young men, partake of the nature of an overflow, and are perfectly compatible with sound health. Young fellows, half crazed with dread and remorse, will often consult you respecting these emissions, and you will find that almost all attribute them to self-abuse in boyhood. The results of masturbation however are, as a rule, much less baneful than is commonly supposed, and when the sinful habit is desisted from, its injurious effects are generally quickly recovered from.

Consumptive females whose bloodmaking power becomes seriously impaired by their disease, as a rule cease to menstruate ; on which they not unnaturally attribute their decline in health to the absence of the menses, whereas their cessation is due to the disease and consequent loss of blood-making power. When such patients appeal to you to restore their menses, you should explain to them the reason why they have ceased and will not return, until their health and blood-making power improve.



Consumptive persons sometimes have hectic fever so regularly at a certain hour, day after day, that they and their friends are persuaded that their ailment is malarial in character, and if you are not on the alert, they may mislead you in your diagnosis and into an erroneous expression of opinion. If the administration of quinine has no specific effect on the periodic daily fever in a weakly or health-broken person, you may suspect that it is hectic, rather than malarial fever.

The popular belief that one is *booked* for consumption because a parent, or brother, or sister died of it, is true only in a limited sense. If the relative's disease was part of his law of development and was in his charter of life, so to speak, it should indeed excite serious fears in every one who has the same constitutional tendency. But if the disease commenced after his physical development was fully completed, or from an accidental cause, the law of heredity does not apply. One whose father, mother, sister or brother died from phthisis, the sequence of bad hygiene, pneumonia, etc., is not thereby necessarily compromised, inasmuch as that variety is not hereditary unless his father had it at the time when he begot him, or his mother during her pregnancy or the period of nursing.

One person in every ten firmly believes that he has either heart disease or consumption, while those who are really so affected, are rarely willing to admit it; the consumptive generally to the last calling it a bad cold. You will find that the management of those who are actually suffering from one or the other is one of the most difficult questions to contend with in practice. When your opinion is invoked in these cases, do not examine or in any



wise question them, unless you have time to do so thoroughly, for your primary opinion may influence their entire future course, and if anything is overlooked at the onset, you may unwittingly induce a neglect of essential remedies and general treatment until too late to be effective.

No wonder that dread consumption fills the mind with fear and apprehension, for it is the great destroyer of the human race, and not only attacks the young and the beautiful, the gentle and the gifted, but, as a rule, selects them for its most intractable and fatal forms.

Valetudinarians almost invariably dress too warmly and HEAVILY, and, in their anxiety to protect their bodies from cold, wear so much clothing that they exclude all the sunlight, electric and other health-giving influences from their bodies, overheat their skin, and keep it constantly relaxed, and, of course, reduce or destroy their natural resisting power, so that when they go into cold air, or into a draught, the result is like jumping from the climate of Cuba into that of Canada. No one, ailing or well, should ever wear more clothes than are sufficient to keep him comfortable. Every ounce in weight beyond that is unnecessary and enervating.

over  
clothing

People of the opposite extreme, knowing that cool bedrooms are healthy for hale and hearty persons, often carry catarrhus and croupy children and other invalids from the warm rooms in which they have passed the day, to cold sleeping-rooms, instead of providing them with uniform warm air, day and night, till recovery takes place. It would even be less hurtful to reverse it and keep them in a cold room while awake, and in a warm one during sleep,



because a person has greater resisting power while awake than during sleep. For instance: the butcher can attend at his exposed, fireless stall, the coldest winter weather till midnight, and not even sneeze; but were he to lie down on his stall and sleep during a like period, he would probably get chilled and contract catarrhal pneumonia or rheumatism. It devolves upon you to point out these and kindred dangers to patients who are risking them.

Register or other stove heat, on account of its parching dryness, is bad for both for sleeping and sitting-rooms. You will often smile at seeing a small pan or cup of water simmering on a stove that is pouring out a volume of over-dry, impure air, while the inmates are blissfully believing that it is tempering and rendering pure and moist all the air passing over it. A very large wet towel or folded sheet hung before the opening is much more effective.

Many new-born children are unwittingly exposed to the bad effects of cold from lack of knowledge on the part of those in charge. The popular belief is that if the nurse puts plenty of clothes on a babe she has done all that is needed; whereas, if the little babe—whose heat-generating power is naturally very feeble—is put into clothes in a cold condition, without further attention, hours or days may elapse before its feeble heat-making power can bring on a re-action and warm it. Ice is put into woollen cloths or flannel to prevent it from melting; cold bread wrapped in a blanket would never become warm, but if warmed and then wrapped in a blanket it would retain the heat for some time. Take care therefore that the new-born babe is kept warm. As soon as it is dressed it should be nestled



against its mother's bosom till warm; if this does not suffice, it should be kept near the fire till the requisite warmth has been imparted.

Bear in mind, moreover, that the act of nursing not only supplies the babe with nourishment, but also communicates heat from the mother, and, possibly, electricity, or some other occult, but useful influence; at any rate, it can do no harm to have all *hand-fed babes* nestled to some one's warm, bare breast at intervals of a few hours, in exact imitation of those that suckle.

The ancient custom of clothing infants in flannel, with woollen socks during hot weather, causes discomfort and disposes to infantile sickness. Its harmfulness should therefore be made known to those whom you find having recourse to it.

There is a wide-spread popular error, participated in to some extent even by medical men, with reference to the real object of lancing children's gums. When a practitioner lances or rubs a child's swollen gums, he does so, not solely to let the tooth through, nor does he expect it to pop through the incision *instantly*, but his chief object is to sever the numerous small nerves that ramify throughout the gum, and thus relieve the tension, irritation, danger of convulsions, etc. No one should incise a child's gums, except when such sources of danger are present, for so much prejudice exists among certain people on the subject, that if you lance the gums of their ailing child, and, in despite of it, he dies, you will incur their malediction for doing it.

There is much less popular objection to rubbing children's teeth through with a thimble, spoon-handle, or any other suitable article than there is to lancing them;



and the contused wound made by rubbing is less apt to reunite than a clean incision.

“Doctor, my child gets the phlegm up, but instead of spitting it out he swallows it again”, is a stereotyped expression. If he does, it makes but little difference, inasmuch as he swallows it, not into the wind-pipe or lungs, but into the stomach, where it is of no importance. It is of course unnatural for a child to spit before he is three years old, or more.

It is a popular belief that crossness in sick children is a favourable sign, and there often appears to be a great deal of truth in it, since it requires considerable strength and energy to exhibit crossness. At all events the re-appearance of tears in the child's eyes when crying is a good sign.

Never make fun of mothers because they believe that their children have worms, for they are often correct in their opinions, and if you scout the idea and fail to give a probative remedy, you may be chagrined to learn that after leaving you, they went to some druggist, purchased a quack vermifuge, which sure enough brought away worms, and are exultingly telling it as a proof that you were wrong and they were right. Such cases do one's reputation no good. It is better, when worms are suspected, to give some simple vermifuge, even though it effects no good other than to test the fact and satisfy the mother.

It is better in all cases to allow a certain degree of weight to attach to the opinions of the patient and his attendants, especially those who sit up with him at night; not that you should surrender your judgment to their exaggerated apprehensions or palpable errors, but, at least



listen calmly to what they say, and take into consideration their opinion in forming your own. The apparently causeless fears and predictions of nurses and friends are sometimes surprisingly confirmed, and the self-sufficient doctor's prognostics relatively unrealized.

Deprecate the retention of commodes (except for special use) in bed-rooms, as they are a dangerous source of diphtheria, typhoid fever and other filth diseases.

Every good housewife courts the reputation of keeping her house clean, and one of the proofs of her skill is the absence of bugs, pediculi, cockroaches, and other vermin from the premises. Should you ever notice such things about a respectable patient's body, clothing, or bed-room, affect not to see them, for there is nothing more deeply mortifying than to have anything of the kind noticed and pointed out by the family doctor.

The terms scarlatina and scarlet rash are now in everybody's mouth, and are spoken of by the laity as harmless affections, under the belief that scarlatina is a slight malady, bearing about the same relation to scarlet fever that varioloid bears to variola. There is no such disease as scarlet rash, and the cases to which these terms are applied, are usually either scarlet fever or r otheln (German measles), and unless people are made to understand this, neglect the necessary precautions and consequent mischief may ensue.

Bringing out the eruption is one of nature's processes in measles, scarlatina, small-pox, etc., but there is no doubt that the large quantities of saffron tea, ginger toddy, hot lemonade and home made wines, etc., used by grannies to bring them out, do much more harm than good, by dis-



ordering the stomach, inflaming the eruption, etc. This "bringing out the eruption", when uncomplicated, had better be left somewhat to nature; but when it is complicated, something more reliable than homely teas is indicated.

There is also a popular belief, that all skin diseases result from humours in the blood that must be driven out, or, if already out, kept out, till killed by medicine acting through the blood, much the same as one would drive rats from their haunts and keep them out until annihilated. No patient will object to your driving his humour out, or killing it, but if he thinks that you have simply driven it in, woe be to you should he subsequently have any severe or fatal illness. In such cases it is well to give an internal remedy, whether local treatment be had recourse to or not. In some cases in which great fear or strong prejudice exhibits itself, it is even better to commence the internal treatment some days prior to the local.

There is likewise a popular anticipation of ill and a like readiness to blame the doctor if any new symptom appears after he suddenly arrests or cures periodical hemorrhages, diarrhœas, foot-sweat, or chronic discharges of any kind.

Many persons suppose boils and various eruptions to be healthy. Even if they are, most people will agree that some other condition of health is decidedly preferable. The belief is probably founded on the fact that during convalescence after certain serious diseases, a crop of boils often appears, seemingly from a reviviscence of the energies, or vital forces of the system, from the depressing influence of the disease. The fact of their appearance being coincident with returning health, probably accounts for the supposition that boils and health naturally go together.



The high colour of the urine caused by the activity of the skin in patients whose ailments compel them to lie in warm beds or to keep in warm rooms, as seen also in healthy people who perspire freely during warm weather, frequently creates alarm and induces groundless apprehensions that they have kidney disease. Explain to them how the functions of the skin and kidneys are in relation to each other, and that it makes but little difference whether the urine is scanty or abundant if it contains all the natural excreta and is simply deficient in water.

When a coin, or other small foreign body is accidentally swallowed, some old lady is almost sure to recommend a dose of castor oil, or other aperient, and thus tend to liquify the contents of the bowels and thereby necessitating the passage of the extraneous body along the entire length of the alimentary canal by itself, instead of allowing the fæcal matter to remain as a mass to inclose it and prevent its corners and edges from doing harm. When such an article is swallowed, do not interfere with the efforts of nature unless you feel sure that she cannot expel it unaided.

When a person faints, those around hasten to assist him and instinctively raise his head, instead of lowering it as they should do, thus prolonging the syncope and endangering life.

In all cases where great debility and pallor are present, be careful to instruct the attendants to keep the patient's head low, and to prevent him from rising suddenly for any purpose, and from sitting up too long, for fear of fatal syncope.

“ If the dog that bites a person goes mad, the bitten one



will also", has caused many a valuable dog to be destroyed. The truth is, if the dog's mouth or teeth contain hydrophobic virus at the time of biting the person, there is great risk of its being communicated: otherwise there is no risk. If the dog is killed under the mere suspicion of having hydrophobia, the disproof of the disease is rendered impossible, and the person bitten and his friends are left to all the terrors of uncertainty.

Foolish persons will occasionally tell you, in a boastful manner, that they have no fear of contagious diseases, and will show either by word or manner, that they entertain the belief that contagious diseases attack those who dread them and spare those who do not. It is well to instruct such people that the laws of small-pox, hydrophobia, typhus fever, and like maladies, are very different to what they imagine; that fear alone cannot communicate to timorous persons, man, woman, or child, who are not exposed to their influence, and that mere courage or absence of fear will not, cannot protect nurses or friends, old people or babes, nor braggarts, if exposed thereto.

A not unnatural popular prejudice exists against damp houses, leaky roofs, night air, etc., which is probably carried much too far. Dampness is, of course, inimical to health when mould, absence of fresh air and light, filth, or other unfavourable, disease-producing elements are superadded; but neither life on board of vessels, nor the presence of excessive dampness, as in rainy weather, is in itself unhealthful.

The low-spirited and the morbose will often refer to the fulness or emptiness of the veins on the back of their hands as evidence of their blood drying up, or that they need



bleeding, or that they are consumptive. Explain to them that such conclusions are erroneous.

As aperients after confinement, many practitioners order simples, castor oil, rhubarb pill, seidlitz powders, etc., instead of writing a prescription; it will be wise for you to follow the same rule and order castor oil for a lying-in woman, or any other simple laxative that she, or her friends, are accustomed to take. If you give a lying-in woman a Latinized prescription for an aperient, and as a coincidence, she has hyper-purgation, or puerperal fever, or hemorrhage, or if syncope, or any like thing supervenes, she will be very apt to believe that your mystic aperient caused her ailment; and should she chance to die, you will be *blessed*.

The admission or exclusion of people who wish to visit the sick, and allowing or forbidding conversation with patients or within their hearing, require no little care and tact. Try to so manage the matter as to engender no personal enmity. Endeavour also to acquire expertness in answering anxious questions relative to such cases. Never attempt to exclude the parents, near relatives, or religious advisers from the room of any one who is seriously ill, except for the most urgent and obvious reasons, or you may raise among them a very natural storm of indignation against you.

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

You will find that patients will be inspired with more faith in a prescription if you begin to write it with an air of



decision, immediately after receiving, to a more or less important question, an answer which your manner indicates is that you expected.

Be careful to ask all necessary questions before you commence to write your prescription, lest the patient think that in forming your opinion you have not included the additional information, or taken it into consideration in writing the prescription, or that your treatment was determined on before you obtained all the facts. Make it a rule also to ask no further questions after prescribing.

It will be well to terminate your visit as soon after prescribing, as can be judiciously effected.



## CHAPTER VII.

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

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

A great and almost universal mistake which *legitimate*

\* The subject and mode of rendering various nauseous drugs less unpalatable is referred to in the Appendix, page 254.



practitioners make, is in supposing that when people send for them, it is for the sole purpose of having medicine prescribed for them. Such is not the case, however, for many people are much more anxious to get an opinion of the nature and tendency of their case and words of assurance from the doctor, than to commence a regular course of medicine and attendance.

There is a class of medicine-haters, so to speak, that you should make special efforts to retain when they chance to fall into your hands. Such perverse, impersuasive people had better be under your care, with rational supervision and small doses of good treatment, than to be paying some one else for hurtful quackery or fantastic nonsense.

Keep well in mind that the nature of many people appears to be two-thirds spiritual and one-third animal, while that of others is seemingly one-third spiritual and two-thirds animal, between which are many intermediate grades. If you treat all these alike, you will certainly fail. The mental management of the sick is often far more difficult than the physical. A close thoughtful study of the mental forces and of mental therapeutics is one of the necessities that the *legitimate* profession is still very deficient in. Irregular practitioners often give a placebo, or useless agent, which unquestioning faith (psychological energy) on the part of the patient invests with power—*potentizes*—and a wonderful cure (?) results.

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



New or novel remedies often aid the cure through mental influences. Many sound practitioners of the legitimate, orthodox school prescribe valuable, true remedies, but give them just as they would administer them to an animal, as if their only duty consisted in telling the sick what drugs to swallow, and seem to despise the aid of faith, hope, and mystic expectation. You must learn, in simple cases, to depend more upon the co-operative aid of hygiene, diet, and mental influences, and less on large doses of medicine, which might tempt some of your patients to remark that you had almost killed them.

Bear carefully in mind that Drs. Diet, Quiet, Hope and Faith are four excellent assistants, whose aid you should constantly invoke. Dr. Time also is in some cases very successful, but he is slow and unreliable, and unless Dr. Helpwell is called in to assist, occasionally lets a curable patient sink into his grave, instead of restoring him to health.

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

If the directions on the bottle, etc., indicate what the remedy is intended for,—for instance, if it be labelled “The Liniment, etc. To be applied to the injured foot, as directed”, or “For the pain in the chest”, or “For the cough”,—it will tend to give a certain class of patients faith in its being a direct and special remedy, and cause their minds to act with rather than in antagonism thereto.

Remember also that even a highly judicious remedy may



be pushed too far, or continued too long. In some cases, indeed, a certain condition is attained at which it is better to temporarily discontinue all medicine, and to rely on hygiene, diet, nursing, etc.

You should keep yourself conversant with any ill effects that may arise from the use of the drugs which you prescribe, in order that you may either avoid their production, or promptly recognise and remedy them.

Avoid also, as far as possible, the use of medicine that must be taken "through a quill or tube", or that must be kept "in a cool or in a dark place"; that must be handled with caution, or that must be stopped when the eyelids begin to puff, or the muscles to start, or which the druggist must label "Poison", especially with medicine-haters and sceptics.

Some people will not send for you until they are really ill, for fear that you might order them to bed, or give them mercury, and entail upon them discomfort instead of affording relief. Others will be afraid that you will give them quinine, or injure their teeth with iron or calomel, etc., or that if they once begin to take medicine they will not be able to discontinue it. Disabuse the minds of all such people with the assurance that their fears are groundless.

"Iron injures the teeth" is a remark which you will often hear made, and it originates in the fact that the old muriated tincture of iron (Tinct. Ferri Perchlor.), which contains hydrochloric acid, if given without the usual caution, will injure the teeth, not on account of the iron, however, but of the acid combined with it. Preparations of iron containing no free acid do not act upon the teeth.

It is more or less believed by many that *quinine* gets



into the bones, affects the sight and hearing, induces dropsy, etc. So firmly do some people believe these things that you will at times have to humour their prejudices, and give them the compound tincture or sulphate of cinchona, or some other preparation of bark, when bark is indicated.

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

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

Malaria is usually contracted at night, but many people are ignorant of the fact that they are alike liable to it in the daytime, as I have oft noted in men engaged in draining marshy land, and most of whom are accustomed after their 'bait', to indulge in a midday nap on the ground, and thus risk inhaling the malarial poison. In such districts, the nap should be taken on the higher ground.



It is right, and your duty, to advise a person to change his abode if such be necessary for his health, or to relinquish an occupation if it be injurious to him. Also to dissuade him from exciting pursuits, or from seeking to amass wealth if his health be thereby endangered; at the same time, you must bear in mind that such subjects are not a little delicate and difficult to deal with. Be on your guard therefore.

You should keep yourself well informed in regard to dietetics and hygienics, the comparative healthiness of different regions, the presence or absence of malaria at different seasons and places, etc., also with reference to the various health trips and summer resorts. Familiarize yourself likewise with the constituents and peculiarities of the various mineral waters and the special uses thereof; with the comparative advantages of seaside and mountain trips, and with the classes of invalids to be benefited by one or the other; also with the various baths—hot, cold, tepid, Turkish, Russian, vapour, electric, etc., and the relative advantages of the various hospitals, asylums, retreats, sanitarium, etc.; for such matters strictly belong to the province of medicine, and it is especially desirable that you should understand them, inasmuch as they are subjects that are associated with the better and more desirable classes of patients, many of whom are semi-invalids, with whom you will often have to make hygiene, medicinal waters, trips, etc., go hand in hand with medication.

You cannot be too cautious in advising persons far gone with dangerous or hopeless maladies to leave their homes and undergo the fatigue and discomforts of travel to distant places in search of health, unless there are sound and good reasons for the belief that the change will be beneficial, and



that improvement or restoration to health will result. The risk of death away from home, family and kindred, or of the home-sick, homeward bound, being made worse by the inevitable fatigues and exposures of travel, is not to be accepted without full consideration.

Be chary even of sending people from their homes to hospitals, unless you feel assured that the management is kindly, humane and skilful withal. 'Be it ever so humble, there is no place like home'. To remove a sick person to a hospital, deprive him of his friends, neighbours and companions, restrict his freedom and subject him to irksome rules; expose him possibly to the public gaze, and put him on diet prepared at regulation hours by stranger hands that know not his peculiarities or tastes, his likes and dislikes—if he be a person of domestic tastes and sensitive disposition, with a strong attachment to his home and surroundings, such a change would be most hurtful and injudicious, and could scarcely fail to aggravate his disease.

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

If a person perspires more during sleep than at any other time, it may be taken as a sure sign of debility.

You will often be asked, "Doctor, may he eat anything he wishes"? If you think that ordinary food will do him no injury, be careful to answer, "Yes, he can have any *simple* thing he wishes". Were you to say he can have *anything*, it would include pickles, radishes, cheese, ham,



sausage, and a great many other indigestible things that might injure him or be the cause of his death ; the addition of the adjective simple will protect both him and yourself.

When you are pressed with work and wish to make a short visit, do not tell the patient so, or exhibit a hurried or abrupt demeanour, but begin promptly to ask the necessary questions, and do not let the conversation become desultory or in any way digress from his case until you have learned all that is necessary. If the subject of the weather is broached, reply as if you were considering it only in reference to its influence on the patient, then go back to his case. Economize time thus ; but if your patient is really ill, neither allude to your haste, nor in any way show that you are in a hurry until you have made your examination and written your prescription. After that, if you depart forthwith he will not feel that your haste has caused any inattention to his case.

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

Never assign as a reason for being habitually late in visiting a patient that you are over busy. Every one prefers an experienced doctor who is engaged in active practice, but no one likes to be habitually slighted or crowded out. It is an excellent rule always to intimate to



your patients when they may expect you to revisit them, and to keep your engagement as near to the time as circumstances will admit. Such an arrangement affords satisfaction and prevents anxiety, and you will then generally find them prepared to receive you without detention or flurry.

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

A repute for not being heroic in treatment and not giving much strong medicine, is at this time a telling item in a practitioner's reputation, one that might almost be adopted as a corner-stone. Of course, in cases in which duty actually requires you to act promptly and decisively, or to use powerful remedies heroically, you must not hesitate to take the responsibility and do whatever you consider right and proper.

Avoid polypharmacy. It is far better to prescribe some simple remedial agent, or a combination of remedies with the physiological effect of which you are conversant, than to order an indefinite medley on the ancient blunderbuss principle.

It is not only well but a duty to warn people of dangers to the public health, and to devise means to avert or to remove such; also to instruct patients of the importance of



regular living, proper dress, careful diet, pure air, and effective drainage, with the view to preserve their health; but it is neither wise nor just to teach other than medical students the secrets of our art. You should especially avoid giving self-sufficient people therapeutical information to which they can afterwards resort and ignore the doctor. If you do, they will soon become opinionated and imagine that they know as much about medicine as you do, or more, and not only interfere, in an insignificant degree, with your practice, but make hobbies of your teachings, and trifle with them, until, in serious cases, the patient's malady is fatally developed. It is your duty neither to cheat yourself or other doctors out of legitimate practice by supplying this or that person with a pharmacopœia for general use.

It is unwise to instruct a person suffering from rheumatism, ulcers, sprains, or any other affection, to get a few pennyworths of this or that remedy, to mix for himself, unless it be one of the worthy poor; for people are sure to abuse such instructions, and try to teach others similarly affected how to treat themselves. It is better to let such people have the medicine from your surgery, or to write a prescription for it, with instructions neither to repeat nor lend—or to note thereon, at the bottom of the left hand corner, as a guide to the druggist, 'Retain for . . . . .'

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

Do not patronize any of the semi-legitimate pharmaceutical catchpennies that are now flooding our nostrum-ridden land. For instance, if a patient needs beef, let him eat beef, or have beef soup, or beef tea or extract, made for



him ; if he needs wine, order for him a suitable quantity of the kind which you prefer ; if he needs iron, prescribe the preparation and dose that you think proper, and do not make yourself a mere distributor of some enterprising fellow's ready-made "beef, wine and iron" ; the same hat cannot fit every head, or the same shoe every foot, neither can the proportion of ingredients in a ready-made combination suit every patient. Indeed, what would cure one might injuriously affect another.

Let it be your firm resolve never to prescribe a proprietary remedy, or one covered by a trade-mark ; it is better to avoid the use of all such ready-prepared remedies, whether trade-mark, proprietary or quack, whether advertised to the profession or to the public, whether the so-called formula and the dose are given or not. If you order A's emulsion, B's lozenges, C's cod-liver oil, and D's pills, to patients, they will, by association, soon think that X's sarsaparilla, Y's buchu, and Z's liver regulator, also meet with professional approval. Be determined, therefore, that you will not aid any speculator in life and death, to "start a trade" in your families : and mainly for the reason that *their nostrums do more harm than good* ; also for the lesser reason, that justice to yourself and all other practitioners enjoins you to avoid prescribing or advising patients of preparations that enable them subsequently to snap their fingers in your face, and renew them as often as they please.

Never write a prescription carelessly ; and make it a rule neither to talk, listen to, nor answer questions while writing it. Cultivate, moreover, the habit of scrutinizing everything you write after it is written, to assure yourself



that there is neither omission nor error therein, and sign your name or initials to every prescription (with the date, name and address of the patient appended thereto), but not until you have satisfied yourself that it is as you intended.

It is in many cases a very, very judicious rule to specify the hours at which medicine is to be taken ; thus, if it is to be taken every four hours, instead of writing "a tablespoonful to be taken every four hours", write "at 10, 2, 6, and 10 o'clock", etc., taking care, however, that the specified hours do not interfere with those for nutriment ; and be especially careful to give instructions that the patient be not awakened from refreshing slumber, either for medicine or food.

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

Do not apprise and thereby sometimes alarm your patients, nor their friends, nor risk the dangers of the chloral, morphia, or other bad habit being acquired by allowing them to know that they are taking such remedies.

If you instruct a patient how to use the hypodermic syringe on himself, or to inhale chloroform or ether, or give him chloral, opium, or alcoholic liquors without discrimination, and he has any predisposition towards them, he will probably acquire the habit ; if he does, you will surely and *deservedly* incur the blame. The slaves of such habits



always cast the blame for their acquired passion, or their enslavement, on the doctor who first ordered the drug or stimulant for them, if they have the least ground for doing so.

Hypodermic medication not only has its place as a valuable remedial agent, which at times renders it indispensable, but it has also various drawbacks that should prevent its indiscriminate use; among the lesser evils connected therewith is that those who are soothed and temporarily comforted by it, or have become habituated to it, are apt to harass and worry you for its application at all hours; and you will often find it a real hardship to be obliged, after doing your day's work, to go and administer a hypodermic injection to A. at 9 o'clock, p.m., and to B. at 10, and, probably, before morning be called up to repeat it.

Much of such work is not only a hardship but a nuisance. Far better is it both for the patient and yourself that anodynes should be administered by the mouth or rectum in such cases, rather than risk what may prove to be a fatal charm.



## CHAPTER VIII.

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"All the world's a stage, and all the men and women merely players."  
—*Shakespeare.*

SELF-RELIANCE and self-possession are very important elements of success. Nothing will cause people to rely on you more readily and stedfastly than to see that you rely on yourself. Be not arrogant, or self-conceited, but always endeavour to conceal your doubts, hesitancies, and apprehensions, as effectually as possible.

Never turn your cases over to "*specialists*", unless they present features which render it a duty to do so. If you timidly refer every case of eye disease to the oculist, every uterine case to the gynæcologists, ear cases to the aurists, surgical to surgeons, nervous affections to neurologists, throat complaints to laryngologists, mental afflictions to alienists, and so on throughout the list, you will lessen your own field of activity, and instead of gaining as much practical experience with one affection as another, you will soon lose all familiarity with the diseases that specialists treat, and will degenerate into a mere distributor of cases, a medical adviser instead of a medical attendant—studying everybody's interest except your own, and making reputations for them out of that which sinks your



own individuality, depletes your own purse, and destroys your own fame. You will find it a good rule, whenever a case proves intractable by ordinary treatment, or is so grave in prognosis as to render it judicious to share the responsibility with another, either to call in a specialist or other consultant to aid in the treatment, or, if need be, turn it over to him. Timidity and rashness are alike bad traits in a doctor, but the greater drawback attaches to the former.

Whenever you transfer a patient from your care to a specialist's, always do so either by a consultation, a letter, or a personal interview with him, so that he may learn directly from you your diagnosis, prognosis, treatment, etc. You will thereby afford him the advantage of your knowledge of the case, and also avoid the risk of any injury to your reputation from an apparently radical difference of opinion between him and yourself; it will, moreover, enable you to gracefully retire from the case. At the same time, be careful to make your patients fully understand that, in turning their cases over to a surgeon or specialist, you do not cease to be their doctor in any future illness, and that you have only turned them over *for that special affection*.

You will act advisedly in seeking a consultation in all important cases in which difficult problems are presented, or where any doubt exists as to the diagnosis, and in all cases in which you think either that the interest of the patient, his lack of improvement, or a division of the responsibility demands it. When, moreover, from any cause you perceive that a necessity for a second opinion is arising, endeavour to anticipate the family by being the first to propose it.



On the subject of consultations, I would venture to offer a few words of advice. Some practitioners appear to think that the suggestion of a consultation implies a mistrust of their knowledge and skill, which they resent as a personal affront. Now this surely is a very short-sighted and selfish view of the matter, and one which takes no account of the natural anxiety of the patient's family and friends. The most skilful and experienced practitioners, clearly perceiving the limits of their own resources, and sympathizing with the anxieties and fears of the patient's friends as to the result of a dangerous illness, are, as a rule, the most willing and anxious to agree to, and indeed are often the first to suggest, a consultation. On the other hand, the medical attendant has a right to expect that his feelings and susceptibilities shall meet with due consideration from the patient and his friends. When they desire a consultation, it is their duty at once to make known their wish to the gentleman in attendance. The practitioner has good reason for displeasure if, without adequate reason, he is taken by surprise, and finds that a consultant has been sprung upon him without notice. It scarcely needs to be insisted on that a practitioner who declines to join in a consultation when requested to do so by his patient's family incurs a grave responsibility.

Consultations lessen personal responsibility, and, in some degree, anxiety. When you chance to have bad surgical and other cases among your personal friends or relatives, or so near to your home as to involve you personally or socially, or in a neighbourhood in which a group of patients are likely to be unfavourably impressed if the result be unfortunate, it is especially necessary and



judicious to call in a consulting physician or surgeon, as the case may be, even though he does not repeat the visit, to satisfy, if for no other reason, the parties in question.

If the choice of a consultant be delegated to you, you will act wisely in always selecting, as far as possible, those who will second your efforts by their skilful knowledge, and, at the same time, be likely to harmonize with you in the management of your cases; for their kindly sympathy and support may be highly necessary to the welfare of the patient and to your own reputation. Be cautious and never denounce a consultant by name or by insinuation.

Be punctual to the minute in keeping consultative engagements. You have no right to waste another's time in such cases; or to impose upon him the necessity of waiting idly for you at the place of meeting. The general rules relative to consultations, etc., will be found in the Code of Medical Ethics.

In your consultations you will sometimes experience no little anxiety and suspense while waiting to see whether the consultant will act fairly towards you, or whether he will seek to artfully expose your deficiencies to a few, to be told to many, till your professional repute is wrecked, for a time at least, in the estimation of those to whom the case is related. To the honour of our profession be it said, that the vast majority of its older members are not only punctilious, but are notably kind and considerate on such occasions to all who are deserving of consideration, and conscientiously endeavour to fulfil the "royal law" not unmindful, it may be, of their own early professional life, its anxieties and responsibilities.

A radical change of diagnosis and of treatment, as the



result of a first consultation, often and very naturally impresses the laity with the idea that the previous diagnosis or treatment has been either faulty or actually wrong, and, therefore, unless some real necessity demands it, no material change should be proposed or allowed *at that time*. As a rule, the fewer the apparent changes resulting from a first consultation, the better for the reputation of the family attendant, and especially if he be a *young* practitioner.

When a consulting physician or surgeon is designated and called in at your request, you should see that the payment of his fee is not neglected, and you may with propriety intimate to the family, if necessary, what the consultant's usual or expected fee is. You can, in such a case, speak much more plainly on behalf of your brother practitioner called in at your instance than you could for yourself. His personal relations to the case presuppose him to have nothing in view but the welfare of the patient, and to be thinking only of the scientific and therapeutical aspects of the case, and not of his expected fees. Prompt settlement of the consultant's fees will sometimes, moreover, conduce to a more prompt payment of your own.

Unless the consultant gets his fee after each consultation, or you are aware that special arrangements exist for their payment, be careful to inform the people as soon as his attendance ceases, or at any rate before the time arrives for sending in *your* bill, that he will forward his separately from yours. If you neglect to explain this to them, they will in too many instances be very likely to hold that you ought to pay him out of the amount of your charges, and a misunderstanding will result as to whether you or they should pay his bill.



Whenever, to please the patient or his friends, you give up other engagements in order to meet another practitioner in consultation, it is right that you should charge for such service twice as much as for an ordinary visit, or even more, inasmuch as consultative meetings not only involve extra time, but the carrying out of the details will devolve upon you and entail additional trouble, and, consequently, you are entitled to extra remuneration.

In dispensing with the services of the consultant when no longer necessary, take care to let him see that it is with feelings of amity on your part.

Ever bear in mind that you have no right to object to a patient having advice in addition to your own whenever he desires it ; and, further, that you have a like undoubted right to refuse to consult with any one whom you deem unprofessional, or unfitted for the case, also any one who is personally objectionable to you, or in whose keeping you deem your reputation and interests unsafe. If you are attending a case and such an one is pressed upon you, you will be justified in retiring. Fortunately, such cases are very rare.

Do not refuse to consult with foreign physicians, doctresses, or other qualified legitimate practitioners. You, as a registered practitioner, hold a quasi-official position in the community, and, in the discharge of your duties, should know nothing of national enmities, race prejudices, political strife, or sectarian differences ; you have no moral right to turn your back on sick and suffering humanity, by refusing to add your knowledge and skill to that of *any* honourable, liberal-minded person who practices medicine, if his professional acquirements and ethical tenets give him a claim



to work in the professional arena. It is not only unmanly to make a class distinction and throw obstacles in the path of the less favoured, but such a spirit is wholly incompatible with the objects of our profession (which is a liberal one), and at direct variance with the spirit of science, which is cosmopolitan, and in its efforts to relieve suffering and to baffle death, recognises neither caste, pride, nor prejudice, and knows no limits excepting those of truth and duty.

But in giving the right-hand of fellowship to every *legitimate* honourable practitioner, no matter what his misfortunes or how great his deficiencies, you must, on the other hand, remember that medicine is a liberal profession, and refuse to extend the hand of brotherhood to any one whose prejudice or limited creed, or avowed or notorious hostility to the faculty, prevents him accepting acknowledged facts and employing all known remedies. Decline fellowship with any and every one who cannot honestly say that his mind is open for the reception of all medical truths and the use of any and every thing that may be essential for the relief of suffering. When called in to a case in which the medical attendant cannot do this, let his retirement be one of the conditions on which you will assume charge.

You may be called in to a case of pressing emergency, such as an alarming hemorrhage, poisoning, or difficult labour, and find on your arrival that an irregular practitioner is in attendance; in such urgent cases, the path of duty is plain, for, owing to the great danger to life, the higher law of humanity will require you temporarily to set aside ethics and etiquette, and to unite your efforts with those of your chance associate. Treat him with courtesy, but studiously



avoid private consultations or whispering conversation with him, or any other act that might imply association in consultation.

Thus you see that there is not only no antagonism between medical ethics and humanity, but that they allow and cover any act honestly performed for the benefit of humanity.

Fortunately, the indications for rational treatment are generally so very clear in such cases, that no one can ignore them. If the irregular or illegitimate practitioner has assumed charge before your arrival and is pursuing the proper treatment, or assents to the proper treatment suggested by you, that is all you can ask ; for instance, if the patient has received a terrible burn and linseed oil and lime water, or a strong solution of soda, are being applied, or other rational treatment, endorse it, and advise its continuation ; but if your fortuitous colleague is a hydropath, and favours a wet pack, because he is morbid on the use of water, or a homœopath and advocates a lotion of cantharides or a like treatment, on the principle of " *Similia Similibus Curantur*," because they burn and blister people in health, it is your duty to the patient, and to yourself also, unyieldingly to insist that a rational course shall be pursued, if you are to take part in the case for the time. Be cautious and firm in dealing with such contingencies ; and it is, moreover, a duty which you owe both to yourself and to your profession, that you terminate the accidental but unnatural connection—in a gentlemanly way of course—as soon as the pressing urgency will admit.

Some of the unreasoning laity may think that you are illiberal in refusing to fraternize and consult with ' Irregular '



practitioners, regardless of the fact that they have voluntarily divorced themselves from the profession and assumed a name intended to notify the public that their system differs from ours, and, moreover, that they are hostile to us. Bear in mind that our refusal does not arise from a false sense of dignity, or from prejudice, but that the great principle which underlies it is this: that, as lovers of *all medical truths*, we have no fixed, no unchangeable creed, but hail with delight every etiological and therapeutical discovery, no matter by whom made, and take by the hand *any one* who is liberal enough to consecrate his life's labour to the relief of the sick; but when we know that a certain person, even if he has a diploma, circumscribes himself and practises a botanical system *only*, or homœopathic system *only*, or a hydropathic system *only*, or any other *one-idea* system *only*, and is so tied down and limited to that, by his love, bigotry, or prejudice, that he *denies* the usefulness of all other known and legitimate means of aiding the sick, and endeavours to poison the public mind against all other systems but his own—all rational practitioners esteem such an one as *too illiberal* to be a true physician, and justly exclude him as unfitted for fellowship with those who profess to love all truth, and whilst he remains confined within the narrow limits of his own seclusion, themselves endeavour to steadily pursue the path of true science and progress.

If, on the other hand, he employs the remedies which the rational system of medicine supplies, yet adopts the cloak of an "*ism*"; simply as an advertising dodge to make the public believe that he practises in some form diametrically opposite to our system, and thereby assists our opponents to lessen public esteem for legitimate medicine,



and to induce aversion to us as its followers, he is guilty of fraud, and you should therefore, even on the ground of morality, refuse to countenance him.

If people are ever induced to ask you "What system of medicine do you practice?" you may very properly reply that you are simply a PHYSICIAN, that you belong to no sect and are limited to no cut-and-dried creed, that you try to be *rational* and, like the bee, take the honey of truth wherever you find it; that as rational, liberal, practitioners, the legitimate profession to which you belong, maintain perfect freedom of opinion and practice, and unlike the various "limited 'ism' schools", have no articles of faith which they impose on any one, but accept all medical truths, whether winnowed from past experience, or discovered, either scientifically or empirically, in our own day; that you, as one of its representatives, are ready to receive and utilize any and every valuable discovery, no matter when or by whom made.

This freedom and latitude explains why LEGITIMATE MEDICINE IS ONE OF THE THREE LIBERAL PROFESSIONS, and why the humane and benevolent physician of the body takes rank with the learned expounder of the law and with the worthy divine who inculcates religion.

To this triad of professions the term "LIBERAL", because each of the trio requires the greatest perfection of character in their respective members, and because devotees of law, divinity and physic, have, in all ages, sought to take them as their models, with hands unfettered and tongue untied, subject to no bonds, except those of TRUTH. If at any time during your career, any new school arises, no matter how great or how humble its pretensions, if it



has one grain of wheat to a bushel of chaff, it is your duty to seize the grain of wheat and utilize it, and cast the chaff to the winds. This adaptability constitutes our strength and our distinction, and is the element that will cause legitimate, liberal, rational medicine to exist as long as there are sickness and suffering in the world, and is the feature that distinguishes genuine medicine from "new schools", isms and pathics.

Remember, moreover, that the door of the profession is not only open to the newly graduated, but to every one who has the necessary educational and moral qualifications, even though he has been allied, whether from ignorance or choice, with schools which are antagonistic to the profession; in the latter case, he is at perfect liberty to enter our ranks at any time by dropping his distinguishing creed, abandoning the hostility to the faculty which it implies, and conforming to the medico-ethical rules in relation to his professional conduct: no conversion, no surrender of private opinion is essential thereto.

Be exact in everything that relates to consultations. Let them always be formal and strictly private, and never allow any one to be present, except the practitioners engaged therein; let the room, moreover, be as private as possible, and, where necessary, exchange thoughts in an undertone, and out of the sight and hearing of eaves-droppers.

Bear in mind, also, that consultations are called for the purpose of deciding for the *future*, not to criticize the past; if, however, you are called in to a case and find that the attendant practitioner is suffering unmerited odium for his previous treatment, every principle of honour should impel you to *volunteer* to defend him.



Let all that follows a consultation show that you act in concert and that it is the result of joint action, and never express an individual opinion of a case seen in consultation, except in strict accordance with the ethical Code. If you do, those whom you address may, either unintentionally or purposely, misinterpret what you say, or may otherwise involve you.

Remember, moreover, that if you are sufficiently agreed to continue in joint attendance, you are in duty bound to uphold each other, and to refrain from hints and insinuations likely to diminish confidence in your fellow attendant.

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Should you perchance be requested by letter, or by messenger, to prescribe for an out-of-town patient who is not under the care of any other practitioner, it is quite professional to do so, even though you may never have seen the case: as a rule, however, it is not judicious.

If for any reason a professional friend should request you to see a case with him, not so much for the sake of the patient as on his own behalf, you should lend him a ready and willing hand, and that, too, without expectation of a fee.

Be very careful to avoid disparaging the individual members of the profession, or the profession itself, or telling people of the mistakes and discreditable dilemmas of yourself or others; avoid also decrying and ridiculing medicine to the laity, and prattling of your own and the general ignorance of disease and remedies; and suppress all other fulsome confessions. When a practitioner speaks thus, he means it *relatively* only; means to say that he is aware and willing to confess that medicine has its natural limits and is not an exact science, and that the application of



therapeutics is but an art. The public cannot appreciate the sense in which such confessions are made, and they are taken up by our opponents and detractors as quickly as a sponge takes up water, and works no little harm to the practitioners who make them and to the profession at large; because all who hear or read them conclude that medical practice is only a network of uncertainty, inconsistencies and confusion, and ever after either do not employ doctors at all, or do so with feelings of disrespect and distrust.

You know that there is no such thing practically as a perfectly straight line, plane surface, regular curve, exact sphere, or uniform solid; yet you never hear the engineer or surveyor boasting of it in reckless language as if to belittle his own profession.

The truth is, physicians are far more imperfect than physic. For instance: there are undoubtedly medicines the action of which is *diuretic*; but *diuretics* may be given when not indicated, or the *diuretic* may not be the proper one, or it may be given in improper doses, or at wrong intervals, or without proper restrictions. Now none of these errors are justly chargeable to the class of medicines we call *diuretics*, but are clearly due either to the practitioner's bad judgment, or to his ignorance. The fact is, all studious practitioners are more or less conversant with the same remedies, but skill in effecting a cure with them consists in selecting the proper ones, in proportioning the doses, and in correctly judging the time and necessity for their use, etc. Just as different persons essaying to paint will exhibit diverse degrees of success; one possessed of natural aptitude or special gift will attain exceptional skill; another less apt will reach mediocrity;



while a third will entirely fail in his attempts and relinquish it in disgust—this diversity in result being due not to a difference in the material or colours at the command of each, but to the more or less perfect judgment and skill shown by each in selecting and using them.

The ability to determine accurately the condition of a patient, and to conceive and do the right thing for him at the right time, is the essence of skill, constitutes the main difference between successful and unsuccessful practitioners, and explains the reason why the prescriptions of some are much more valuable than those of others.

A judicious use of medicines, and not a wholesale renunciation of them, is a leading characteristic of a good practitioner. When you hear of a medical man who wishes to be regarded as especially clear, or ahead of others, or exceptionally fair in his opinions, boasting that he is sceptical, "does not believe in drugs", "depends on nature", etc., you may safely conclude that in his zeal to become a medical philosopher, or to coquette with somebody else's opinion, he has lapsed in his *materia medica*, or overstates his credulity, or that his usefulness has run to seed.

Does the mariner lose his faith in navigation because ships are tossed by the winds and waves and too often wrecked by uncontrollable storms? or does the farmer deny the fertility of the soil because his neighbour has neglected the proper season for planting and the right mode of cultivation; or does he lose his faith in agriculture because droughts and insects sometimes ruin his crops? Would any worthy sailor fold his arms and do nothing while the storm raged, or any thoughtful farmer neglect to plant



again when the season returned, because the sailor's brightest hopes are sometimes crushed and the farmer's fairest prospects are often blighted?

Is there a practitioner on earth who would allow intermittent and remittent fevers run their course without drugs, or who would let syphilitic and other poisons develop, or progress unchecked? Is there any graduate who would confess that he can do *nothing* for pain or for fever, for nervous complaints, for digestive ailments, or chest affections; for diseases of the circulatory system, delirium, insomnia, headache, epilepsy, hysteria, gout, neuralgia, worms, colic, acidity, peritonitis, constipation, diarrhœa, anæmia, scurvy, etc.?

The end and aim of medical practice is to relieve, to cure and to ward off death; if therefore there is a physician in the land who has never seen health restored or life prolonged by medicines, who does not sincerely believe in his power to benefit by drugs some of the multifarious diseases and modes of decay to which mankind is subject, he should at once and for ever, for conscience sake, and for the sake of the afflicted, remove his door-plate and no longer pretend to practise.

The tolerance of disease has greatly increased in the last few decades, and is still increasing, and medical theories and practice are undergoing great changes. The advance of scientific observation is constantly teaching us how to distinguish more clearly between the numerous simple cases daily met with and the few that threaten a fatal issue, and *of course* we of to-day have recourse to much simpler remedies for the former class than did our predecessors; but it is doubtful whether in serious illnesses



we have *decreased* the doses half as much as some imagine. We now give twelve or fifteen grains of quina daily for an intermittent fever, where practitioners formerly gave half an ounce or an ounce of crude bark containing but six or twelve grains. We give to-day the same dose of opium, or its representative, morphia, when the latter drug is indicated, as they gave a hundred years ago, the same quantity of castor oil for a dose, and so throughout the whole materia medica. The great difference is, that we do not now prescribe vaguely or rashly, and when cases are obscure or undeveloped, our treatment is tentative instead of heroic.

We of to-day know better than did our predecessors the natural history of disease, and are aware of the almost infinite resources of nature, and that three in every ten of those who send for doctors need no positive medication, and that probably nine of the ten would get well, sooner or later, by proper hygienic treatment and intelligent nursing and dieting if there were not a drug in the world—and, consequently, we are naturally prescribing less and less medicine. In acute diseases, and especially those of children, we now, in many cases, mainly trust to nature, and see them get well from seemingly hopeless states, as if by magic, and these cases form a majority of those that seem to be restored to rosy health by therapeutical illusions and quack medicines, which contain nothing of an active disturbing character.

The deduction to be drawn from these facts is that the practitioner may show as much—nay, more—skill in withholding drugs when not needed, as in prescribing when they are.



Over-dosing, blood-letting, salivating, purging, etc., are now justly unpopular, and ultra-conservative, re-constructive medicines are in vogue. Almost every one entertains the belief that he is debilitated. If you observe to the average patient "You are weak and need building up", you will at once see by his countenance that you have struck *his* key-note. So much is this the case, that many of the ailing, fully impressed with this idea, will want you to treat them with tonics and stimulants, even when their condition is such that such remedies are contra-indicated rather than otherwise.

You must learn to distinguish cases in which you can safely depend on nature, from those that nature cannot successfully combat, and treat each accordingly; for when you learn to recognise those that need an ounce of medicine and a grain of policy, from those that require an ounce of policy and but a grain of medicine, you will have entered upon the path of professional wisdom. When you have a patient who needs only a few drops of mint julep, or a like harmless pill, for mercy's sake don't violate common sense and force upon him an ounce of bitter infusion, or a large bottle of muriated tincture of iron and quinine, as if your chief aim were to disgust him. Prescribe for him nothing stronger than he actually needs, and leave the rest to nature. Homœopaths and their partisans will probably assert that in so acting you are infringing upon them and working on homœopathic ground. Although you will be catering to the popular taste and giving mild and simple remedies, you will administer according to common sense, without regard to *similia*, etc., and will be practising, not homœopathically, but rationally. When you have to treat patients homœo-



pathically inclined, or with highly impressible nervous systems and delicate, treacherous stomachs, handle them, so to speak, with kid gloves, and be careful to give them as little unpleasant-tasting medicine as possible. The recent great improvements in the forms and palatability of medicines, irrespective of your own practical knowledge of elegant pharmacy—so to phrase it—present to you notable opportunities to do so. Be careful to avoid offending their eyes, their palates, or their stomachs, and you will succeed in cases in which neglect of these precautions will entail failure. Moreover, unless there be real necessity for it, do not oblige anybody to take medicine before breakfast, or to be aroused for the same purpose during the night.

Again—never attempt to force the use of a remedy—such as mercury, iodide of potassium, arsenic, opium, etc., in any case in which there is an idiosyncrasy with regard to it.

The smaller, the more striking the means that seem to produce the desired result, the more surprising does it appear to a patient. It does not seem wonderful to him that he should get better after taking an ounce or a larger dose of anything, but for relief and improvement to follow a tiny powder, or a pellet, or a tasteless solution, or a morphia granule, appears marvellously strange and excites attention.

It will be well to carry with you a small case containing sugar-coated morphia granules, etc., or 'piloids' triturated with sugar of milk, into lenticular form, and to administer an efficient dose as soon as you reach one of the thousand cases in which great pain is a symptom. By so doing you can often adroitly meet the emergency, relieve the suffering,



and show your power over pain, before the messenger could get back from your surgery or pharmacist with the remedy you would otherwise order.

You can also use them to give jaded sufferers an occasional night of placid slumber, or of pleasant visions, even though they form no essential part of the treatment.

Morphia granules or piloids as above alluded to thus make a vivid impression in the doctor's favour, and effect great good, becoming, in fact, almost a perfect substitute for the hypodermic syringe.



## CHAPTER IX.

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“Behold, how good and how pleasant *it is* for brethren to dwell together in unity!”—*Psalm cxxxiii. 1.*

BE just and friendly towards every worthy pharmacist. Owing to the close relationship between pharmacy and medical practice, the pharmacists are your natural allies, and should receive your respectful regard.

It will be found an excellent rule to avoid favouritism, and to let all reliable pharmacists compete for your prescriptions and for the family patronage which they influence. You will make a serious mistake, and engender active enemies, too, if you go out of your way and without just cause instruct your patients to obtain their medicines from any particular pharmacist; if a prescription be properly compounded it will make but little difference by whom, so that the compounder is honourable and reliable.

It may be well to have your address printed or engraved on your prescription papers; on which, moreover, it will be found useful—especially in the case of consultant practice—to have some such intimation as the following engraved in very small neat letters immediately above the address: ‘N.B.—WHEN YOU AGAIN CONSULT DR. S., PLEASE TO BRING THIS WITH YOU’—otherwise, the prescription will



possibly be left at home, and yourself left in the dark as to the remedies last prescribed, unless you take the precaution (as should be done in every important case) to enter your prescriptions in a book. It may also be expedient to have printed in very small type on the back of a few of the prescription papers the following, for the benefit of the public, and the protection of your own interests: 'Note.—A remedy that is useful for a patient at one time may be improper for the same patient at another time, or for other persons at any time, even though suffering from the same ailment.'—Such papers, however, should not be used indiscriminately, but with thoughtful consideration.

It would be wrong, *very wrong*, to receive from a pharmacist a percentage on your prescriptions for patronizing him, and for this reason: were you to accept such, it would be mulcting either the pharmacist or the patient. If the former were to allow you so much for each prescription, and reimburse himself by adding that amount to the sum charged to the patient for the remedy, it could not be looked upon in any other light than that you had combined to surcharge, or in other words, to *fleece* the extra amount from every poor sufferer who trusted to your honour. On the other hand, if the pharmacist possessed more honesty than yourself and allowed you to reduce his legitimate profit by the sum in question, because compelled to do so or to lose your influence, it would place you in a most contemptible position, and you would live in constant danger of exposure and an indignant public sentiment.

Honesty is the true key-stone, and without it, the whole arch of honour falls. You must live, and must have fees to enable you to do so; but unless you obtain every penny



honestly and honourably, you cannot escape the finger of scorn.

If any pharmacist volunteers to supply a practitioner and his own immediate family with medicines either free, or at a nominal price, or with such proprietary articles as he needs, at cost, the privilege can be conscientiously accepted; but inasmuch as such an arrangement must naturally entail, more or less, reciprocal professional attendance on the pharmacist and his family, it becomes a question for consideration as to its acceptance or otherwise.

It will be a duty alike to yourself, your patients, and the profession, never to furnish one or more pharmacists with private formulæ which other chemists cannot understand, as it would at once suggest trickery. A still meaner and swindling device would be (as has been the case) to have a private code or cypher system for use between yourself and a pharmacist. The caution, however, is superfluous to other than unscrupulous persons.

Pharmaceutical establishments *alias* chemists' shops have become so numerous of late years, and the area from which each must derive its patronage and support is so limited, that their proprietors, in order to live, have either to charge very high for the medicines prescribed, or to *substitute* inferior drugs; the result is that drug bills have gradually increased, until of late they, in many instances, are well-nigh equal to the charges for medical attendance. Many people, to avoid what seem to them *excessive* prices, not infrequently buy quack medicines, make up home mixtures, and no doubt, where available, wend their way to no-drug homœopaths, or trust entirely to nature, instead



of paying for prescriptions, and then to have to pay heavily for having them compounded at the chemist's.

A good and legitimate way to lessen the cost of certain prescriptions is to omit inert and unessential ingredients ; for example, if you prescribe a mixture of wine of colchicum root, tincture of digitalis, iodide of potassium, solution of morphia, and spirit of chloroform for a patient, do not increase what would naturally be an ounce or an ounce and a half mixture that would probably cost about fifteen or eighteen pence, into six or eight ounces by adding syrup, chloroform water, or other vehicle, thus swelling the dose to a tablespoonful or more and the cost to half-a-crown or three shillings. Prescribe the essential ingredients only, and let the directions specify how many drops (by graduated measure) to take and how, and when.

Another evil which results from there being too many chemists for all to live by legitimate business, is that not a few, with the view to make both ends meet and for other less reputable reasons, encroach on the domain of medical practice, usurp our province, and prescribe for every foolish applicant that presents himself whose case does not appear to be formidable, and thus build up a counter practice. How many simple cases are in this way yearly converted into incurable ones, and how many new ailments are superinduced by such '*medicine-men*', heaven only knows. Fully one-half of the ailments arising from imprudence, biliousness, debility, cough and the like are, it may be safely affirmed, now seen and treated by chemists, before they have recourse to a legitimate medical practitioner. Those whose complaints are simple are, of course, cured like magic by the *four little pills* recommended by the chemist,



or by the liniment he devised, or by *his noted* fever-and-ague mixture or equally famous tonic medicine, etc.; and they, under the impression that some dire disease has been averted, laud the druggist to the skies and advise all to go to—Doctor Pharmacist, instead of consulting a legitimate physician or other practitioner, with assurances that he is as good as the latter and a great deal cheaper.

You will do well to avoid, as far as possible, all chemists whose presumption leads them to assume the rôle of a medical practitioner. The recommendation does *not*, of course, refer to *emergencies*, in which a pharmaceutical chemist acts as a humanitarian. Medicines are the physician's tools, so to speak; a pharmacist may prepare them and handle them for a lifetime and be an excellent compounder, and yet, as his studies are pharmaceutical, and not therapeutical, he may know no more about prescribing for the sick properly, than the mechanic who makes needles or scissors does about dressmaking, or the manufacturer of trowels and planes about bricklaying or carpentering. Avoid, in fact, encouraging any one who encroaches on the doctor's province.

Beware also of *indiscreet* pharmacists, and if you have good reason for believing that any such so far forgets himself as to make disparaging comments upon you or your remedies, doses, or apparent inconsistencies, or to exhibit and decry your prescriptions to laymen or others, or to make unauthorized substitutions, give under-weight of expensive ingredients, or omit them altogether, or to join with our enemies in reviling our profession and its imperfections, or in nick-naming different practitioners in derision, or to keep his prescription file open to miscellaneous in-



spection, or to have a medical protégé under his wing, to whom he endeavours to direct customers for sinister purposes, or to be guilty of any other grossly unprofessional conduct, you will be fully justified in directing your patients to go elsewhere for medicines.

You may take the following as somewhat of a guide in determining whether this or that pharmaceutical establishment is worthy of confidence. Among the distinguishing features of a properly conducted pharmacy are :—

1. The proprietor a practical pharmacist.
2. Competent and courteous assistants.
3. Pride and skill shown in selecting and preparing pure medicines.
4. A full line of pure drugs kept.
5. Shop and dispensing department neat and orderly.
6. Quiet and discipline maintained. No loungers.
7. Patent medicines and other nostrums shown and sold only when called for.
8. No habitual prescribing.
9. Charges neither cheap nor exorbitant.
10. Prompt attention and accuracy characteristic.

Among the features that mark improperly conducted ones are :—

1. Habitual prescribing over the counter.
2. Unnecessary delay and detention of customers.
3. Loose management of the establishment.
4. Patent medicine signs prominently displayed.
5. Patent and proprietary remedies paraded and pushed.



6. Disparagement of medical men to the laity.
7. The establishment more or less a resort for political or other cliques.
8. Unchaste conversations and conduct.
9. Dealing in articles used for immoral purposes.

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Be prompt and decided in refusing to give professional certificates for any secret article; decline, moreover, to give them even for legitimate pharmaceuticals.

Willingness to give medical certificates is an almost universal weakness of mankind. The idea of being paraded in print as "an authority" more or less dazzles all classes and makes them not unwilling to have their names and even their ailments paraded in almanacks, hand-bills, and newspapers. Indeed, many people could almost be inveigled into certifying in medical matters *impossibilities*, by any sharper who understands how to tickle their self-conceit and love of notoriety.

Be alike determined in declining to give (un) professional certificates to any one on disputed or partisan questions, or in regard to surgical or other appliances, patent and proprietary medicines, medicated wines, mineral waters, beef extracts, health resorts, etc., for they will affect the interest of the profession at large, as well as your own. If you ever give one, people who happen to know you, may regard its personal and not its professional significance, but every one else throughout the land will notice your title only. When John Doe gives his certified opinion that ice is *hot* and fire is *cold*, it remains simply John Doe's opinion; but when John suffixes his title of M.D., he undoubtedly gives that certificate a professional signifi-



cance, and, to some extent, involves the medical faculty therein.

You may judge of certificate-giving by its prejudicial effects on our own profession. One of the worst inflictions we endure to-day is the endless parade of certificates from clergymen, and other well-known and un-known people recommending all kinds of medical nostrums. You know, and every sensible person knows, that such certificates are not worthy of credence, and that the minister of the Gospel who, with absurd solemnity, lends his name and the cloak of religion to assist wily charlatans and commercial sharpers to prey on the afflicted, must be either a silly dupe or something more.

Every quack knows the influence of a clergyman's endorsement, and hence makes special and too often successful efforts to obtain it, feeling certain that he can easily entrap the individuals of the flock after the leader is secured; and it is a singular fact that although few men get more gratuitous advice out of medical men than ministers of the Gospel, yet no class do more to injure the profession, by the countenance they give to various kinds of quackery, pathics, and isms.

Whenever you are asked by proprietors or plausible representatives, or tempted by glowing advertisements, highly coloured certificates, epitomized treatises on therapeutics and practice, etc., to prescribe semi-secret trademark pharmaceuticals, proprietary medicines, and the various elixirs, panaceas, tonics, and other specialities with attractive *ideal* titles, gotten up by manufacturing chemists, crusading druggists, pharmaceutical associations, etc., to catch the popular eye and the popular coin—think of the



cunning cuckoo, and how its one egg hatches evil to the whole nest, and do not use them.

To fully realize the enormous proportions of the proprietary remedy system of superseding medical practitioners, and of the mercenary motives that lie at the bottom of it, and the injury that it inflicts on health, credit and business, go and take a bird's-eye view of the vast and bewildering array of empirical and proprietary compounds which the quack and proprietary departments of any wholesale drug 'house' contain, and then reflect on the enormous sums of money spent in puffing them. Thus enlightened, you can hardly fail to firmly resolve henceforth to abjure them.

Unless you have mistaken your profession, are incapable of thinking, and lack ingenuity, the British Pharmacopœia should certainly be large enough to allow you to exercise yourself freely in the art of prescribing, to think out your prescriptions and to make *any* required combination, and, therefore, you should assert your personal intelligence and follow this, the legitimate mode of prescribing, and let ready-made substitutes alone.

The principle which governs our condemnation of secret nostrums is this:—They not only do more harm than good, but, if puffing and advertising alone are enabling the proprietor of a quack remedy to fleece the sick, its unprincipled owner deserves exposure and contempt. If the nostrum is really valuable, *which is very rarely the case*, its composition should be freely and fully disclosed for the benefit of suffering humanity.

You should also maintain your independence and never order A's, B's, or C's make of anything, *unless* you have some specific therapeutical reason for so doing. To thus



particularize would not only reflect injuriously on every other manufacturer and cause a still greater popular distrust of our materia medica and pharmacopœia, but also put the compounder to additional trouble and expense; for he might have several other varieties of the same article in his stock, and yet be compelled by your specification to get another. Besides, it almost invites substitution.

Do not, however, oppose any remedial agent that is a distinct improvement in pharmacy, or any particular brand of anything on account of its being a monopoly, if that monopoly is owing to unusual skill, superior quality of drug used, or great perfection in its manufacture.

Patients are under the impression that physicians know precisely what a medicine ought to cost, and will often ask you *how much* the druggist will charge for the remedies you have prescribed. Reply promptly that you do not know, and avoid mentioning any specific sum; because, were you to guess too high, they might infer that he had either made a mistake, or used inferior drugs; and if you were to guess too low, they would probably accuse the pharmacist of over-charging, and perhaps drag your name into their squabbles.

Whenever you prescribe a remedy that is unusually expensive, take care to inform the patient of the fact, and that expensive drugs are no more profitable to the pharmacist than cheaper ones, so that he will not be surprised and cavil when the pharmacist tells him how much he charges for it.

If you chance to note that a chemist gives unusual prominence to nostrums, quack almanacs and placards. it will tend to afford you a true insight into his aims and



attitude towards our profession. If, moreover, you see that he is pushing the *quack* department, with quack proprietors' portraits in his windows or hanging around his shop, and his own name and influence used in hand-bills and almanacs as a vendor of nostrums, bitters, plasters, pads, etc., you may be sure that he is conducting his establishment simply as a tradesman, on a *trade basis* rather than a professional one, which latter presumes him to devote his chief attention to the inspection and preparation of pure and reliable drugs, and compounding prescriptions with scrupulous exactness; by rigidly shunning such you will fulfil a moral obligation.

Probably you have no right to ask or expect that the pharmacist should not deal in quack and proprietary medicines, or anything else for which there is a demand, inasmuch as he keeps his shop whereby to make a living; you have, however, I consider, a right to expect that he will keep them out of sight as far as may be, to be shown only when called for, just as he does sweet spirits of nitre, syrup of the iodide of iron, and other articles, instead of pushing their sale by displaying their announcements far more prominently than legitimate pharmaceuticals.

In drugs and medicines, purity and accuracy are of the first importance, because the uniformity in action of every medicine is in relation to its purity and goodness; some of our important remedies vary greatly in quality and in strength, and this is one of the occasional causes of uncertainty in the practice of medicine, and such variability would modify your efforts too much to be risked in any important case. A badly compounded prescription may rob you of your reputation and deprive the patient of his



chances of recovery. If, therefore, you think that an important prescription is likely to be sent to a chemist whom you conscientiously believe to use inferior or unreliable articles, it will be your duty to take care that it is sent elsewhere; for, being responsible for the patient's welfare, and having your own reputation to care for, you have a perfect right, and indeed it is your duty under such circumstances, to order your remedies to be procured where you believe that your prescriptions will be properly made up. The art of medicine is imperfect enough at best, and you will encounter more than enough of new and strange problems to remind you of your lack of aids and of the insufficiency of human resources, without adding the risk of being thwarted by an unreliable pharmacist; but when you find it necessary to *ignore* any one for this reason be careful to do so in a discreet ethical manner, and with as little personality as possible.

You will often for various reasons wish that you had synonyms for the terms quinina, opium, morphia, chloral, strychnia, and probably other articles in daily use. Whenever a synonym is given for any of them, it will in many cases be judicious to use it. By employing the terms acid phenic. for carbolic acid, secale cornut. for ergot, etc., you will debar the average patient from reading your prescriptions and hampering you, a check which is often highly desirable. You can also further confuse his knowledge by transposing the terms you use from the usual order and writing the adjective in full and abbreviating the noun; e.g., instead of writing quinince sulph., write sulphatis quin., etc., etc.

Be very careful to have all powerful remedies intended



for external use labelled "for external use", which will not only tend to prevent errors and misunderstandings, but in the event of their being swallowed by mistake, it will avert censure from you; for the same reasons, also, take care to order all mixtures in which the ingredients may separate on standing, to be shaken before pouring out the dose, otherwise the patient may get all the active components either in the first few or the last few doses.

When you prescribe a remedy for external use, and at the same time one that is to be taken internally, be careful to tell the patient how each will look and smell, so that he may not confound them and swallow the wrong one. Absent-minded pharmacists have more than once put liniment labels on bottles containing the remedies for internal use, and those designed for the latter upon the liniment bottles, thereby leading to fatal mistakes, which a word of explanation from the doctor to the patient might have prevented.

Pharmacists might easily avoid the possibility of thus exchanging labels, by compounding one and labelling it before commencing the other. By instructing the pharmacist to put a *red* label on the bottle for external use, security against mistakes is better ensured.

You will probably notice that some pharmacists label the remedies they compound for you, with their *file numbers* only, thus, 5,758; while others adopt the much more satisfactory plan of adding the date on which it was compounded, thus, 5,753, 21-2-'89, signifying that it is number 5,753, and that it was compounded February 21st, 1889. The latter plan will enable you to distinguish between the dates at which you prescribed different bottles of medicine, and may otherwise be of service to you. I feel assured that the



majority of pharmacists would willingly adopt the system if they were aware how often it assists the physician.

It may be well to request neighbouring pharmacists always to inform you of any ambiguity or apparent mistake in your prescriptions before dispensing them, and in return, when you have reason to suspect that there has been a mistake in compounding a prescription, be careful not to make your suspicion known either by word, look, or action, till you have conferred with the person who dispensed it.

Bear in mind that the pharmacist like yourself is only human, and that he, like every other person, requires some *rest* and relaxation, and do not order mixtures necessitating tedious manipulations, or direct nasty elaborate ointments to be mixed, or troublesome plasters to be spread, or other unpleasant duties to be performed on Sunday, or during sleeping-hours, unless they are urgently needed.



## CHAPTER X.

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“Sound policy is never at variance with substantial justice.”—*Thaer*.

AS a medical practitioner you will hold two positions in relation to your patients:—first, during illness you will have to render them your skilled professional aid and employ whatever remedies as will be most surely, safely, and quickly beneficial, to which you should add tender sympathy and commiseration. Later, when by recovery, or death, your skill is no longer needed, you will enter upon the second, or business relation, which entitles you to claim a just remuneration for your services.

Business is business and should always be regarded as such. The practice of medicine is your life's vocation; it is as honourable, as useful, and as legitimate as any other; in fact, none other earns the means of living more justly and deservedly, than does the hard-worked general medical practitioner.

You are human, and must live by your avocation, just as other people do by theirs; but this you cannot do unless you have a business system, for upon *system* depend both your professional and financial success. Neither unwearied study, nor unselfish devotion as a humanitarian, can uplift



you above and discharge the demands of the tailor, the butcher, the grocer and other creditors, not one of whom would accept your philanthropic reputation, or your smiles, thanks and blessings, in liquidation of your personal indebtedment; nay, even the conductor will repudiate such sentimental notions, and remove you from the tram-car which is conveying you to your patient, if you have not money wherewith to pay your fare. It is naturally a pleasant thing to be *very popular*, but even were your popularity to embrace the whole city, it will neither fill your market-basket, nor pay your rent, nor feed your horse, and although money is *not* the immediate or main object in the practice of medicine, it ever has been and ever must be one of the ultimate objects. If people do not pay you, you cannot live by your vocation, and you will soon tire of *all work and no pay*.

The nearer your financial arrangements approach the *cash* system, the better it will be for yourself and family. Short and recurring accounts are best for the practitioner. It is often more advisable even to submit to a reduction in a bill for prompt payment, than to let the account stand over and risk the loss of it through the 'pay-when-you-please' system. After a prompt settlement, many patients will feel more at liberty to send for you again, even in cases of slight illness, instead of dallying with home remedies or quack-medicines, as they might do if still indebted to you.

You will act wisely in rendering your bills while moderate in amount, and your services are still vividly, if not gratefully, remembered ('ACCIPERE DUM DOLET') if you are careless or too diffident and fail to send in your accounts



at an early date, it will lead to a belief that you are not dependent upon your practice for a living, have no wants and do not need money, or that you do not hold this or that person to your business rule, or are not uneasy about what *they* owe you; and if you foster such notions, a bad system will grow up around you and entail upon you considerable loss. A request for payment tends moreover to remind patients that there are human cravings in the man though he be only a doctor, and that since you have to live, it is necessary that you should receive your fees to enable you to do so. Besides, in the course of a brief period details are effaced from the memory, and the number of visits, the practitioner's watchful cares and anxieties are forgotten, and the bill by lapse of time, though really moderate, is apt to appear comparatively large—hence dissatisfaction.

The business of the world being now, as a rule, conducted on the *cash* system, instead of the old objectionable *long credit* plan, it behoves you to render your aid in putting an end to the unreasonable custom hitherto, perforce, adopted by the general practitioner, of waiting six or twelve months before sending in his professional account.

As you will very probably have to make a more or less considerable reduction in many large bills after they have been allowed to become old, let me strongly advise you to look after them while they are moderate in amount and of recent date. Indeed, if you let one bill be superadded to another till the total reaches a considerable amount, you may place it wholly beyond the power of the person to pay, and thus, however unwittingly, wrongfully *force* him into the position of a dishonest man.

By far the best time to 'talk business' and to have an



understanding about your fees with doubtful or stranger patients is at your first visit or initial interview; and the best of all times to judge a person's true character will be, not on occasions of social intercourse and the ordinary amenities of life, but when you have money dealings with him. A simple monetary transaction will often reveal the inner man.

Railway and steamboat companies and other corporate bodies, together with proprietors of mills, factories, workshops, etc., whose *employés* get injured, with the view to relieve themselves from responsibility or from apprehension of incurring public odium, or from a selfish fear that they may become involved in suits for damages and be made pecuniarily responsible for the injury, often send directly or indirectly, for a medical man to attend, and in one way or other create an impression on his mind that they will pay the bill, but afterwards, on one plea or another (usually this—that they have supported the injured person during his disability, which is as much as they can afford), either entirely disclaim the debt or refuse to pay it, and with such excuses leave the doctor in the lurch.

In such cases you may avert this result by going, as soon as may be after providing for the emergency, direct to head-quarters, or to the person who has the necessary authority to make the company or firm financially responsible for your services, and after explaining the labour and professional responsibility which the case involves, make known your doubts of being recompensed for your attendance unless they will see to it, and frankly ask if they will assume the responsibility.

From similar motives, the heads of families, for their



own satisfaction, or for social reasons, or from a feeling of insecurity lest some inmate of their house who has fallen ill, may be suffering from a contagious disease, will sometimes request you to visit their servants, nurses, or, may-be, poor relatives, and then seek to avoid payment of your bill on one pretext or another. If there be reasonable doubt of prospective payment in these cases, you had better at once seek to determine the financial responsibility as suggested in the preceding paragraph.

Make it a rule to enter in your book the names of the parties held responsible for such services, and keep a memorandum of the facts relative thereto, and make out your bill to them accordantly.

If you take these precautions, it will prevent many unpleasant misunderstandings and save you many a hard-earned fee.

Let it be your invariable rule never to accept a commission or fee from any one under circumstances which you would not *willingly* submit to investigation by the public, a medical society, or a court of justice. Probably, your severest test will be when a liberal enticing fee is seductively offered to induce you to undertake questionable matters.

Ere you have been long in practice you will find that your professional welfare will depend not upon what you book, but upon the amount you receive, and that if you never insist upon the payment of your fees, you will not be able to separate the wheat from the chaff. If you have a rule and people know it, they will associate you with your rule, and be guided thereby. Let the public know in the early years of your practice what your rule or system is, or



it will fail you later in life. When a new family employs you, it will, in divers cases, be well to render your statement of account as soon after your attendance has ceased as the ordinary courtesies of life will allow, and especially if there has been a previous attendant who was careless and indifferent as to the payment of his professional charges. Send it in as a test, and if there be an objection to you consequent on the early presentation of your bill and assumed application for payment, the sooner you arrive at an understanding of each other, or part company, the better for you.

When patients ask you how much they are indebted for home or other advice, operations, etc., always reply with courteous promptness and decision, 'half-a-guinea', or 'a guinea', or whatever the amount may be, large or small; and if you are careful to avoid prefacing or supplementing this reply with other words, most people will in the embarrassment of the moment, proceed to pay you without objection, whereas if you add thereto, it will tend to weaken your claim in their minds, or impress them with the belief that you have no settled charge, and will furnish them with a pretext to evince surprise and contend for a reduction. When any one does demur to your charge, alike indicate your amaze at his doing so, and be prepared to at once defend or explain the justness of the charge.

Your accounts for surgical, obstetrical, toxic, and, in fact, for all exceptional cases should be promptly posted and charged in your ledger; otherwise, should the patient call unexpectedly to pay his bill, you may either through momentary embarrassment, or temporary forgetfulness of all the attendant circumstances, name much too low a figure



and act unjustly to yourself. Besides, the amount being already determined on and entered in your book at once shows that it is the settled charge, and he will be less likely to ask for a reduction.

Take your fees whenever tendered. Patients will often ask, "Doctor, when shall I pay you"? or "Shall I pay you now"? It is a good plan to reply promptly, "Well, I take money whenever I can get it; if you have it, you may pay it now, as it will leave no bones to pick", or "Short reckonings make long friends", or "Prompt pay is—so to phrase it—double pay, and causes the doctor to think more of his patient", or something to that effect, according to circumstances and your respective patients. Never give such answers as "Oh, any time will do"! or "It makes no difference when", or you will soon discover that such diffidence is impolitic and inexpedient.


Never neglect to regularly post your account-books; for it would be violating nature's first law to devote yourself to a faithful discharge of your professional duties to others and neglect your duty to self. The Scriptural command is 'Love your neighbour *as* yourself;' it does not say, Love him *more*, but it does say that 'if any one provide not for his own, and specially those of his own house, he is worse than an infidel'.

It is a good plan to insert the names of transient patients in your cash-book, instead of cumbering your ledger with them, and assign pages in the latter only to probable permanent patients.

When a transient patient pays cash at the visits, so as to render it unnecessary to transfer his account from your visiting list to your ledger, the simplest way to



mark it paid is to turn each visit symbol into a P, signifying *paid*.

You can readily adjust your visiting list, so that it will always open at the page in use, by clipping off about half an inch of the upper corner of its front cover, thus , and then in like manner cut off the corners of the leaves thereby exposed, down to the page corresponding with the date thereof. When thus prepared, if you place your thumb on the exposed corner of the uncut leaves, the book will open at the proper page. As time passes, snip each page as required.

The visits and cash entries in your visiting-list and day-book (in which latter, the visits and prescriptions of 'home-dispensing' practitioners should be duly entered for reference,) should be written in ink; for being original entries, they would be accepted in court as legal evidence. With the view to prevent any one or anything being forgotten, it is a good plan to write names, visits, etc., in your visiting-list with a lead pencil without delay, till you have time to rewrite them with ink.

At the end of every week add up the visits made to each patient whom you have attended during the week, and after ascertaining the sum total which you should charge therefor, insert that amount in the blank spaces at the ends of the lines after the Saturday column in the visiting-list. By doing this weekly, you can fairly estimate and charge the value of your services to each patient, while they are still fresh in your mind. It is not only wise to enter at the end of each week the amounts so charged, but also (unless entered in your day-book, as is the better plan) to write the names of the individual members of the family who



have been under your care during the week, in the visiting-list over the visits, *for reference*, in case your attendance should ever be disputed.

In posting your books at the end of each month, in order to avoid missing any entry in transferring the respective items from your day-book, or visiting-list, as the case may be, to the ledger, make use of a regular checking-off plan; by adopting which, if you should chance to pass over any one's account, it will remain *uncrossed*, and will thus be detected. In going over the different pages of the ledger, note down on a slip of paper the number of each one's page whose accounts need RENDERING, so that on completing your entries therein, you may readily make out the bills in question, and also a list of the indebted patients whose accounts it would be well for you to see to in the ensuing month.

When you make out a bill, enter in your ledger in the *date column*, on the line containing the sum total, the date on which the bill for that amount was rendered; thus: 21-2-89, would signify that it was forwarded to that person on the twenty-first day of February, 1889; or it may be written as the Quakers do, month first, then day, and then the year; thus: 2-21-89. Payments may be similarly entered.

With the view to save the trouble of looking over worthless or lapsed accounts in your ledger, month after month and year after year, it is a good plan to cross them off with lead pencil, which can be erased at any time, if necessary, in the event of its being unexpectedly revived; but in the case of such as are irrecoverable, or of persons who, from other causes, are never likely to employ you again, use ink.



Patients will occasionally dispute the correctness or justness of your charges. If there be an inaccuracy, correct it at once and willingly, with such an expression of regret at the error as may be judicious; if, however, it be correct and just, do not allow yourself to be browbeaten into the position that it is otherwise. Many people are not aware that the fees for *surgical* and various other cases are higher than for ordinary visits; some appear to think that for a visit at which you reduce a dislocation, open a large abscess, make a vaginal examination, or draw-off the urine, you should charge the same as for ordinary visits; others have an idea that doctors do not, or should not, charge for every visit when they make more than one visit in a day, or for every patient when more than one in a house is ill. You must of course correct their error by explaining the relative difference, or, if necessary, by reference to the tariffs.

Never undervalue and charge insufficiently for your services. It is injurious to your own and to the interests of the profession at large. The tendency of undercharging is to lower the tariff of fees more or less permanently and to oft constrain the general practitioner in such professionally unhealthy localities to work for inadequate pay. There is a vast difference between underbidding in our profession and that in ordinary business pursuits. In the latter, underselling or cutting rates are only temporary; for, if merchants or traders were to sell goods at or below cost for a length of time, failure would result. In commercial or trading wars one or other withdraws, or they enter into a compromise and full prices are again realized; belligerent practitioners, on the contrary, having no goods to manufacture or to sell, may keep up the strain of rivalry for



years, dispense their skill to everybody for insignificant or nominal fees, impoverish one another, and almost starve those dependent on them for support.

The wisest rule in assessing your services is to charge from the commencement of your career the customary fees for conscientious, skilled attendance, neither extravagantly high nor absurdly low.

Let people know that you honestly strive to make your bills as small as possible, not by undercharging, but by getting them well by as few visits as practicable.

Never enter into a bargain to attend a patient or a family by the year; it is far better to be paid for what you actually do, than to let people be impressed with the idea that they are paying you some fifteen or twenty guineas for services, the charges for which, under ordinary circumstances, would, mayhap, amount to seven or ten guineas; while you, on the other hand, are, in many cases, giving attendance of the pecuniary value, it may be, of forty or fifty pounds for a nominal annual payment of twenty—irrespective of the probable exacting nature of the patient, and the galling reflection that for the time being, you have no alternative than to fulfil the contract.

However sure you may feel that (as in many instances will be the case) you will have to receipt your bill for a reduced amount, let it, nevertheless, be made out in accordance with the fees usually charged to the particular class of patient, so that the debtor may see the real extent of his indebtedness, and give you credit for the amount of the reduction.

When people speak to you about taking off part of their bill because they are poor, and charging the rich more to



make it up, take less if you think well, but under no circumstances allow them to infer that you, or any other practitioner, would charge any one, whether rich or poor, a penny more than is honestly your due.

It is customary, and rightly so, to charge a double fee for the first or initial visit in a case, for the following reasons: it is generally necessary, in order to learn the history of the case, to devote an extra amount of time thereto, inasmuch as, it not only involves a diagnosis, but a prognosis also, for the intelligent comprehension and relief of the natural apprehensions of the family; laying down, also, a line of treatment, advising in regard to the diet, giving general and hygienic instructions in relation to temperature and ventilation, etc.: essential and important matters of detail which entail extra time and care, and therefore justify a claim for an additional fee.

There are a few people who consider that when a case is serious enough to render the doctor's attendance necessary more than once a day, he should not charge for the additional visits, insensible, as it were, to the fact that cases so far dangerous as to necessitate an extra number of visits are those which entail upon him the greatest responsibility, cause him most anxiety, and tend in a marked degree to make his life one of wearying labour and self-denial.

In *unusually* severe cases, in those, also, which entail great exposure or *exceptional* legal or professional responsibility, in cases of recovery after taking poison or of apparent drowning, of small-pox and other contagious diseases, the fear of which prevents other patients, who know that you are attending such, from employing you, or which necessitate loss of time in changing your clothes and



otherwise disinfecting yourself ere visiting others who are not affected, or in which you have evinced remarkable skill, or had very great luck in bad cases, you should charge good round fees.

It is certainly worth far more to successfully attend a person in a case of pneumonia which causes the doctor great anxiety and much thoughtful consideration, than one with a sore finger, although each case may require an equal amount of time or a like number of visits.

In some cases, your charge will be not so much for doing the work as for knowing how to do it: for instance, you may charge a fee of three guineas for the few minutes' work in reducing a luxated humerus; if this were duly itemized, it might read thus: "For reducing dislocation of the shoulder, one guinea, for knowing how to do it, two guineas".

Attendance on a beloved child, or an eminent or very important member of the community, or a stranger who has journeyed far with a serious disease that causes you special anxiety, will justify you in making a special charge, whether attended at your own residence or at the homes of the patients. In such cases be careful to pay no unnecessary visits, unless by special request; for in a very important case in which three visits would be really necessary, and to which you make but three, your services will be appreciated more highly and the family will more cheerfully pay a fee of five guineas, than if you had also made five additional, apparently unnecessary, visits and charged only four guineas.

On the same principle, when you have grave cases of any kind that necessitate several visits in the course of the



day, take care to diminish the number markedly as soon as the necessity ceases.

Patients will oft express surprise at your asking the same fee for advice in your consulting room as for a visit at their house; it will be well to explain to them that although the charge is the same, it is usually far cheaper to be a consulting-room patient than to be visited at home; inasmuch as, a consulting-room patient comes but seldom, or *only* when he chances to be without medicine, or when some important change has taken place in his ailment, and ceases to call at the earliest possible time; whereas, if you have him under your care at his home, your responsibility and feeling of uncertainty compel you to visit him more frequently to see how he is progressing.

There are some people who, in money matters, are relatively mean, and who will not hesitate to ask you, however moderate the charges may be, to make a greater or less reduction from their bills—especially if they happen to be for advice at your residence, vaccinations and other services of a more or less unimportant character. Meet them at once with the argument that if they are to pay you less than the average for the minor services, you will have to charge them on a much higher scale of fees for the more important ones.

The mode of expression and selection of words in your converse with certain consulting-room patients will, at times, make all the difference between a fee and no fee. Some who consult you, if asked to call again *to let you know how they are getting on*, will, on renewing their visit, show by every word and action that they do not expect to pay, as they merely called because you requested them to



do so. Therefore, unless you intend to forego your fee, it is better to *advise them to consult you again*, at such time as you deem it judicious to specify. This will distinctly intimate to them (unless very obtuse) that your usual fee will be charged.

When a stranger, whose honesty you have reason to doubt, consults you at your house, and instead of paying the fee defers it, with a promise to call again, if you request his name and residence and book them in his presence, your chances of getting paid will be greatly increased.

Never consent to attend any one for a "contingent fee", that is, do not take patients with chronic sores, constitutional headaches, epilepsy, post-nasal catarrh, hemorrhoids, dyspepsia and other chronic affections, or cases of syphilis, gonorrhœa, etc., on the "*no cure, no pay*" system, or to pay "*if their expectations are realized*" or "*when all is over*". Enter into no such agreements; for they are never satisfactory, and will generally end in your being victimized, and it may be, charged with malpractice. In expressing your willingness to undertake the case, let it be clearly understood that you *charge for services, not for results*, and must be paid for your attendance, even though the patient should die, and that all who seek your advice *must* accept the usual risks of cure or relief. Although, having accepted charge of a case you are morally bound, pay or no pay, to conscientiously fulfil your duty to the patient, you may, nevertheless, fairly intimate to those whose pecuniary credit you have reason to doubt that if they pay as they go on, it will tend to encourage and interest you more in the case, and naturally stimulate you to do your best.



Some persons suffering from constitutional syphilis, chronic eczema, ulcerated legs, etc., in which the treatment may extend through many months or, maybe, for years, will not improbably suggest that payment of your fees should be deferred until your attendance has ceased. Do not assent to any such unwise arrangement, for not only may the patient die or remove elsewhere, or abandon treatment, or slip away from you and confide himself to another, but the case may resist all your attempts to effect a cure, and you yourself be left in the lurch, with services unrequited.

In such cases, it is far wiser and more just to render your accounts at the proper time—"for the three months ending",—or at the very furthest the first of every July and January. If they demur (which they cannot justly do), do not hesitate to express your surprise at their doing so; and in reminding them of the necessity for living by your practice, courteously but firmly notify your absolute unwillingness or inability to allow your fees to accumulate as they suggest.

As a rule, you should manifest no undue anxiety in respect to your fees, and make no reference to your intended charges, unless you are dealing with people notoriously unworthy of confidence, or when a misunderstanding is apprehended; but, in most instances (unless the patient be well known to you), you should not hesitate to require your fee *in advance* for attending cases of *secret* diseases. If you fail to do so, your patient will almost certainly cease his attendance on a cure being nearly effected, with his bill unpaid; and if you press him about it, he will either pay it grudgingly or not at all, and should you dun him for it, will meanly assert that it was not a disease but only a



strain, or that you did him no good, or almost killed him, or tell some other falsehood as an excuse for discontinuing his attendance and trying to defraud you of your fees. In such case, I should almost be tempted to recommend you to 'court' him.

At the same time, bear in mind that you have no right, either legal or moral, to expose the nature of any person's disease on account of his having failed to pay your fees.

Venereal diseases are the result generally, not of misfortune, as are other inflictions, but of crass imprudence, and are self-inflicted; and for this reason venereal patients have not the claim upon your sympathy like other sufferers. In all cases of this kind get, whenever practicable, a just remunerative fee before you undertake the treatment; then honestly do your duty to the patient until he is cured. Having paid you, he is not likely to change and entrust himself to another, and should his case proceed slowly he cannot then suspect that you are purposely running up a heavy bill, or delaying the cure on account of his being a good-pay patient, as he might otherwise do.

Many men imagine that they cannot be suffering from constitutional syphilis unless they have detected a terrible chancre from the commencement; and you will often experience a difficulty in making people who have not detected a primary sore, believe their disease to be syphilis. Some men indeed will actually scan and twit you when you tell them that they have the p-x, as if they thought you a quack or an impostor desirous to frighten them out of money. If you can show such a patient a fac-simile of his chancre, roseola or mucous patches in your text-books on venereal diseases, or even read to him a description of



them, it will awaken him to his real condition and put him on his guard against either neglecting his case or infecting others.

When you feel certain that your diagnosis of syphilis is correct, look the patient in the face, and with a manner that indicates your practical knowledge of the matter, tell him that in your opinion he has true syphilis, and be careful not to be brow-beaten into taking charge of the case for a trifling fee. It is a grave disease, and the responsibility and worry of the medical attendant are often very great and protracted; the fee therefore should *never* be nominal.

You may readily broach the fee question to any patient suffering from disease by remarking immediately after making your first examination, "Well, I see what your case is, and am willing to take charge of it and render my best services, *if my terms will suit you*". This will necessitate his asking what your terms are, and will afford you the opportunity to inform him. Or, if you regard the services likely to be required of signal importance and correspondingly valuable, whilst he evidently thinks the reverse, if you will incidentally begin with the remark, "Ah, I fear that my charges will be more than you would be willing to pay",—this also will constrain him to question you on the subject, and that too in a somewhat more favourable frame of mind for your purpose.

It may be well to note that some people labour under the impression that the law compels you to attend any one who chooses to send for you. *It does not*; but public opinion would justly condemn you, if, simply on account of your fees, you were to refuse to attend an urgent case to which common humanity should induce you to go.



If you are really "*too busy*" or "not well enough", or have an equally urgent duty to perform, such will generally be regarded as a sufficient reason and disarm criticism. But "*I'm just at dinner*", "*I'm too tired*", or "*I am afraid that I may be dragged into court as a witness*", etc., are not accepted by the public as adequate reasons for refusing to go, and in cases of urgency should never be offered.

Not only should you send your bill to a patient in due time, but if you fail to hear from him within a reasonable period, emphasize it by sending another, for he may not have received the first, or many have thrown it aside, or may be purposely neglecting it in the hope that you will let it stand over till it is forgotten or is out of date.

An *effective* plan to adopt with a certain tardy class of patients, when you are in need of money, is to ascertain the date at which you will have a bill or note to pay, or will have to raise money for any other special purpose, and then to write two or three weeks before the time and briefly inform them that you will have a *special* need for money at the time specified, and ask them to kindly pay you on or before that date. Most people of any worth will exert themselves to comply with the request, if courteously made. In this manner you can well approach both your best and your worst patients, and some that you cannot successfully approach for money in any other way. A request so conveyed, moreover, at once shows that you do not want merely to get it out of their pocket into your own, but that you ask for it because you really happen to need it.

Another good plan to pursue with those who habitually throw bills aside and neglect to pay them, is to send your



accounts some day when you are in need of funds, with a brief note asking them to pay in the course of the day, and assign your reasons for making so pressing a request. Although in many instances they will fail to pay you then, nevertheless, knowing that they have disappointed you in your dilemma, they will feel impelled to at least pay something on account when they again need your services.

If, at the penultimate visit, an intimation be given to your prompt-paying patients that your next call will be the last that you deem it necessary to make, it will serve as a gentle hint and afford them an opportunity to prepare, and will, moreover, increase the chances of you being paid *cash* at the final visit. Convalescents from severe illnesses if requested to pay you a visit when able to walk out again, in order that you may see how they are progressing, are very apt to broach the subject of your fees, and either then pay, or make some definite promise on or before taking your departure.

With regard to your financial department, such as posting your books, making out your bills, settling with your collector, etc., let all be conducted as much out of sight as possible, so that the public may know little or nothing about you other than as a medical attendant.

It will also be well to note that the several classes of bills should not be treated on the same footing; there is *one* class of patients whose bills had better be sent by post; *another* to whom they should be taken by your collector or other person; *another* to whom you had better deliver them yourself; and *a few* promptly paying patients whom you had better let ask for them. A careful study of these facts will be of essential assistance to you.



Items and details are, as a rule, better omitted in professional accounts, unless specially asked for, inasmuch as, they often tend to dissatisfy people, and lead to criticisms and disputes that would not arise did not the items furnish a pretext. It is only reasonable indeed to assume that one who is generally supposed to unreservedly confide the lives and secrets of himself and family to his doctor, would have sufficient confidence and gratitude to entrust him to assess the value which he deems mutually fair and just to put upon his professional services, *plus* the anxious and grave responsibilities entailed upon him in the discharge of his onerous and often perilous duties. In fact, a doctor's bill that gives in detail the various items, is more apt to be criticized and disputed than one that simply notes the *total*. The respective items, however, of every bill should be carefully entered in the ledger, in order that the charges may be verified, if necessary.

On the payment of money—other than a simple fee—by your patients, it is well to insist on giving receipts, even though they should deem it unnecessary. Insistence on the point not only tends to prevent subsequent disputes, but assists also in maintaining a regular and desirable business-like system between you.

Be especially careful to eschew avarice in its various forms, meanness, greed, oppression, stony-heart, etc. If you attempt to cut it too finely in money matters, or to be unreasonable, or too rigorous in your efforts to collect bills from any one, it would not only be morally wrong, but would be very likely to prejudice your reputation and create a feeling of animosity that time would fail to efface.

For a like reason it is, as a rule, better not to charge for



certificates of illness furnished to patients to enable them to draw sick-pay from clubs and other beneficial societies, or for certificates of vaccination, etc. These should be regarded as personal favours, differing from cases in which a fee is right and proper.

It will seldom pay you to sue people, even though your suits be successful; indeed, it is, generally speaking, undesirable for a medical man to commence litigation in such cases, except under very aggravating circumstances, or with the view to maintain his reputation or self-respect. Under no circumstances, however, should you sue any one whose failure to discharge his indebtedness is due to honest poverty. Be ever willing to do your share of charity for the deserving poor; at the same time, the necessity of earning a living for yourself should make you careful not to let it crowd out your more or less remuneratory practice.

When called upon to attend in cases of sudden death, drowning, suicide, persons found dead, etc., in which the unfortunate victim is dead ere you can get to him, or in calls of emergency, in which the case (other than one of your own patients) has been taken charge of by another practitioner before your arrival, or in other cases where your services are not called into action, or are merely nominal or clearly useless, it will, as a rule, be wise not to send in an account, for under such circumstances not only would it generally be left unpaid, but be harshly criticized. If, however, a feeling of gratitude induce the people interested to tender you fees, *take* what is right.

In hopeless cases of cancer, phthisis, etc., in which, after having gone the round of the profession, you are consulted in the very last stages, with the view to see whether



you can possibly do anything for them, you had better frankly acknowledge that you can do little, or nothing, and decline the fee *even if tendered*.

It is better, as a general rule, to make *no charge* for ordinary or trifling advice incidentally given to patients when they call to pay their bill, or to persons for whom you chance to prescribe in places of public resort, where you are *not* pursuing your professional avocation. Such exactions would, to say the least, tend to engender unpleasant reminiscences and harsh criticism. Every practitioner occasionally writes prescriptions under circumstances that, even though he be technically entitled to remuneration, *his own* interests forbid him charging for, or even accepting a fee when tendered.

Never, under any circumstances, oppress any one by excessive, much less exorbitant, fees, and be especially fair and just in your charges against estates, and in all other cases in which the debtor from exceptional circumstances is placed at your mercy. Such conjunctures will truly test your moral integrity and honesty. When you are in doubt what to charge look around you, then upward and pause, and then make out your bill in such figures as will show clean hands and a clear conscience.

The instinct of humanity should impel you to go to all cases of sudden emergency, accidents, and the like, in which the life or limb of a fellow creature is endangered, without regard to the prospect, or otherwise, of a fee. At such times your one consideration should be that of your simple duty to suffering humanity. The Good Samaritan succoured the wounded man, took him to an inn and provided for his immediate necessities. You, as a medical



man, should be equally humane and prompt to go and bind up wounds, and relieve suffering in all cases of emergency—after providing for which, your further attendance would of course be optional.

It may, I think, be reasonably affirmed, as a common-sense principle, that no member of the profession is rightly entitled to give his professional services to the public without remuneration, except to the moneyless poor (to whom they should be rendered as freely as the air they breathe); for although there may be no loss thereby to him personally, it cannot, strictly speaking, be regarded otherwise than taking the bread from the mouths of others, and to that extent it is despoiling the profession of its legitimate fees.

Never slight the worthy deserving poor who are under the iron heel of poverty and need medical attendance; to the poor, life and health are everything, and there are none so poor but that they may amply repay your services by genuine, lasting gratitude.

Medical men, it may be truly affirmed, render more gratuitous, payless services than any other class of people in the world. "The poor", said Boerhaave, "are my best patients. God will be their paymaster". But even in dispensing charity, careful discrimination is essential. There would seem to be three classes of the poor: The Lord's poor, the devil's poor, and the poor devils. The first and the last are worthy objects of every practitioner's attention, and you will do well to lose no opportunity to afford relief to their distressful ailments. The less, however, you have to do with the other class, *the devil's poor*, the better will it be for you; nevertheless, you will be more or less compelled to attend more than you would otherwise care to do



of the lowest and vilest of these, some for God's sake, and others, it may be, on account of their relationship to better patients.

You will find in the course of your professional career that honesty and dishonesty are not confined to any one nationality, or to any station in life, but that there are many very good men and others equally bad among the rich and poor alike. You will, mayhap, pull many a silver door-bell, ascend many a marble stair, and tread upon many a velvet-pile carpet to visit patients who will turn out unscrupulously fraudulent; and, at the same time, you will get many an honest fee from others who make no great pretensions and possess but little save their honesty. The demands of fashion, indeed, are now so great that many with moderate incomes, anxious to appear better off than they really are, habitually alike ignore their indebtedness to their doctor and to others, in order to aid in keeping up appearances and maintaining a false position. You will see many a man bowed down with debt and despondency, while his wife and daughter parade about as gay and as proud as the reputed strutting peacock, indebted to everybody and paying no one. Indeed, artful, double-dealing women will at times actually intercept your bills and render it impracticable for you to solicit payment from their husbands, unless you resort to strategy and get your bills delivered direct to the latter; and, even then, will do everything they can to defer or altogether to evade payment.

Families, moreover, will occasionally conceal from the person who holds himself responsible for your bill, the real amount of service you have rendered or the actual number



of visits you have paid, and thereby lead him to think that you have charged very high, or even exorbitantly. Be prepared therefore to promptly correct such questionable errors.

The most unsatisfactory and troublesome kind of patients that medical men have to contend with are the *unprincipled tricksters* who cheat everybody that afford them a chance, and deem it no wrong at all to victimize doctors and you will be fortunate if you have sufficient tact to avoid having anything to do with such. It is far better to courteously but firmly decline to accept as patients those who can but will not pay, without assigning any reason except that you are '*too busy*', or '*they had better consult some one else*', than to have to wrangle with them about your fees after your attendance has ceased, and, may be, choused after all.

Never hesitate to inform habitual pecuniary delinquents, and those who have money enough wherewith to furnish their houses sumptuously and lay in a cellar of wine, or to follow the follies of fashion, but *none* to pay the doctor—when they renew their visits for professional advice or other attendance, and so increase their indebtedment—that they are already as largely indebted to you as you can afford to let them be, but that you are perfectly willing to renew your attendance, on being paid the amount of your bill, or a reasonable part of it. Such attitude on your part will very probably lead to some more or less satisfactory action on theirs, and thus indicate to you what course to pursue.

You will encounter many a person who, although appreciably amiable during your attendance, will prove very



different on the presentation of your bill. In such cases, take especial care to give no cause for fault-finding with your mode of presenting it. It is a useful precaution to enclose bills sent by post or messenger in such manner as to prevent prying custodians from peering into the envelope and recognising its contents.

When practicable, let your bills be presented direct to the party financially responsible, or to the real head of the family, and make no remarks relative thereto to the other members of the household.

'Prompt payment fully appreciated' is a very useful maxim, and, although foreign to English professional custom, might in various instances be advantageously appended in *minion* or *nonpareil* type, or, better still, engraved, in the left lower corner of your bill-paper. It is truthful, and expressive, moreover, of your thanks to those who promptly pay; while to such as do not, it serves as a gentle reminder.

A moderately successful practitioner may be considered to have from one to two thousand persons who call him *their* 'doctor'; and whenever any one of such is suffering from mental or physical ailment, he should sympathetically identify himself therewith. Moreover, he should be self-assertive and boldly determined with a certain class of patient and as gentle as a lamb with another; he must, so to speak, unite in himself all the good qualities, and appear perfection to one and all; and 'heaven knows', he is, withal, justly entitled to far greater consideration and a much more generous treatment than he too often receives.

The fact that a medical man has to keep up appearances, and that many pay their visits in stylish carriages, leads not



a few unreasoning people to infer that ours is a path of ease and competence—that we drive about during bank hours, prescribe for a few select patients, receive fees wholesale, and soon acquire riches, which is a great, a very great mistake. On the contrary, as every elder, time-worn practitioner knows, it is almost impossible to become rich by the practice of medicine, unless it be by some *speciality*, commanding heavy fees.

The truth is that, on the death of a medical practitioner, it is very often found that those dependent upon him are left entirely unprovided for, and, in too many instances, destitute, unless he has acquired money otherwise than by his profession. Were you to practice for thirty years without losing a single day, and realize two guineas each day, or at the rate of fourteen guineas per week, it would mount up to less than £23,000 for the entire period. Deduct from that amount your expenses for self, your family, horses, carriages, books, instruments, drugs, rent, taxes, and various other items, for the whole thirty years, and then, so far from being rich, even after so long and, comparatively, successful a career in one of the most important and honourable professions—after a whole lifetime of anxiety, responsibility, and usefulness—you would have but little, very little, to support you in your old age.

The medical practitioner is, as a rule, so poor a man of business that if he receives money enough to meet his necessities, he but seldom troubles himself about the outstanding balance. The writer had a friend, an excellent practitioner, who was so neglectful about his fees that he kept no systematic accounts whatever; the result was that his easy and convenient but personally inconsiderate terms,



conjoined with his skill, made him unusually popular and kept him overworked day and night till, at the end of fourteen years, he broke down under the continual strain and died, leaving his wife and children nothing, except painful regret at his lamentable lack of business habit. Be it your duty to self and to others to guard against such a system, or, rather, want of system.

A good, honest collector, one that possesses judgment, discretion, and sufficient tact to get in money from dilatory or other defaulting debtor patients, without irritating and converting them into active enemies, will be found very useful, and desirable, if you are unable (but not otherwise) to spare the necessary time or are an indifferent collector yourself. As his transactions with the patients are *exclusively business*, he can persevere in his efforts to collect, to a degree that you would find unpleasant or humiliating. Many thoroughly honest people are too poor to be able to pay large bills, and if you allow them to accumulate from time to time into a considerable debt, they would be unable, however much inclined, to pay it, and, consequently, you place them in a position of embarrassment. Through the medium of a collector the difficulty may be avoided, and your financial department be kept in a relatively healthy condition. Such a business arrangement, moreover, tends to stimulate those who are habitually slow of payment, and, at the same time, subserves the purpose of weeding out undesirable patients.

You should, however, have some specific agreement with your collector, not only in regard to his rate of percentage but to the conditions under which he is to claim it. Among other things, you should stipulate that he is to make full



returns to you once a week, or, at least, once a fortnight ; that he is to have no percentage on moneys paid to you by those whom he has not visited for a month, unless you have at their request inhibited him from calling ; and, also, that he is to receive nothing on bills placed in his hands, if the indebted parties call and pay before he has delivered their bills ; in fact, nothing on any bill that he does not in some way assist in collecting.

If, as may be advisable in various instances, you adopt some distinctive delicate shade or colour for your bill paper, not only will it be easier to find when intermixed with others, but will also tend to remind such patients as are remiss or tardy in paying, of the debt, each time that the colour arrests their attention, and by being thus recalled to mind it may accelerate payment.

An interchange of lists (black-lists) of the names of unprincipled patients among the practitioners resident within a given area, would, where feasible, be mutually advantageous, as it would be a means of debarring those who could pay if they chose, from systematically imposing on a succession of medical men, and constrain them to definitely consult some one or other and pay, or otherwise be made to do so. From such lists, the deserving poor, if unable to pay, should of course always be omitted.



## CHAPTER XI.

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“The physician must, like the diplomatist, tread softly”. \*—*Macness*.

You should school yourself never to exhibit surprise at any possible event arising out of illness. You will be supposed to foreknow all conceivable things relating to disease, its dangers, and its terminations. Even when death has unexpectedly occurred to some one under your treatment, do not let your manner or language indicate that

\* As a fitting and practical illustration of “The physician must tread softly”, in so far as it relates to the sick room, I may note that for thirty years and more, it has been my rule to have a piece of sheet indian rubber, about the eighth of an inch in thickness, inserted (and bedded in a solution of the same material) between the inner and outer soles—from the toe to the heel part—of my boots, with the signal advantage of not only thereby preventing them from *creaking*, but of keeping the feet dry in wet weather. In suggesting its adoption by yourself and others, as a real comfort, I would recommend you to procure the article (but not necessarily the solution of caoutchouc, as it is in general use by the trade), and by means of a paper pattern from the boot-maker supply him, as required, with the necessary quantity for each pair of boots. It may be well to add that, when thick strong soles are deemed desirable, you had better give *written* instructions for the edges to be *bevelled* off; in which case, if properly done, they will present a less surface for the adhesion of dirt, tend to obviate eversion, and impart a smarter appearance thereto. The sheet rubber can be readily obtained, at so much per lb., from any manufacturer of india-rubber goods.



you were altogether ignorant of its possibility, or that you regard yourself in any way to blame.

When you are attending cases in which there is danger of rapid or sudden death, beware of ordering chloral, opiates, or other potent drugs, in such manner as to create a belief that they have caused or hastened death. Circumstances may at times even render it judicious to avoid writing a prescription, and simply to order this or that remedy under its common name, so that its appropriateness to the case and innocuous nature being understood by all, you may not be unjustly charged with doing harm therewith.

When any one under your treatment dies unexpectedly or mysteriously, or shortly after some application for which you gave directions, or after the administration of some new remedy, or shortly after you have performed some operation, or soon after you have pronounced him better, or in any other way that could possibly subject you to unjust blame, it is better to quietly but resolutely to make a visit to the house of mourning, with the view to ascertain the cause of death, to discover also what attitude the friends assume towards you, and to meet their criticisms by explanations, etc. On such occasions you cannot be too calm and self-possessed, and prepared, if necessary, to explain and defend the course you have pursued and the treatment adopted. By so acting you can anticipate injurious prejudicial reports, and suppress or shape them, before they become widely circulated.

When you are called to a case of sudden death, the greatest composure of mind and manner is essential and important; be guarded and discreetly reserved, and never



assume an oracular or prophetic air, or express any opinion of the cause in any such case, until you have carefully collected and duly considered all the surrounding circumstances. The possibility of death being due to disease of the heart, or brain, to poison, violence or suicide, should be calmly and thoughtfully weighed before you express any opinion; for should you neglect this precaution, a further development of the case may expose you to severe censure and deep mortification.

If, moreover, you are called to a case of sudden death in which violence is suspected, or to which you are summoned by the coroner, be very careful to note everything in connection with the body and its surroundings, and, also, where a post-mortem is necessary, the condition of the viscera, each one of which should be carefully examined before giving an opinion as to the cause of death. Your notes should be taken by yourself or an assistant *at the time*, in non-technical language, recording first the year, the day of the month and hour, and then the facts of the case and your interpretation thereof, and, subsequently, your comments thereon. These notes should be preserved, as you will be allowed to peruse them in court, if summoned to give evidence, in order to *refresh* your memory, though not wholly to rely on them. If the cause is suspected to be poison, be very careful to secure the stomach at both ends before its removal, and keep it and its contents in thoroughly clean, sealed vessels under your own eye and custody, till a chemical analysis can be made, or their care be confided to the police. If a person is dying from the effects of violence (wounds or poison), when called to him, calmly and feelingly impart the fact to him, and if he volunteers a



statement of the circumstances attending his injuries, or in reference to his assailants, take down his words at once in his exact language, as such a statement will be received in court as if made under oath, provided that the person who makes it does so under the belief that he is about to die from the injuries received. For full, detailed instructions on the subject, you had better refer to your text-book of medical jurisprudence.

The mottled, reddish or livid patches, and the purplish-black discolourations which appear on bodies shortly after death, occasion no little talk and exaggeration among the laity, and are often cited as evidence of the malignant or putrefactive nature of the death sickness, or as proof of ante-mortem violence—while they are really due to post-mortem contraction of the walls of the arteries, which squeeze, so to speak, the greater part of their blood into the veins, through the flaccid coats of which a portion of its separated colouring matter escapes into the surrounding tissues, creating the appearance mentioned. The escaped fluid tends gradually to collect by the law of gravity in the most dependent parts of the body, as the back of the neck, trunk and limbs, thus leaving the higher parts clear and wax-like in appearance.

You can always distinguish these post-mortem appearances, from bruises inflicted during life, by making an incision into them. If post-mortem, you will find the blood stain superficial and not involving the tissues underneath, but the contrary if due to violence during life. In the latter case, moreover, they cannot be removed by pressure or change in the position of the body.

The popular belief is that if a sudden death begins at



the heart there must have been a pre-existing disease of the heart, and the family doctor is often reproached for not having discovered it during the patient's lifetime. You will do well to explain that the healthiest heart may suddenly become paralyzed or mechanically occluded, and sudden death result. Bear in mind, also, that the ordinary termination of organic heart disease is not sudden, but very slow death, preceded by dropsy, inability to lie down, etc.; in fact, with the exception of aortic stenosis, or regurgitation, or fatty degeneration, there are few if any forms of organic heart disease that cause sudden death. Of course, syncope, from mental emotion, or physical exhaustion, if not promptly and properly met, may cause sudden death, even when the heart is entirely free from disease.

A belief that stout, healthy people bear accidents, operations, accouchments, diseases, etc., better than weaker, complaining people, is another popular error. The truth is the latter are schooled to pain, to disordered functions, lack of exercise, etc., and when they have to endure afflictions the mutation from their ordinary condition is less than in the former, and their vital force to be perverted into morbid action lower, and, moreover, in many instances the cases turn out more satisfactorily. Plethoric systems generally, strange as it may seem, bear depletion by bloodletting, purgation, etc., badly, because their circulation is accustomed to a certain degree of fulness and tension, anything short of which causes disturbance of the different functions. The loss of a few ounces of blood will sometimes cause a plethoric man (other than of the true rural type) to faint, while a spare one might have lost a like or larger quantity without injurious effect.



Old people seldom bear surgical operations well, especially if they have any disease of the urinary organs. Make it a rule, therefore, *always* to examine their urine before operating. If any such patients die after you have interfered with their harmless growths or deformities, or with ailments which they have endured for years with only a certain amount of inconvenience, you will in all probability be greatly blamed.

You will seldom be censured for a fatal issue in the diseases of the aged, and never in those of hard drinkers, or in cases in which you have given an unfavourable prognosis from the first. On the other hand, if a woman dies in her confinement and there is any possibility of attaching blame to you, it will be done, for the reason that parturition is rightly regarded as totally dissimilar to disease. Child-bearing is designed by nature to increase and not to diminish the number of our race; death, therefore, in labour, which is a physiological function, or during the lying-in, which is a physiological state, seems contrary to nature and produces a shock and often evokes severe criticism.

Wretched, heart-broken patients who are suffering acutely, perhaps afflicted with incurable disease, and the miserable hypochondriacs who are a burden to themselves and to others, will occasionally entreat you to give them something to put them out of their misery. The friends likewise of those who are enduring terrible sufferings from which recovery is impossible, will sometimes also hint at or even openly suggest that a sleeping potion may be given with the view to release him from all his sufferings—by death.



In many such cases your feelings will no doubt harmonize with the view that if God were to take the sufferer it would be a blessing; but with this aspect of the case you have nothing to do. In refusing such solicitations in sympathetic but explicit language, let your argument be that since no one has a right to terminate his own existence, he cannot delegate such a right to another, and that even if he could, you would be the wrong person to ask, seeing that your province, as a physician, is to prolong life, not to shorten it.

In accidents obscure as to nature or degree, and in cases of sudden illness, when you are pressed to say whether you consider the case is dangerous, or likely to be of long duration, reply deliberately and avoid giving any definite answer, until you see whether any new symptoms will be developed, whether the system will react, and whether there will be a response to the remedies used. During the progress of such cases be careful to school your features and manner, so that people may be unable to read your hesitations, doubts and surprises, and either insist on consultations or, may be, dispense with your services.

In cases of accident and injury to people found in an insensible condition, although you may strongly suspect this to be due to drunkenness, you will act advisedly in giving a *provisional* opinion only, until they return to a sober state. It is better to say, "He is unconscious, but whether his insensibility is due to alcohol or other causes affecting the brain, it is at this time impossible for any one to say".

It is well when called to cases of serious burns, lacerations, fractures, bites, etc., to *mention incidentally* to the



family the possibility of erysipelas, pyæmia, tetanus, etc., supervening, and of deformity, or permanent impairment, or whatever other unfavourable results may be reasonably feared, so that the parties interested may know that you are alive to all the possibilities and probabilities of the case. With regard to burns, bear in mind that the gravity of a case is due less to its depth than to the extent of surface involved.

In the course of your professional career you will come into contact with humanity in all its varied aspects and phases, and your patients will greatly differ in the nature and extent of complaint which they will make in detailing their subjective symptoms to you. Some who are naturally stoical and apathetic will fall into the error of *understating* their true condition, fearing that a fuller statement may alarm their friends, or lead you to think their case serious and to prescribe much and strong medicine for them, or induce you to pay them many visits. Such patients will sometimes die without giving a sign. Others, again, of a hysterical or nervous temperament, fearing that you may not consider them so ill as they really are or conceive themselves to be, will, in detailing their symptoms, *magnify* every detail and seek in every way to impress you and others with an exaggerated idea of the intensity of their sufferings and the gravity of their condition. One of the many advantages which a regular attendant has over other practitioners is his familiarity with these peculiarities of temperament, with the extent of the vocabulary that each of his patients employs, and with the amount of precision which each uses in answering questions and in describing his sufferings. A fine lady, a hod-carrier, a lawyer and a



sailor would each use a different kind of language to express the same symptoms.

In spite of your earnest and best endeavours, you will often be criticized, or upbraided for your lack of foresight in relation to the recovery or death of patients. The ability to estimate the vital resistance in each case, by the look, visage, voice, attitude, movements and general appearance of the patient, is essential to the perfection of your skill as a medical practitioner. It is something apart from your diagnosis, pathological and therapeutical, and few attain it.

The truth is that life is a *different* quantity in different people, and you will generally have no other way to judge of a patient's prospect of recovery, than by the *average* human standard. You will sometimes have patients who will surprise you by their possessing very much *less*, and others much *more* than the *average* tenacity of life; and no matter how careful you are, you cannot, with our present knowledge, accurately and unfailingly prognosticate the endurance power of every patient.

Assume, for instance, that

|                   |                      |      |   |
|-------------------|----------------------|------|---|
| Health . . . . .  | represents . . . . . | 0    | } |
|                   |                      | 1st. |   |
|                   |                      | 2nd. |   |
|                   |                      | 3rd. |   |
| Classes . . . . . |                      | 4th. |   |
|                   |                      | 5th. |   |
|                   |                      | 6th. |   |
|                   |                      | 7th. |   |

Suppose that the above seven figures represent the several degrees of man's ability to endure sickness and



injury, and that the fourth degree indicates the average extent of human endurance power; some patients, then, will actually succumb and die like sheep if the first degree is passed, some if the second is reached, others can endure to the third, and so on, while others still have tenacity of life enough to recover after having descended as low as the fifth, or even the sixth degree. Now, if you can penetrate each patient's vital recesses and gauge the total of *his* endurance power,—could see at what point *his* possibility of recovery ends and *his* dissolution begins, you could solve the great problem of life—there would be fewer unanswerable how's and why's, and you would seldom, if ever, be reproached for unpredicted terminations. This you cannot do, but *you can* in every case make full use of *all* the teachings of experience, and *must* avail yourself of *every aid* offered to you by medical science.

Human nature is the same everywhere. The prince in his palace and the beggar in his hovel, the citizen in his mansion and the felon in his cell, the sailor on board his ship and the soldier in his tent—all nations and all religions, the Christian, the Jew, and the Pagan, are alike impressed with the same fears and anxieties, and all turn their eyes and their hearts to the physician when sickness assails or death threatens; because life and health are prized above aught else on earth. This makes the doctor's visit the chief event of a sick one's day, and causes each patient anxiously to watch for his approach.

Bear this ever in mind, and, moreover, wherever your lot is cast, be careful to, as far as 'tis possible, observe punctuality and system in attending to those under your care. Remember, also, that every phase of your conduct,



every word you utter, every look, every shrug of the shoulders, every nod of the head, will be noted, and may be dwelt upon after you have taken your departure.

Let me add, in conclusion, that if the practical hints and instructive suggestions embodied herein, as subsidiary aids to practice, should enable you and others to discern more clearly the path of duty, or teach you to wield your powers with greater success; and if, moreover, as a further result, they in any degree conduce to the welfare of an honourable profession and the benefit of the community at large, the especial object of your well-wisher and co-worker will have been more or less fully achieved.

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## APPENDIX.

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### A SPECIFIC FOR PTYALISM.\*

BY JUKES DE STYRAP, M.K.Q.C.P., etc.,

Physician Extraordinary to the Salop Infirmary.

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I HAVE ever, as you are aware, been averse to the reading of elaborate scientific papers at these our annual reunions, believing as I do that a majority of the members, escaped for a brief period from the harassing daily anxieties incident to professional life, would rather look upon such meetings in a social than a scientific point of view, and prefer availing themselves of the opportunity for friendly communion, the renewal of old acquaintance, and a cheery recital of the varied reminiscences of bygone days. Nevertheless, I cannot but think that, if each thoughtful practitioner (especially our rural brethren, who are thrown so much more upon their own individual resources than are practitioners in populous towns) were to jot down, as briefly as may be, any successful deviation from the ordinary treatment of disease which may occur in his practice, and favour us with the result at the annual meetings, we

\* Abstract of a paper read before the late Shropshire Ethical Branch.  
*British Medical Journal*, December 2nd and 9th, 1876.



should ere long be furnished with a mass of valuable practical hints, which, at present, are simply stored up in the brain of the busy practitioner, and, on his decease, too often lost to suffering humanity.

In the hope of inducing others to follow in the suggested path of observation and record, I have jotted down a few stray notes, to which I venture to solicit your kind but non-critical attention.

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It may be that several practitioners are present, who, in the discharge of their professional duties having deemed it essential to prescribe what was familiarly known in my younger days as "a course of mercury", are, like myself, unable satisfactorily to account for the prevailing unreasonable dread of it. The feeling, indeed, is not confined to the public, but members of our profession have not only written against it, but would altogether erase it from the *British Pharmacopœia*. The various evil results which followed its excessive and indiscriminate administration in bygone times, and an over-estimation of its curative powers, have doubtless tended to the existing dread and scepticism of its use. Utilized, however, as it is in the present day, mercury, in my opinion, deserves no such proscription; indeed, I unhesitatingly venture to affirm that, for various inflammatory diseases, and especially for the removal of certain well-known forms of syphilitic infection, it is the best and only efficient remedy.

If, however, from constitutional diathesis or other cause, ptyalism be unfortunately the result of its administration, it may be effectually controlled by the remedy which the



test of experience during a period of twenty-five years and more, I believe I am fully justified in designating a "*specific*" for mercurialism. [A brief allusion was then made to iodide of potassium having long been reputed to act as a resolvent and eliminator of mercury from the system by their assumed combination, in the form of an insoluble iodide of mercury, or in the state of a soluble double iodide of mercury and potassium.]

I need not trouble you with a recital of the circumstances that first drew my attention to, or the process of reasoning by which I arrived at the conclusion that much benefit would probably arise in cases of mercurial ptyalism from the administration of the assumed "*specific*"; suffice it to say that in a very annoying case some twenty-six years ago, after vainly trying all the well-known remedies, I decided on giving sulphur,\* it having occurred to my mind that "Plummer's pill" (then so called, and oft prescribed), containing one grain in five of calomel, was seldom known to produce salivation; which fact I also remembered to have heard an old medical teacher attribute to the sulphur in the sulphurated antimony, then known as the oxysulphuret. Success, however, did not crown my efforts until, by careful observation, I learnt the proper mode of administering it, which is in *small and repeated doses, special care being taken to diminish the quantity if relaxation of the bowels supervene*; for its peculiar action in controlling ptyalism depends upon its being retained in

\* The late Dr. J. Hughes Bennett of Edinburgh kindly undertook a few years ago to investigate the assumed "*specific*" action of sulphur in mercurialism, when ill health unfortunately intervened, and death put an end to his investigation.



the system, and not allowed to pass off by the bowels—which, if necessary, should be prevented by the addition of a few minims of liquor morphiæ or tinctura opii. The bowels should not be moved more than once or twice in twenty-four hours. If persevered in regularly every three or four hours, the secretion of saliva and soreness of the gums become very sensibly diminished in the course of thirty-six hours or less; and I have invariably found that its antidotal action is ushered in (or “out”, correctly speaking) by the exit of a most offensive gas *per anum*—a fact which you may readily ascertain by inquiring whether, when the bowels have been moved, the evacuations are particularly offensive. The reply I have commonly received has been, “*Very*”.

I do not attempt to explain its *modus operandi*--whether by chemical combination or otherwise. All I can say is that, in the several instances in which I have prescribed it (once in the case of an old military officer aged 70, and formerly an M.D. of Cambridge, who, relying on his whilom medical education, prescribed for and salivated himself), the controlling action was indisputable.

I have generally found that patients suffering from salivation are loth to admit, even when very evident to the medical attendant, that the flow of saliva or soreness of the gums has abated; indeed, they never appear to recognise the relative degrees of soreness, etc., until their attention is pointedly called to the fact that they speak with greater facility; and then, on inquiry, I have usually found that a successful attempt has been made to swallow a little “soaked” bread, and that fewer handkerchiefs are required for the reception of the saliva. In soliciting your attention



to the form in which I have been accustomed to prescribe it—

℞ Sulphur. præcip. ℥ij ad ℥iv; potassæ chlorat. ℥ij ad ℥j; liq. morphicæ ℥j ad ℥iss; sp. chloroformi mxxl; mist. amygdalæ ℥viiij. Misce bene et fiat mist., cujus sumantur cochlearia magna ij quâqua tertiâ vel quartâ horâ, phialâ agitatâ,—

I venture to express my belief that the antidotal action of the sulphur is entirely independent of, though possibly assisted by, the other remedies. With regard to the potass, I at first prescribed the nitrate, subsequently the bicarbonate, and lastly the chlorate, which, being a neutral salt, does not produce the painful smarting of the gums which the two former preparations do. The *mistura amygdalæ*, in addition to somewhat disguising the nature of the remedy, offers a bland vehicle for its administration.

With the sincere wish that the assumed “specific”, should the necessity for its use arise, may prove equally efficacious in your hands as it certainly has been in my own, and that suffering humanity may thus be relieved from one of the distressing effects of a remedy so essential to the treatment of many of “the ills which flesh is heir to” as mercury,\* I pass on to the consideration of “a cold and its cure”.

\* In dismissing the subject of *mercury* in its relation to ptyalism, I would solicit your special attention to its exceptional remedial action in small doses, in cases of persistent nausea and vomiting—other than that of pregnancy, in which, naturally, I have never ventured to prescribe it, although at the present time, after much thoughtful consideration, I fail to recognise any insuperable objection to one or two doses being tried in the acutely distressful form of sickness occasionally attendant thereon.

During the forty odd years in which I have had recourse to the remedy, it has scarcely if ever failed to effect considerable relief in the course of three or four hours; but as to the nature or principle of its action



## A COLD AND ITS CURE.

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It has been well remarked by Dr. George Johnson, that "a cold", or ordinary catarrh, although of itself not a dangerous or serious malady, is, nevertheless, with many persons, an oft-recurring one, causing much annoyance and discomfort both to the sufferer and to his associates—of which fact, all of us are doubtless more or less disagreeably cognisant from personal experience; and, as *medical* treatment, notwithstanding popular prejudice to the contrary, has very considerable influence on the progress of the disorder, it is, I think, well worth our while to give the question thoughtful consideration.

The exciting cause and symptoms of catarrh, together with its popular domestic treatment, are too well known to need recapitulation. I purpose, therefore, to limit my remarks to the medical treatment which, for a period of twenty years, I have adopted with considerable success. At

in allaying sickness, I am, all my efforts to the contrary notwithstanding, no wiser than when first I prescribed it in the following form—with strict injunctions to the responsible nurse to administer it by simply placing it upon the extruded tongue (unmixed with anything), and instructing the sufferer to moisten it with the saliva, and so to swallow it.

With the powder, I am accustomed to order not exceeding a tablespoonful of *iced* milk in an hour, or more, after the second and each successive powder, until the sickness has so far abated as to justify a larger quantity being given. Suction of ice, if not disliked, may be used as a subsidiary agent, and to allay thirst. If, however, no relief is afforded after the fourth powder has been taken, its assumed specific action will probably fail to be realized in the case under treatment.

℞ Hydrarg. Subchlorid. gr. ij ad iv; Pulv. Antimonial. gr. ix; Pulv. G. Acaciæ gr. iij; Sacchar. Purificat. gr. vj. Misce bene, et divide in pulveres sex, quorum capiat unum quâque tertiâ vel quartâ horâ, more dictu.



the same time, I think it well to note that the treatment refers to that particular form of "cold" characterized by excessive defluxion from the nares and lacrymation, and more or less febrile disturbance (and not to that which, in ordinary language, is styled "a dry and stuffy cold"), and is based on the principle of restoring the natural functions of the skin, which a chilling wind or other atmospheric influence on persons with lowered vitality has wholly or partially suppressed. There are two simple modes of accomplishing the wished-for effect: firstly, by the direct application of heat to the surface of the body by immersion in a warm bath of 100 deg., increased to 110 deg. of Fahrenheit—but in a far more efficient degree by the use of a hot-air bath; and secondly, by the action of certain diaphoretic medicines in combination—which latter are generally sufficient (and certainly the least inconvenient) to effect a cure of ordinary catarrh. In my own person, indeed, I have never found it necessary to have recourse to a bath; still, in severe colds, it may be judicious to combine the two—the bath and the medicine. And here, gentlemen, you will perhaps permit me to read my reply to a note on the subject which I received last year from my old teacher Sir Thomas Watson, then engaged in revising his *Lectures on the Principles and Practice of Physic*, and who had expressed a wish to be made acquainted with the simple treatment of "a cold in the head", as practised by myself.

"Shrewsbury, August 26th, 1870.

"Dear Sir Thomas,—In reply to your note, I would beg to remark that the remedy alluded to is a very simple one, and the treatment based on the principle recommended



by Dr. George Johnson in his recent *Lecture on the Treatment of Catarrh and Bronchitis*, and which I have carried out for upwards of twenty years with much success.

“The difference in our respective treatment by opium, however, would seem to be, that he prescribes it in a ‘full dose’ at bedtime (hence the nausea, headache, etc., to which he refers), with or without ipecacuanha; whereas I invariably give *small doses of morphia and antimony* every three or four hours until the sneezing and defluxion cease, which, with ordinary precaution, results after the third or fourth dose. The antimony has, in my opinion, a more special effect on the mucous membrane of the breath-passages than ipecacuanha.

“The following are the forms which, slightly varied, I have used for many years: a dose or two of either of which has enabled me on various occasions, when suffering from catarrh, to attend to my professional duties with comparative impunity. Confinement, however, to the house for a day or two should, I need scarcely remark, be insisted on, whenever practicable. The warm or hot air-bath (or ‘packing’), as suggested by Dr. G. Johnson, is a valuable adjuvant to the treatment, if had recourse to on the day of seizure; and, in severe cases, I generally recommend one or the other, if obtainable, and an immediate retirement to bed in a warm room.—Believe me, yours very truly,

“JUKES DE STYRAP.

“Sir Thomas Watson, M.D., Bart.”

℞ Liq. morphiæ (*P.B.*) ℥xl; vini antimon. ℥xxx; sp. æther. nitros. ℥lxxx; potassæ citratis ℥iv; syr. aurantii ℥iij; aquæ ad ℥iv. Misce et fiat mistura, cujus sumat cochlearia magna ij quâqua tertiâ vel quartâ horâ.

℞ Liq. morphiæ ℥xl; vin. antimon. ℥xxx; liq. ammon. citrat. vel acetat. ℥j; potassæ citratis ℥iv; sp. chloroformi ℥xl; aquæ ad ℥iv. M. Ft. mist., cujus capiat cochlearia magna ii quâqua tertiâ vel quartâ horâ.



My attention was originally directed to the value of small doses of morphia in catarrh under the following circumstances. Many years ago, I was confined to my room by a very severe catarrhal attack and bronchitis, for which antimony, etc., were prescribed by a friend with but trifling relief. For some reason or other, I was induced to add the twelfth part of a grain of morphia to a dose I was about to take, and in half an hour or so the sneezing and defluxion had considerably abated. The next few doses were taken without the morphia, and the coryza, etc., returned, and the cough became troublesome; in consequence of which, I repeated the morphia, and again the sneezing, etc., ceased. In every subsequent attack of catarrh (to which I was, at one period, very subject), I combined the antimony with morphia; and, having tested their value on myself, prescribed them for others with a like satisfactory result. In what way the morphia effects the speedy relief from discomfort which almost invariably follows its administration, I am not prepared to say. Probably, as Dr. G. Johnson suggests, it is due to some direct influence on the nerves and vessels of the inflamed mucous membrane, rather than to any diaphoretic action. Be that as it may, I would strongly advise such of you as are subject to "colds" just to try the medicine; and I entertain little doubt that the effect of its first trial will be such as to induce you eventually to thank me for the suggestion of so simple a remedy.

The antimony, in addition to its special effect on the inflamed mucous membrane, tends to counteract the usual constipating action of the morphia; and the citrate or bicarbonate of potass relieves the thirst and itching not infrequently produced (in my own case at least) by the opiate.



I would also remark that, by giving the morphia in small and repeated doses of one-twelfth of a grain, combined with correspondingly small doses of antimony, it can be safely administered to persons otherwise intolerant of opiates, without suffering from the headache, nausea, and other distressing symptoms which so often follow a full dose of opium.

Mayhap some of you will mentally exclaim, "Oh! the principle of treatment has been known from time immemorial". Possibly so. Nevertheless, simple and efficacious as the treatment by morphia and antimony in small doses really is, I can truly assert that, during the not few years in which I have been in the profession, I have never seen it alluded to in any work on medicine, or practised by others than myself; which fact will, I trust, be deemed a sufficient apology for soliciting your attention to it.

In regard to the hot-air bath, I need scarcely remind you that such may be readily extemporized—the chief essential being a capacious spirit-lamp, with a large wick, usually kept in stock for the purpose by surgical instrument makers; and, being made of tin, the cost is trifling. The following will be found a simple and effective plan. Let the patient be seated, undressed, in a suitable armchair in his bedroom, and carefully enwrapped in two or three folds of blankets extending from above the shoulders to the floor, but *outside* the chair (or, still better, a hoop affixed thereto), so as to allow a free circulation of the hot air around the body. A Mackintosh cape thrown over the blankets will enhance the effect. The best position for the lamp, according to Dr. G. Johnson, is, with due precautions, between the legs, rather than underneath the chair; and it should be kept



burning for twenty or thirty minutes, or until free perspiration be established. The patient should get into a warm bed between the blankets. Nervous people are apt to object to a hot-air bath so constructed, from an absurd fear of the flame of the lamp. The difficulty may be obviated by placing a wire guard over it.

In the absence of the means for providing a hot air or water bath, an effective action of the skin may be induced by wrapping the patient in a sheet or thin blanket (to which latter, patients offer less objection than to a wet sheet, on account of the relative warmth-imparting feel), wrung out of moderately hot water, and enveloping him in a couple of warm dry blankets; in other words, "packing" him, as it is termed, for an hour or more, until free perspiration takes place: a plan of treatment which, I venture to affirm, you will find highly beneficial in renal and other forms of disease, notes of which I reserve for a future paper, with "Gleanings from Hospital Practice".

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### BROW AGUE, WHAT IS IT?

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SOME writers have described it as a pain in one supra-orbital region, recurring periodically, passing away completely, and *curable by large doses of quinine*. Such definition, however, so far as regards the treatment by quinine, does not generally accord with my own experience. But to that I will hereafter allude.

Brow-Ague (an unfortunate misnomer by the bye, and



misleading to young practitioners, begins with a very peculiar and disagreeable sensation of twisting beneath the inner third of the eye-brow, restricted at first to a spot of the size of a sixpence, but ere long extending to the whole of the brow, and more or less of the orbital region—which become tender and painful, as also does the eye-ball itself on pressure. The pain is likewise much increased by any sudden movement of the head, and assumes a throbbing character if the head be held down. Although the periosteum of the part affected indicates tenderness on pressure, yet if the pressure be continued, the pain is somewhat relieved. The general character of the symptoms, however, is so well known to you that I must apologize for dwelling on them even thus briefly; but my object in so doing is to solicit your special attention to any cases that may hereafter come under your care or notice, with the view of determining, if possible, the actual seat of the pain, which, although in the immediate locality of a well-known nerve-trunk—the supra-orbital—is said by some writers to have little or nothing to do with that nerve: because, say they, if the pain were neuralgic, it would necessarily extend to its peripheral distribution on the scalp; whereas it is generally limited to the brow. Be that as it may, I think I may venture to affirm that it is, at times, purely sympathetic, and dependent on derangement of the stomach and liver; and, at others, as I have most frequently found it in my own practice, resulting from cold, and constituting a true rheumatic affection. In either case, the treatment, I need scarcely remark, must be directed to the particular exciting cause. And here I would incidentally observe that the generally well-marked periodicity of



the pain has, to my knowledge, led several able practitioners to rely on quinine and iron to effect a cure, and two such instances have lately come under my own immediate notice, in which large doses of those drugs were persistently administered for several weeks without relief to the sufferers. I was then consulted, and, from certain symptoms diagnosed rheumatism as the *fons et origo mali*—for which small doses of colchicum with bicarbonate of potass and iodide of potassium, etc., were prescribed, in conjunction with blue pill, henbane, and compound extract of colocynth and rhubarb pill, and immediate relief was the result.

I would remark, in conclusion, that the tincture of colchicum in doses of from seven to ten minims three times a day, is the drug which appears to me to act as a specific in cases of brow-ague, in which the pain is aggravated on the application of warmth.

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## FORMULÆ

Showing the facility with which various more or less nauseous remedies may be rendered less distasteful, and which have been carefully tested on self by the writer thereof.

It may be well to note that the old nomenclature in which the prescriptions were originally written has been retained; also, that if the prescribed quantity of chloroform be exceeded, it will impart to the medicines an undesirable sweetness, and, moreover, if continued for any lengthened period, it is apt to accumulate in the system and to cause a feeling of depression—in which case, it should be discontinued, and saccharin in solution may be substituted.

\* Indicates the essential masking ingredients.

## A PLEASANT FERRUGINOUS TONIC.

℞ Tincturæ Ferri Sesquichloridi, ℥i-℥iiss; Glycerini,\* ℥iiss-℥ij; Tincturæ Zingiberis Fortis, mxx; Potassæ Citratæ, ℥iiss-℥ij; Aquæ Carui ad ℥iv. Misce Potassæ Citrat. cum Aqua Carui; dein adde Tinct. Ferri Sesq., Tinct. Zingib. Fort. et Glycerin. Fiat mistura, cujus sumat cochleare magnum unum cum aquæ cochleare j, bis terve die.

## QUININE AND IRON MIXTURE.

℞ Quiniæ Sulphatis, gr. viij; Tincturæ Ferri Sesquichloridi, mxxl-lx; Glycerini,\* ℥iiss; Syrupi Limonis, ℥iv; Tincturæ Chloroformi Compositæ,\* mxx; Aquæ Carui ad ℥iv. Misce et solve Quiniæ Sulphat. in Tinct. Ferri Sesq.; dein adde Aq. Carui, et cetera. Fiat mistura, de quâ capiat cochleare amplum unum cum aquæ cochleare j, bis indies.



### AN EFFICACIOUS TONIC

generally well borne, consequent on the modifying action of the salt of potash.

℞ Ferri et Ammoniaë Citratis, ʒij-ʒi; Potassæ Citratis, ʒiv; Liquoris Ammoniaë Citratis, ʒi; Tincturæ Zingiberis Fortis, mxxv; Tincturæ Chloroformi Compositæ,\* mxxx; Aquæ Destillatæ ad ʒiv. Misce et fiat mistura, cujus sumat cochleare magnum unum cum aquæ cochleare i, horis duabus vel tribus post jentaculum et prandium.

### A NOT UNPALATABLE TONIC.

℞ Quiniæ Sulphatis, gr. xij-xviiij; Acidi Sulphurici Diluti, mxxx; Tincturæ Aurantii,\* ʒiij; Syrupi Limonis,\* ʒvj; Aquæ Chloroformi ad ʒvj. Fiat mistura, cujus capiat cochleare magnum unum cum aquæ cochleare i, bis quotidie.

### AN EFFECTIVE STOMACHIC IN DYSPEPSIA

if not taken in less than about three hours after food—otherwise, the alkalies will tend to neutralize the gastric juice, and greatly retard digestion.

℞ Potassæ Bicarbonatis, ʒiss-ʒij; Sodæ Bicarbonatis, ʒij-ʒj; Liquoris Ammoniaë Acetatis, ʒj-ʒiss; Spiritûs Ætheris Nitrosi, ʒij-ʒiij; Tincturæ Zingiberis Fortis, mxl; Spiritûs Chloroformi,\* mxl-lx; Infusi Gentianæ Compositi ad ʒviiij. Fiat mistura, cujus sumat cochlearia magna duo circe horas tres post jentaculum et prandium.

### EFFECTIVE IN CHRONIC RHEUMATISM.

℞ Potassii Iodidi, gr. viij-xvj; Potassii Bromidi, ʒij-ʒj; Potassæ Bicarbonatis, ʒiss; Tincturæ Colchici Seminum, mxxx-xl; Liquoris Morphiaë, ʒj; Tincturæ Chloroformi Compositæ,\* mxxx; Infusi Lupuli vel Aurantii ad ʒiv. Misce. Sumat cochleare magnum unum, sine vel cum aquæ cochleare i, bis terve die.

### AN EXPECTORANT MIXTURE.

℞ Vini Antimonialis, mxl.-lx; Vini Ipecacuanhæ, mxxx-xl; Tincturæ Camphoræ Compositæ, ʒij; Mucilaginis Acaciaë, ʒiv; Spiritûs Chloroformi,\* m. xl; Aquæ Cinnamomi vel Misturæ Amygdalæ ad ʒiv. Capiat sumi-unciam ter quaterve die.



**EFFECTIVE IN SPASMODIC ASTHMA.**

℞ Tincturæ Stramonii, Tincturæ Conii, Spiritûs Ætheris, ana ℥iiss-℥ij Liquoris Morphicæ<sup>a</sup> ℥i; Potassæ Bicarbonatis, ℥iiss; Tincturæ Chloroformi Compositæ,\* mxl; Infusi Lupuli vel Aquæ Cinnamomi ad ℥viiij. Misce et fiat Mistura, cujus sumat cochlearia magna duo statim, et repetatur dosis secundâ, tertiâ vel quartâ quâque hora, dyspnœâ urgente.

a. Tincturæ Belladonnæ, mxl, may be substituted for the Liq. Morph.

**A PLEASANT ASTRINGENT.**

℞ Tincturæ Catechu, ℥iv-℥vj; Pulveris Cretæ Aromatici, ℥ij; Liquoris Morphicæ, mxxx-lx; Tincturæ Cardamomi Compositæ,\* ℥ii; Spiritûs Chloroformi,\* mxl; Misturæ Cretæ ad ℥vj. Misce. Sumat ℥ss-℥i; quâque secundâ vel tertiâ horâ, si diarrhœa permaneat, phialâ agitatâ.

**APERIENT MIXTURE.**

℞ Potassæ Tartratis, ℥iv-℥vj; Pulveris Jalapæ, gr. xxiv-xl; Tincturæ Zingiberis Fortis, mxx; Tincturæ Cardamomi Compositæ, ℥j; Tincturæ Chloroformi Compositæ,\* mxxx; Infusi Caryophylli\* vel Aquæ Pimentæ ad ℥iv. Misce. Fiat Mistura Aperiens de quâ sumat unciam, horâ septimâ matutinâ, et repetatur post horas tres, si opus fuerit.

N.B.—The action of the above aperient will be rendered more effective, and its unpleasantness lessened, if a cup of warm tea or coffee be taken *immediately* after the dose.

**AN EFFECTIVE LIVER PILL.**

℞ Pilulæ Hydrargyri, gr. ix; Extracti Hyosciami, gr. ix; Extracti Colchici Acetici, gr. ij-iiij; Gingerini, gr. iv, Pilulæ Rhei Compositæ vel Extracti Colocynthis Compositi, gr. xx; Olei Myristicæ vel Caryophylli, mij. Misce bene et fiant pilulæ xij, quarum capiat i vel ij horâ somni, pro re nata.

**EFFICACIOUS IN CHRONIC RHEUMATISM AND NEURALGIA,**

and, as a subsidiary agent, in pertussis, if judiciously applied to the cervical and dorsal vertebræ; and, also, a *very effective application* to ERYTHEMA PERNIO—unbroken chilblains.



℞ Linimenti Aconiti, ℥ss; Linimenti Belladonnæ, ℥ss; Tincturæ Opii, ℥iij; Olei Amygdalæ Amaræ, mv. vel Olei Lavandulæ, mx; Linimenti Saponis ad ℥ij. Misce, fiat linimentum de quo ℥ss ad ℥i ad partem dolorosam applicetur, nocte maneque.

#### SEDATIVE LINIMENT.

℞ Aconitiæ, gr. ss; Atropiæ, gr. ss; Spiritûs Rectificati, ℥i; Morphix Hydrochloratis, gr. ij; Linimenti Potassii Iodidi cum Sapone, ℥ij; Olei Amygdalæ Amaræ, miiij. Tere bene simul. Fiat linimentum cujus paululum (Ḑi-℥ss) parti affectæ infricetur, nocte maneque.

#### AN EFFICACIOUS OINTMENT

in cutaneous and other diseases attended with pruritus.

℞ Unguenti Zinci, ℥vj; Glycerini, ℥ij; Morphix Acetatis, gr. ij; Essentiæ (Attar) Rosæ, miiij. Misce bene. Hujus unguenti paululum ad partem affectam applicetur, nocte maneque (et meridie, si opus sit).

To be put into a wide-mouthed bottle.

It may be worth noting that, lacking this ointment, the troublesome burning and itching which accompany *herpes labialis* and *preputialis* may, at the onset, be effectually relieved by carefully smearing the affected part three or four times in the day with olive or almond oil.

#### AN EFFECTIVE REMEDY

for 'ill-smelling' feet.

℞ Unguenti Zinci, ℥vij; Unguenti Hydrargyri Nitratis, ℥j; Spiritûs Rectificati, ℥ij; Olei Rosmarini, mx. Misce secundum artem. Inflicetur paululum parti affectæ (post ablutione), bis terve die.

#### CASTOR OIL DRAUGHT.

℞ Olei Ricini, ℥ij-℥iij; Glycerini, ℥iij-℥iv; Olei Cinnamomi, mi-ij. Fiat haustus, more dictu, statim sumendus.

Directions to be sent with the draught.

'The draught to be immersed in a cup of hot water for two or three minutes, with the view to thin the oil; then poured into a narrow-mouthed coffee cup, half filled with warm tea or coffee, and so taken.'



Castor oil in the above form is more or less effectually disguised, and can readily be taken by the most fastidious patient; and, moreover, with the addition of six or seven drops of Tincture of Opium, will afford speedy relief in spasmodic colic.

#### COD LIVER OIL EMULSION.

℞ Pulveris Gummi Tragacanthæ, ℥i; Glycerini, ℥vj; Olei Amygdalæ Amaræ, ℥viiij; Olei Cinnamomi, ℥v; Tincturæ Aurantii, ℥i; Syrupi Limonis, ℥i; Spiritûs Vini Gallici, ℥iv, Aquæ Carui ad ℥xij. Misce bene Ol. Amygdal. Amar. et Ol. Cinnamom. cum Tragacanth., Glycerin, et Aq. Car; dein adde Tinct. Aurant., Syr. Limon., et Sp. Vin. Gallic. Fiat mistura more dictu capienda.

A tea or dessert-spoonful of the above emulsion mixed with a like quantity of Cod Liver Oil will render the latter much less unpalatable.

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The exceptional comfort derived from the following depuratory powder—carefully formulated for his personal use—must be the author's simple apology for herewith introducing it, as a 'dental remedy', to the notice of his *confrères*, lest the formula should, as it otherwise might, be consigned to the waste-basket and lost.

℞ Sodæ Biboratis; Magnesiæ Carbonatis; Pulveris Iridis; Osis Sepiæ; Saponis Hispanici ana ℥ij; Cretæ Precipitatæ, ℥vj; Camphoræ, ℥ij; Olei Cassiæ, ℥j; Olei Caryophylli, ℥ss. Misce bene secundum artem. Fiat pulvis pro dentibus.

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[STRICTLY PRIVATE, AND TO BE RETURNED TO DR. DE S.;  
OTHERWISE AN ADDITIONAL FEE WILL BE CHARGED.]

## GENERAL DIETETIC RULES FOR DYSPEPTIC PATIENTS.

[SPECIAL CASES NECESSITATE SPECIAL RULES.]

THE FOLLOWING ARTICLES OF DIET SHOULD BE CAREFULLY  
ABSTAINED FROM, UNTIL THE HEALTH IS THOROUGHLY  
RE-ESTABLISHED.

- 
- Ale, Beer, Porter, Wine and Spirits, except as hereinafter specified.
- Veal, very young Lamb, Pork, Pork-Pies, Brawn, the lean of Ham and lean Bacon, hard Tongue, Potted and hard salted Meats, Sausage, Curry, and all 'highly seasoned dishes,' Cayenne Pepper, Horseradish, forcemeat and Seasoning.
- Crabs, Lobsters, Prawns, Shrimps, and Shell-Fish generally, Scolloped Oysters, (raw oysters if swallowed whole, unmasticated, are, for a weak stomach, difficult of digestion;) Potted and Smoked Fish, Anchovy Paste, Sardines, Bloaters.
- Rich Sauces made with the usual melted butter, Egg-Sauce, Fried Eggs, Mushrooms, Pickles, and all other known indigestible edibles.
- New or waxy, and mashed Potatoes, old Beans and old Peas, Peas-pudding, Cabbage, Greens, Spinach, Carrots, (unless the carrots are thoroughly boiled and carefully mashed;) Celery, Cucumber, Lettuce, Mustard and Cress, Onions, Radishes, Salad, Water-Cress, and all uncooked Vegetables.
- Pastry (baked and boiled), Sweets of all kinds, Preserves with Cream, Pancakes, 'Yorkshire' or Batter Pudding baked under meat, Blancmange, Jelly (which, contrary to the generally received opinion, contains no nutriment whatever, and when indulged in, is very apt to cloy the appetite for nourishing food;) rich Puddings, Topsy-Cake, Trifle, Creams and Ices, etc.
- Very *hot* Coffee, Tea, and other fluids, excess of Sugar, new Buns, rich Plum-Cake, (light 'Seed-Cake,' if made with *ground* carraway seed, and a day old, not objected to;) new Bread



and Rolls, Muffins, Pikelets, Tea-Cake, hot buttered and tough dry Toast, Toasted Cheese, Abernethy, Captain's and similar hard biscuits.

Cherries, Currants, Gooseberries, Melons, Pine-Apples, Plums, Nuts, Filberts, Walnuts, Almonds and Raisins, Damson-Cheese, Preserved Ginger, old and hard Figs, Dates, Prunes, Olives, raw unripe Apples (baked or stewed apples may be eaten in moderation, and with due care in regard to the skin and excess of acidity), and such like fruits.

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**DIETARY.**—If any of the following articles of diet be found to disagree, and produce flatulence, or a feeling of weight, discomfort, or oppression at the stomach, the offending article must be discarded from the diet-list.

**Breakfast** at a.m.—Not exceeding a breakfast-cup and a half of new Milk, Tea, Coffee, or *occasionally*, Cocoa made with milk, or milk and water, and boiled for a minute, (Cadbury's, Korff's, Schweitzer's, or Van Houten's, are among the best. N.B.—Cocoas which *thicken* on being boiled should be avoided;) with bread and butter, or fresh made dry toast, and, occasionally, an egg lightly boiled; or, if preferred, a moderate quantity of well-made Oatmeal (soaked overnight) or 'Hominy' Porridge.—When the stomach has become stronger and equal to more work, a slice of 'green' tender Tongue, or cold boiled Chawl or fat Bacon, with plain bread, or freshly made, crisp dry toast, may be substituted now and then, as a change, for the egg and bread and butter.—**NOTE.**—In eating an egg, it should be borne in mind that the hard boiled white is difficult of digestion, unless well ground by the teeth—to ensure which, a piece of bread and butter or dry toast, as the case may be, should be taken with each spoonful of egg, and together thoroughly masticated before being swallowed.—A like precaution is also necessary with cheese.

**Luncheon.**—When little or no breakfast (but not otherwise) has been eaten, half-a-pint of good broth, or thin soup, with a little bread;—or a thin slice of bread and butter, with or without a tea-cupful of milk, may be taken for luncheon, not later than o'clock, on account of the early dinner-hour.



**Dinner** at p.m.—Any white kinds of Fish, (as Sole, Turbot, Whiting, and fresh Cod-Fish; also Trout or Mullet, but not Mackerel, it being very indigestible; Salmon likewise is best avoided, as too rich—especially where there is any tendency to gout;) with as little melted butter and sauce as may be.—Lobster, Shrimp, and Oyster Sauces prohibited.

Game, Poultry (Goose excepted,) roast or boiled, with or without a little boiled (not fried or broiled) Chawl or fat Bacon; Rabbit, Mutton, Beef, grass-fed Lamb, Beef's and Calf's-Head.—Very young Lamb, and Veal and Ham, are objectionable.

**VEGETABLES.**—Old mealy Potatoes, Turnips, Parsnips, Sea-Kale, Vegetable Marrow, young Peas and Kidney-Beans, and, occasionally, a little of the heads of Asparagus, Broccoli, Cauliflower, or Brussels-Sprouts, with meat gravy, in lieu of melted butter.

Should the meat dinner produce pain or nausea, or a feeling of oppression at the stomach, it must be discontinued for a time, and a moderate quantity of the following substituted:—Good Soup made with a Beef's Cheek or Head, minced very small—flavoured with turnips, etc., and thickened with a little Arrowroot, Hominy, Lentil or Pea-flour, and well boiled. The soup to be eaten with a little plain bread, or well-boiled potatoe, in preference to dry toast, which, unless newly made and crisp, is somewhat difficult of digestion;—or the dinner may for a time be judiciously limited to any of the following puddings:—

[Note.—In making clear soup, or *beef-tea*, be it noted that such, as usually made, is not really nourishing, in the ordinary sense of the word, but simply stimulating; for all the albumen, or nutritious part, is left behind in the meat-fibre, which the British cook considers to be something that has had all the “goodness” boiled out of it, and altogether a waste product; such product, however, after the juices have been extracted by simmering, should be taken out, and pounded finely in a mortar, and returned to the beef-tea or soup—which thus becomes a more perfect and strength-giving food.]

**PUDDING.**—**PLAIN RICE PUDDING** (made without eggs)—the rice having been well steeped in a portion of the milk for several hours in a very cool oven: it is best put to steep over-night;—or **LIGHT**



BREAD PUDDING made with milk and a little very finely chopped suet, but without currants or raisins;—or an EGG PUDDING made with crumbs of bread, instead of thickened with flour;—or SAGO OR TAPIOCA PUDDING—the tapioca having previously been (rolled and) steeped for several hours, as in the case of the rice;—or well BOILED RICE, eaten with a little stewed ripe fruit, preserve, or cold butter and sugar.

N.B.—When eggs are used for puddings, they should be thoroughly whisked up double or treble the time usually devoted by cooks to the process.

CHEESE.—Good ‘Cheshire’ or other light (crumbly, not close) Cheese may occasionally be indulged in, in moderation and with care, when no pudding has been taken.

BEVERAGE.—As a rule, pure simple water in moderate quantity (not exceeding half-a-pint,) is the best beverage for dyspeptic persons; for it is an erroneous opinion that wine, spirits, or beer are essential to health—*perfect health* not only being compatible with entire abstinence from all intoxicating drinks, but its continuance thereby increased; nor can it be too generally known that such can always, as a rule, be safely discontinued *at once* or gradually.—A pleasant beverage, as an occasional substitute for water, may be made by infusing the rind of a good-sized lemon peeled *thin*, in a quart of boiling water, in a closely covered jug; and, when quite cold, adding thereto the juice thereof, with sugar according to taste. If made, however, as is often done, by simply slicing the lemon in pieces, the white part will render it unpleasantly bitter.

In exceptional cases, a wine-glassful of good, *sound* CLARET, ‘STILL’ MOSELLE, HERMITAGE, or SAUTERNE (in the summer months); *old* MARSALA, CATALAN, MADEIRA, or PORT, WINE (in the winter months), mixed with two or three wine-glassfuls of water—warm or cold, and with or without a little sugar, as preferred—may be taken during the meal;—or, not exceeding, *one* table-spoonful of fine *old* BRANDY, GIN, or WHISKY, in half a tumbler of water;—or (if a fair amount of walking or horse exercise be taken daily,) half-a-pint—not more—of sound, pure, one or two years old CIDER, (Bulmer & Co.’s, of Hereford, suggested),



free from excess either of sweetness or acidity;—or a like quantity of “ALLSOPP’S” ‘MILD ALE’ (*Brand XX.*), or, as the health improves, their EAST INDIA PALE ALE (*Brand D.*);—or the “PILSENER” LAGER BEER;—or, better still, ‘*home-brewed*’ and well fermented, light Ale.—PORTER, as a rule, is far too heavy and heady for persons who suffer from indigestion.

N.B.—Wines and Spirits for such medicinal use should be matured, *soft* and *mellow*, not harsh and fiery in taste, as is too often the case with the modern *cheap* wines—so called; and it may be further noted that mature, generous wines are preferable to, and, in their after-effect, far less injurious than spirits. It cannot, moreover, be too strongly borne in mind by persons suffering from indigestion (and others), that the feelings of warmth, exhilaration, and fictitious strength imparted by wines and spirits are temporary and delusive, and are almost invariably followed by increased depression: in fact, wines and spirits, though sometimes necessary and invaluable in certain states of disease, are simply *stimulating*, and *not*, as so generally supposed, *nutritive*; nor can it be too widely known that *new*, *unmatured* spirits are highly pernicious and destructive to health.

SODA, POTASS, or other ALKALINE EFFERVESCING WATERS must not be taken at, or for two hours after dinner, as they not only tend to neutralize the gastric juice (the solvent of the food), but unduly distend the stomach, and interfere with the process of digestion.

FRUITS.—Fully ripe Strawberries, Raspberries, Pears, Peaches, Nectarines, Oranges, and Grapes (the peel and skin excepted,) may be eaten in moderation.

**Tea** at     p.m.—A cup of Tea, Coffee, or Chocolate may, if desired, be taken, but without bread and butter, or other solid food, if supper be eaten.—It may be well to remark that *Tea* (especially if it be strong), when freely and persistently indulged in, is very apt to produce a troublesome form of dyspepsia, and sleeplessness.

**Supper** at     p.m.—Half or three quarters of a pint of new Milk—warm or cold—with plain bread, or freshly made dry toast, or a little light ‘Seed-Cake’ made with ground caraway-seed;—or an Egg (when none has been taken at breakfast), lightly boiled,



with a moderate quantity of bread and butter, and half-a-pint of milk, or a cup of cocoa;—or a breakfast-cup of Arrowroot made with milk and slightly sweetened;—or a little light Egg-Pudding made with crumbs of bread, as before mentioned.

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**GENERAL RULES TO BE CAREFULLY OBSERVED.**—As a rule, adult dyspeptic patients should not partake of more than three meals in the day.

The diet should be light, nutritious, easily digestible, and non-stimulating, and great care taken to eat slowly, and to thoroughly masticate the food before swallowing it.

The meals should be taken, as far as practicable, at regular, stated hours—with intervals of from four to six hours between each, according to the nature, quantity and quality of the preceding one:—for example, after animal food at dinner, or other meal, five hours *at least* should elapse ere taking more food. *Moderation* and care must be the rule, for any excess in diet will weaken the stomach and retard recovery.

[The injurious effect which invariably arises from taking food again too soon after a meal—that is, ere the stomach has completed its work, and rested awhile—is well illustrated in the churning of cream into butter; during which, if, while the butter is forming, more cream is put into the churn, the whole process is marred, and the butter damaged or spoiled. A like ill-effect is produced in the human stomach, when the process of digestion is interfered with by an untimely addition of food; and it cannot be too forcibly impressed upon all—*invalids especially*—that the strength-giving power of food is not, as too commonly supposed, in direct ratio to the quantity taken, but to that which the stomach can properly digest; and any excess beyond that is a source of weakness and discomfort, and of eventual disease, if persisted in. Indeed, the one great cause of indigestion is excess of and improper diet.]

It is of no slight importance, moreover, to cultivate sedulously a daily habit, in respect of the *time* of the alvine dejections; and to avoid as much as possible any accidental breach in an already established habit. Indeed, for dyspeptic persons, the same observance of habitual hours should govern the egress as well as the ingress of their food.



Mental and bodily rest in an easy chair, for half-an-hour or so, after a meal, and especially after dinner, will be beneficial; but lying or bending down should be carefully avoided, as either position will interfere with the process of digestion.

When available, sea-bathing for ten or fifteen minutes, once or twice daily, will be advantageous;—or sponging the body with cold or chilled water; or a shower-bath of moderate intensity before breakfast—(but on no account immediately after a meal;) care being taken to thoroughly dry the body, and to avoid a chill.

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**SPECIAL RULES.**—To avoid close, heated rooms, and late hours; also, exciting and especially prolonged and fatiguing conversation, violent exercise, and all exhausting habits.

To rise, whenever practicable, not later than 7 a.m., and to retire to bed not later than 10½ p.m.,—earlier, if possible—and every effort made to go to sleep at once by carefully abstaining from thought and meditation.

Gentle walking, horse, or carriage exercise, for at least an hour or two daily, must be persistently carried out, however irksome the effect may be—constituting, as it does, a very important factor in the treatment, not only as a health-restorer, but health-maintainer.

Brain-fatigue, worry, and undue anxiety and excitement to be especially guarded against; also, all mental labour, and letter writing, after 8 p.m., and by gas and other artificial light; likewise, reading at and within an hour after a meal, and while walking or driving out.

Smoking—especially in a morning, or within two hours after a meal—is very objectionable, tending as it does to still further derange an already enfeebled stomach.

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“‘ IS SMOKING INJURIOUS?’ is a question which medical men are often asked, and like other broad, significant questions, involves far too many considerations to admit of being answered by a simple YES or NO! A few remarks on the subject may therefore be useful and instructive.

Much, it may be affirmed, depends upon the quality of the tobacco. Certain kinds of ‘Cavendish’ and ‘Shag’ are undoubtedly



injurious, acting (as, indeed, do all tobaccos, in a greater or less degree,) not only as powerful depressants on the heart, but on the nervous system also. Few persons can smoke them at all: none, habitually, with impunity! But even *good* tobacco, smoked to excess, will sooner or later prove injurious. On some individuals, indeed, any kind of tobacco will act as a poison, and produce (even in small quantities, and after repeated trials to inure the system to it,) vomiting, pallor, and alarming prostration. Such persons seldom, if ever, get seasoned to its effects: and, if they are wise, will for ever let it alone.—No one, moreover, when out of health, can smoke without risk of further impairing it. It may be well, therefore, as a guide and a warning to ‘lovers of the weed,’ to note some of the particular disorders and conditions of health in which tobacco does especial harm:—A man, for example, with a bad appetite will, if he smoke, assuredly eat still less—a fact that should be carefully borne in mind by smokers recovering from wasting illness, and anxious for ‘a whiff.’ [This peculiar effect of tobacco, it may be observed, whilst injurious to the sick man who cannot eat enough, becomes, so to speak, a boon to the poor starved man who cannot get enough, in so far as it tends to lull the pang of hunger.] Again; no man should smoke who has a furred tongue, or a bad taste in the mouth, or a weak or disordered stomach: in either case, he cannot relish his tobacco; and it should be a rule with smokers that the pipe or cigar which is not smoked with a relish, should not be smoked at all. In fact, indigestion in every form, and especially that which is accompanied by flatulence and diarrhœa, is aggravated by smoking.

Another class of persons who should abstain from tobacco are those who have (so called) ‘weak nerves,’ or suffer from giddiness, confusion of sight or thought, tremulous hands, a feeble circulation, palpitation, pain or feeling of distress in the heart-region, an intermittent or irregular pulse, cold hands and feet, langour,—and still more especially those who suffer from any degree of paralysis.

The habitual or frequent use of tobacco in youth-hood, moreover, retards growth and development, and leads to an unhealthy change in the blood, pallor of the face, nausea, dyspepsia, emaciation, nervousness, palpitation and irregular action of the heart; no one, therefore, should smoke until he is well past that important period of life.

SO MUCH FOR THOSE WHO SHOULD NOT SMOKE!



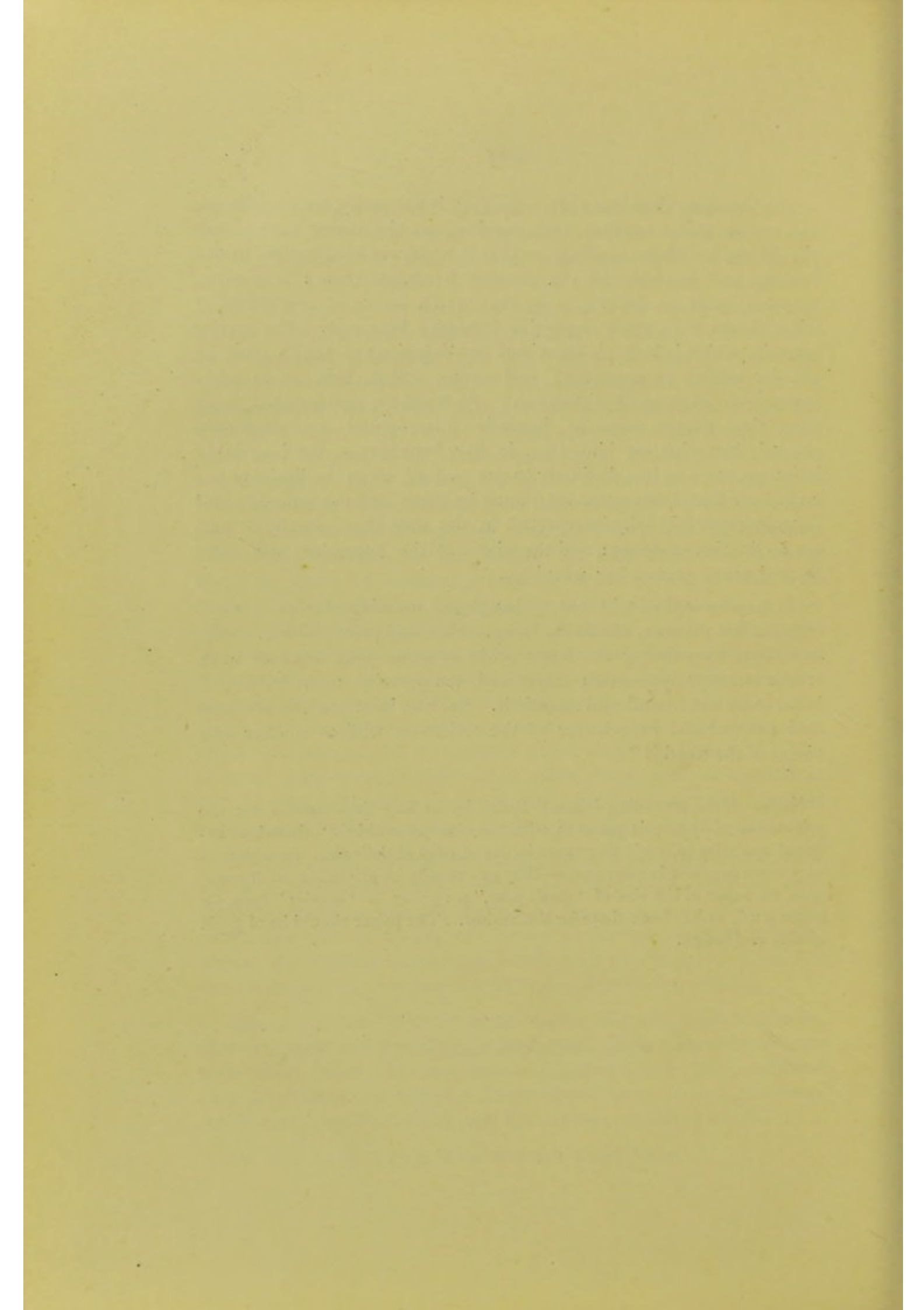
At the same time there are some few, if not many, happy folk who can smoke, enjoy smoking, and, mayhap, are the better for it; such should use it without abusing it—that is to say, in moderation, in due season, and honestly for the comfort it affords them: a comfort, may-be, quite as legitimate as that which lovers of tea, coffee, or wine, obtain from their respective favourite beverage.—The precise quantity which is both pleasant and non-injurious to health must be left for nature to prescribe; and nature will in this, as in other matters, do what no physician can! Be it always remembered, however, that nature must be honestly interrogated and implicitly obeyed; her slightest hints (for, in her beneficence, she invariably intimates more or less distinctly to one and all, when the limits of her endurance have been exceeded;) must be taken and not ignored; and her monitions faithfully interpreted in the way that conscience and not inclination suggests: and the wise and the imprudent will alike do well not to neglect her warnings.

It may be well to add that, although the smoking of tobacco may, in some few persons, kindle the imagination and point the wit,—and, in others, by calming the brain amid arduous and anxious work render renewed application easier and, temporarily, more fertile,—it is far more apt to dull and stupefy it. Such at least are the personal and professional experiences of the writer—a whilom smoker and ‘lover of the weed’!

NOTE.—If the preceding Dietetic Rules be at any time needed for the private use of dyspeptic patients, with the view to avoid the otherwise continual necessity of reminding them in the matter of their diet—on which so very much depends in such cases—they can readily be printed in ‘bourgeois’ type, on paper of the size of ‘small post,’ 9 × 7; or in ‘brevier’ type, on paper 9 × 6, as has been done for the author. The paper should be of good quality and tough.

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A  
CODE OF MEDICAL ETHICS :  
WITH  
GENERAL AND SPECIAL RULES  
FOR THE GUIDANCE OF  
THE FACULTY AND THE PUBLIC  
IN THE  
COMPLEX RELATIONS OF PROFESSIONAL LIFE :

BY  
JUKES DE STYRAP, M.K.Q.C.P., ETC.,  
PHYSICIAN-EXTRAORDINARY, LATE PHYSICIAN IN ORDINARY, TO THE SALOP INFIRMARY; CONSULTING PHYSICIAN TO THE SOUTH SALOP AND MONTGOMERYSHIRE INFIRMARIES; FOUNDER OF AND LATE HONORARY SECRETARY TO THE SALOPIAN MEDICO-ETHICAL SOCIETY, AND SHROPSHIRE ETHICAL BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

THE THIRD EDITION:  
REVISED AND ENLARGED.

—  
' BEAR AND FORBEAR. '  
—

LONDON :  
H. K. LEWIS, 136, GOWER STREET.  
1890.



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*The following Dedication which was most cordially accepted by the Author's revered old teacher and friend—the late Sir Thomas Watson—long prior to his fatal illness, but withheld until the formal issue of the present Edition of the Code, is now simply and gratefully published*

**In Memoriam.**

---

TO

SIR THOMAS WATSON, Bart., M.D., F.R.S.,

PHYSICIAN-IN-ORDINARY TO THE QUEEN ; HON. LL.D. CAMBRIDGE ; HON. D.C.L. OXFORD ;  
FELLOW AND LATE PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS IN LONDON ;  
HONORARY FELLOW OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN  
IRELAND ; CONSULTING PHYSICIAN TO KING'S COLLEGE HOSPITAL, LONDON ;  
LATE PHYSICIAN TO THE MIDDLESEX HOSPITAL ; FORMERLY FELLOW AND  
NOW HONORARY FELLOW OF ST. JOHN'S COLLEGE, CAMBRIDGE.

---

MY DEAR SIR THOMAS,

Having, in 1878, in deference to the opinion of several eminent practitioners, elected to publish the following Code of Medical Ethics (originally intended for the members of the late Shropshire Ethical Branch of the British Medical Association ; ) as a guide for our younger brethren, and for the better understanding by the public of their rights and duties in relation to the faculty,—my hope of its extended usefulness is not a little enhanced by your hearty approval of the intent and acceptance of the dedication of this—the second—Edition, tendered in grateful remembrance of the much valued instruction of my old teacher,—in admiration, also, of those intellectual faculties and moral virtues which have rendered you pre-eminently distinguished amongst the Professors of Philosophic Medicine, and an impersonation, as it were, of the highest professional



code—a bright example to the faculty at large,—and as a simple acknowledgment, moreover, of various acts of personal kindness and attention during my prolonged studentship at King's College—at which I enjoyed the privilege of listening to your *first* (delivered in October, 1836,) and subsequent 'Lectures on the Principles and Practice of Physic,' and which have since proved a safe and valued guide in the private and hospital practice of

Your obliged old pupil,

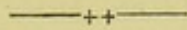
THE AUTHOR.

*The College, Shrewsbury,*  
*May, 1882.*

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PREFACE TO THE FIRST EDITION.



THE Author and Compiler of the following Code (which has been critically revised and approved by several distinguished practitioners in England, Ireland, and Scotland), in submitting it to the profession simply as an aid to practitioners in cases of doubt or ethical dispute, begs to acknowledge his deep obligations to the framers of the laws of various Medico-Ethical Societies, and especially to the Committee of the American Medical Association appointed (in May, 1846, and whose report was presented in June, 1847,) to prepare a Code of Ethics for the government of the profession of the United States—of whose compilation he has largely availed himself, and to the members of which, and to other writers, he begs thus publicly to tender his most cordial acknowledgment. At the same time he deems it well to remark, that, so far as he is able to judge from a careful examination of various codes, American and English, one and all are based on that of Dr. Percival; the Code of Ethics in fact, proposed by Dr. P., in 1807, is, with the exception of a few alterations rendered necessary by the advance of medical science, the one which was adopted by the American Medical Association in 1847, and constitutes the basis of this.

In anticipation of the objection which may possibly be urged by some, that, in view of the *lex non scripta*, a written Code is unnecessary for the guidance of the profession, the Compiler would refer such objectors to the applications which continually appear in the columns of the medical journals for ethical information on points in dispute; and to the important fact that not only have our eminently practical American brethren deemed *written laws* essential, but in deference to the suggestion of the greatly esteemed Founder of the British Medical



Association—the late Sir Charles Hastings—two Select Committees\* were appointed to consider and report on the subject; and if further evidence on the point be necessary, let the printed rules of the various local Medico-Ethical Societies themselves testify: in reference to which latter it may be well to note, that those they have hitherto published are generally considered to lack that fulness of ethical detail so essential to a due perception of the relative rights and reciprocal duties of the profession and the public—an omission which the compiler, with the aid of others, has endeavoured to supply in the following pages.

That many practitioners err from ignorance, and that an approved, comprehensive code for reference would be acceptable to the bulk of the profession, the compiler entertains a strong belief, based on upwards of twenty years' official experience in ethical disputes, and numerous communications from all parts of the kingdom seeking for information and advice on the subject.

In preparing the present compilation, the selected rules have been anxiously considered, line by line; and where by change or omission of words, phrases, or sentences, it was thought that the meaning could be rendered more intelligible, the right has been freely exercised; indeed, there are but few, if any, which have not been more or less so modified. Numerous additions have also been made thereto, and a few unwritten customs introduced: and one such will be found in the last, though, it is hoped, not the least useful, chapter on 'Intra-Professional Etiquette'—the need of which has long been felt, and from a late incident, forcibly impressed on the attention of

THE AUTHOR.

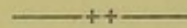
*The College, Shrewsbury,  
January, 1878.*

\* These Committees, unfortunately, never met in Conference, owing to the inconvenient distances at which the several members resided from each other.

NOTE.—The compiler will feel greatly obliged if his professional brethren will kindly favour him with suggestions for the improvement of the unavoidably imperfect code.



*PREFACE TO THE SECOND EDITION.*



THE issue of a Second Edition of the Code of Medical Ethics affords the Author a fitting opportunity—of which he gladly avails himself—to thus publicly record his deep sense of the favourable reception accorded to the First, not only by the professional reviewers, but more especially by the busy general practitioners—old and young alike,—for whose unlooked-for and exceptional testimony, he begs to tender his grateful acknowledgment.

In regard to the present edition, various emendations and additions (which have been submitted to and approved by the eminent English, Irish, and Scotch revisers of the former one—the late Sir Robert Christison excepted, whose critical acumen has unfortunately been lost to the profession;) have been introduced; among which may be noted rules relative to Intra-Professional Duties and Services; the anomalous custom of payment of the Consultant's fee by the family medical attendant; the relative ethical duty of 'Public Vaccinators'; the 'Golden Rule' of Doing As We Would Be Done By; Obstetric Consultative and Operative Treatment; Censorious Comments on a brother-practitioner's charges; Professional Charges to the Clergy; Railway Medical Etiquette; and remarks on Professional Partisanship and Medical Detectivism; also, notes and suggestions in reference to the Absolute and Relative Right of Patients to change or to discard their Medical Advisers; Consultations with Homœopaths, and Unqualified Assistants; Calls upon New Residents; likewise, as an appendix, the question of Bulletins; and (in deference to a strongly-expressed wish by one, than whom probably, but few, if any are better qualified to judiciously advise,) on Medical Manner, or Professional Deportment; in respect to



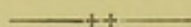
which, and the Code generally, the writer ventures to hope that, although the principles therein laid down are not expressed with the happy rhythmical lucidity (an enviable but rare gift) of a 'Watson,' they will be found sufficiently intelligible to the professional mind to serve as a help and a guide to the young practitioner, in cases of ethical doubt and difficulty, when needed; a contingency, which, it may be confidently assumed, will form the exception, rather than the rule, with those who earnestly seek to make themselves practically acquainted with the established rules of professional life, and conscientiously endeavour to conform thereto.

*The College, Shrewsbury,  
January, 1886.*

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PREFACE TO THE THIRD EDITION.



THE present Edition—the issue of which has been unavoidably delayed by the continued ill-health of the Author, superadded to the slowness pertaining to old age—has been thoughtfully revised throughout. With the exception, however, of a few more or less important and essential additions which have been introduced in chapter II, sect. 1, rule 3; sect. 5, rules 13, 15, and 19; chapter III, sect. 1, rule 4; chapter IV, rule 1 (with the view to meet the not improbable recurrence of various past incidents of recent date), and a brief comment on the claims advanced by *locum-tenentes* to coroner's and other fees, no alteration has been deemed necessary or desirable.

It may not be inopportune to note however, as tending to confirm the valued testimony spontaneously rendered by various members of the faculty in the United Kingdom and America relative to the general adaptness of the Code to the ethical needs of the profession, that permission to translate it into *Italian* has been courteously solicited by Dr. Colombo Giuseppe of Milan, on behalf of the “‘ORDINE DEI DELLA SANITARJ’ PROVINCIA DI MILANO”—a request which, it is scarcely necessary to add, has been alike cordially acceded to; and it is now being published in the ‘GAZZETTA MEDICA LOMBARDA.’

*The College, Shrewsbury,*  
*December, 1889.*

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## THE MEDICO-ETHICAL CODE.

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TO THE PROFESSION.\*

THERE is probably no social position which offers more powerful incentives to all that is pure and honourable, unselfish and sincere, than the Medical Profession; and none in which, as a rule, these exalted virtues are more conspicuously illustrated. It may be well, therefore, to offer a few remarks on the obligations which devolve upon medical practitioners—or, in other words, on the duties and rights of each to the other, to themselves, and to the public: and the converse—remarks which, as preliminary to laying down general and special rules for their guidance, will not, it is to be hoped, be deemed inappropriate.

Truly, the medical is an honourable, a noble profession! having for its grand object the maintenance, or rather the restoration of health to man—health, the mainspring of human life—the stimulus of human exertion—without which the great workshop of human mechanism would pause, and

\* Being the Presidential Address, slightly modified, delivered by the author to the members of the late Shropshire Ethical Branch of the British Medical Association, at the Annual Meeting, in 1861, on the 'Duties of Medical Practitioners of Each to the Other, to Themselves, and to the Public:' and the converse.



progress itself come to an end. A sound mind in a sound body is justly characterized as the noblest work of God. It is man in his best, in his purest state, and perfect in his physical development; nevertheless, he is not more exempt from the casualties of disease and death than the smallest living monad; to combat these, and by skill and judgment to, if possible, successfully overcome them, is a privilege and a sacred duty assigned to our profession—a faithful and conscientious discharge of which will ensure its own rich reward in the approval of 'the still small voice within'. Let us, moreover, ever bear in mind that the temporal life of an immortal being is a solemn trust: and that for the talents and opportunities with which, in our special vocation, we have been entrusted, we shall one day have to render an account before a tribunal which cannot err.

'Tis not to be denied that the duties of a medical practitioner are often onerous, often painful; nevertheless, there is a singular interest blended with the practice of our profession. For instance, the successful issue of cases—the triumph of science and art over what appeared intractable—the restoration from seeming death of the fond dotting mother, the affectionate father, the beloved child,—these impress upon the heart of the medical man a joy as exquisite in degree as that pervading the spirit of those who are more closely and more deeply interested in the event; and even when death, with outstretched arms, has claimed them as its own, and they are about to bid adieu to the scenes in which they have moved,—surely it is a gift to be envied, and a power to be prized, that we can mitigate their sufferings, and introduce them (so to speak) with gentleness to the spirit of the tomb. Yes! there are indeed many bright and



beautiful phases in the practice of our art—sun-bright spots in the oft clouded oasis of medical life, on which the eye rests with satisfaction, and the soul is gladdened! Truly, our calling is sacred—our mission sublime! Where, we would ask, has philanthropy a wider field for its exercise—where a more genial culture, or more devoted service? Where, beyond our ranks, can men be found more laborious and self-sacrificing, more devoted (without the hope of fee or reward) to the good of mankind? Sad, indeed, is it that the brightness of such a pictured mirror should be darkened by the shadow of our one great besetting sin, the bane of professional, as of social life—JEALOUSY—a spirit not only most inimical to our interests, but most derogatory to our manhood. And here we would remark, that so long as petty jealousy and local rivalry stimulate men to do injustice to their brotherhood, so long will the public withhold from them that respect to which an opposite line of conduct would entitle them. The Legislature, by the enactment of well considered laws, may do much to improve our position: but until we are true to ourselves, true to the ethics of our profession, we shall always, in the eyes of the public, remain inferior to the other professions.

In deploring this state, and with an earnest desire to remove it, may we not usefully ask, what share have we in creating or encouraging it? Have we individually and collectively used all legitimate means to sustain the honour and unity of our profession? Have we regarded each other with a cordial and fraternizing spirit? Be assured, if we would have the world learn aright as to the dignity and worth of the profession, by the benign influence it



exerts on the community,—if we would desire to show that to heal the sick is a heaven-born injunction,—the best demonstrative proof we can give will be in the practice of the heaven-born virtues amongst ourselves. We call ourselves professional *brethren!* May we, henceforth, in the daily intercourse of life, earnestly strive to realize the thought by each offering to the other a high-minded and *fraternal* regard—for there cannot be a doubt but that many of the wrongs from which we are suffering arise out of our defective conduct to each other; and it is an equally evident truth that, by avoiding invidious remarks, and every unworthy artifice to elevate SELF *at the expense of our* NEIGHBOURS, we should achieve the greatest good that could possibly be conferred on our profession. In fine, if the great moral precept, written by God's own finger on every man's heart—'*Whatsoever ye would that men should do unto you, even so do unto them*'—formed our simple rule of action, we might, as regards our social polity at least, safely trust to the impulses of a generous *esprit de corps*; and, at the same time, confidently expect to realize the hitherto elusive hope of fulfilling our arduous duties without the occurrence of those unhappy bickerings and differences, which have placed our proverbially divided profession in so uneviabable a light before the public.

Let us, therefore, act towards one another as christian gentlemen, remembering that it is our province to heal, not to inflict injuries; and while mindful of our own good name, let us on all occasions conscientiously uphold the reputation of our friends and competitors; for unless (we repeat) we are true to ourselves, unless we treat the faults of a brother with generosity, and are careful of his character as well as



of our own, we are unworthy disciples of an honourable profession— a profession in which charity, in its widest meaning, should form our principle of action, and our rule of conduct,—a profession which from its very nature, should teach us daily to practice brotherly love—to contend with no jealous spirit within doors, nor animosity without; to avoid detraction and calumny—to use no ill-natured remarks respecting our brethren; but ever to bear in mind that portion of the christian's duty, which teaches us to bury in oblivion a brother's failings,\* and to raise his virtues

\* "MAN, KNOW THYSELF!

Let each man learn to know himself!

To gain that knowledge let him labour:  
Improve those failings in himself,

Which he condemns so in his neighbour;  
How lenient we our own faults view,  
And conscience' voice adeptly smother:  
But oh, how harshly we review  
The self same errors in another!

And when you meet an erring one,

Whose deeds are blamable or thoughtless:

Consider, ere you cast the stone,

If you yourself are pure and faultless;

Oh list to that small voice within,

Whose whisp'rings oft make men confounded:

And trumpet not another's sin—

You'd deeply blush if *yours* were sounded!

Or in self judgment if you find,

Your deeds to others are superior:

To you has Providence been kind,

As you should be to those inferior;

Example sheds a genial ray

Of light that men are apt to borrow:

So first improve *yourself* to-day—

And then improve *your friends* to-morrow."



from the tomb!—in short, to say nothing, rather than defame, always having in our remembrance that ‘to err is human—to forgive, divine!’ Rest assured, moreover, that unless the feelings and the principles alluded to find a place in the fabric of professional life, and pervade its every part; unless we individually cherish their existence, and rightly estimate their worth, our incomparable art will never be enrobed in its richest drapery—in that which lends it grace, and dignity, and worth.

There cannot, we think, be a doubt but that in our profession, unlike all others, the *social* principle is weak—and that each member is too apt to consider his own individual case and interests, regardless of the detriment the profession at large thereby suffer in character and public estimation. Such evils are, we take it, to be best overcome by the habits of association and mutual intercourse, which scientific and social meetings are calculated to engender; for their influence is not confined to the advancement of the science of the profession: they exert a moral and a social power upon us not to be overlooked. Indeed, our conviction is that, in this way, they become the most effectual promoters of our common weal. They become the fields, so to speak, upon which the finer feelings of our nature can disport themselves; where the charity that ‘thinketh no evil’, that ‘suffereth long and is kind’, can be nourished and sustained; where forbearance can be fostered and sympathy bred; and where ‘envy, and hatred, and malice, and all uncharitableness’ must die.

Let it be our steady aim to promote these ends—to raise our profession, not only by our scientific labours, and the careful and accurate study of disease and its remedies, but



by our feeling of brotherhood and mutual support—so that the public may respect us as a body at unity within itself; instead of taking advantage, as is now too often the case, of those mutual jealousies which are ever apt to arise when men look to their own rather than to collective interests.

In fine, we take too low an estimate of the duty and privilege of intercommunity; we want more union, more cordial sympathy with each other, more jealous regard for the reputation of our fellows, more veneration for the entire body of which we are units; and combined with this, a more earnest and determined resistance to all who would degrade and defile us. Your presence at our scientific and social reunions is an earnest of this spirit; we never meet, we never can meet without a cheering consciousness that we in some degree realize it; and we may be assured that by the cultivation and extension of this spirit, we shall best fulfil the intent of our local medico-sciential societies, and, at the same time, advance our social status, enlarge our sphere of influence and usefulness, and secure the confidence and esteem of the public.

Brother Practitioners, let us not permit the teachings of experience in such things to pass away unimproved: let us learn, if such knowledge has not been already acquired, that to us *individually* is confided the guardianship of the high interests of our profession; and let us strive, each in his own little world, to live in harmony and good-fellowship, rivalling each other alone in good conduct and feeling, and be ever ready to lend a helping hand when such is needed; and, at the same time, by the impersonation of the scholar, the gentleman, and the christian, so to adorn our lives and conversation, that whilst living we may be respected, and,



when dead, not one of our brethren shall have just cause to say that we have ever done him an act of prejudice, unkindness, or dishonour. In so doing, we may feel assured that our profession will prove itself to be as it was, and ever should be, the twin-child of christianity; and to its successful cultivators and practitioners—to those who have rightly viewed the greatness and glory of our mission, and have humbly trusted to the Spirit of Wisdom to guide and direct them in their vocation—to them will it be given to know that in endeavouring to do their duty to their patients and to their profession, they have done it unto Him, who is Lord over all!

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INTRODUCTION TO  
THE CODE OF MEDICAL ETHICS.

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GENERAL RULES, ETC.—Medical (a branch of General) Ethics to be effective must be based on the principles of religion and morality, and embody the reciprocal duties and rights of the profession and the public.

In framing a code on this basis, we have the inestimable advantage of deducing its rules from the conduct of the many eminent practitioners who have adorned the profession by their learning and their piety. From the age of Hippocrates to the present time, the annals of every civilized people contain abundant evidences of the devotedness of medical men to the relief of their fellow-creatures from pain and disease, regardless of the privation and danger, and not unseldom, obloquy encountered in return: a sense of ethical obligations rising superior in their minds to considerations of personal advancement. Well and truly was it said by one of the most learned men of the last century—that the duties of a physician were never more beautifully exemplified than in the conduct of Hippocrates, nor more eloquently described than in his writings.

It may here be incidentally remarked, that if a state of probation be intended for moral discipline, there is assuredly much in the earnest, daily life of a medical



practitioner to impart this salutary training, and insure persistence in a course of self-denial, and, at the same time, of zealous efforts for the relief of suffering humanity, irrespective of rank or fortune.

A few considerations on the legitimate range of medical ethics will serve as an appropriate introduction to the necessary rules for our guidance in the complex relations of professional life.

Every duty or obligation implies, both in equity and for its successful discharge, a corresponding right; and as it is the duty of a practitioner to advise, so has he a right to be attentively and respectfully listened to. Oft exposed as are his health and life for the benefit of the community, he has a just claim, in return, on its members individually and collectively, for zealous aid in carrying out his remedial measures, and for all due care in preventing, as far as possible, needlessly harassing and unnecessary calls on his services and sympathies.

His zeal, attainments, talents, and skill, are qualities which are held in trust for the general good, and cannot be wastefully expended, either through his own heedlessness, or the inconsiderateness of others, without wrongful detriment to himself and to them.

The greater the importance or urgency of the case, and the more deeply interested all are in the issue, the more necessary is it that the practitioner—upon whom devolves the skilled duty of health-restorer, and by whose judgment and discretion, under Providence, life is saved and death averted—should be allowed the free use of his faculties, undisturbed by a querulous manner, and angry, desponding, or passionate interjections, under the plea of fear, or grief,



or disappointment of cherished hopes, by the sick and their attendant friends.

All persons privileged to enter the sick-room—and the number ought to be very limited—are under equal obligations of reciprocal courtesy, kindness, and respect; and if any exception be admissible, it cannot be at the expense of the practitioner. His position, skill, and benign purpose, eminently entitle him to, at least, the same respectful and considerate attentions that are paid as a matter of course, and without any apparent constraint, to the clergyman in his ministerial capacity, and to the solicitor also of the last will and testament.

Although professional duty requires that a practitioner should have such a control over himself as not to betray strong emotion in the presence of his patient, nor to be thrown off his guard by the querulousness or even rudeness of the latter, or of his ministering bed-side friends; yet, (and the fact ought to be generally known) many medical men, possessed of great attainments and resources, are constitutionally so timid, and readily abashed, as to lose much of their self-possession and usefulness at the critical moment, if opposition or distrust be abruptly interposed to the plan of treatment they have devised for the benefit of their patients.

Medical ethics, be it noted, cannot be so divided as to entail the full and natural force of moral obligations on medical men, and, at the same time, free society from all restrictions in its conduct to them; leaving it, moreover, to the caprice of the hour to determine whether the skilled practitioner shall be ignored in favour of the charlatanic pretender.



The choice, irrespective of its important bearing on the fate of the sick themselves, is not an indifferent one in an ethical point of view, as regards the relative rectitude and sincerity of purpose, the honest zeal, the learning and impartial observations accumulated from age to age, of the duly educated practitioner—more especially when contrasted with the low arts and crooked devices, and purely selfish ends of the charlatan, whose unscrupulous announcements of professed marvellous cures by simple, but secret means, are misleading and false, and so far fraudulent.

In thus deducing the *rights* of a practitioner from his *duties*, it is not meant to insist on such a correlative obligation, that the withholding of the right exonerates from the discharge of the duty. Short of retirement from the practice of his profession, no medical man can rightly refuse his professional services when required by an individual or the community, excepting under well-defined circumstances (of, 'tis to be hoped, rare occurrence,) in which concession would be unjust and derogatory to himself, or to a brother practitioner, and so far degrading to the profession.

In the discharge of their duties to society, practitioners should be ever ready, and, as far as practicable, prompt to administer professional aid to all (especially in emergencies) applicants—rich and poor alike—without stipulating, or otherwise seeking for any undue personal advantage—a proceeding that cannot be too forcibly denounced as dishonouring to a noble profession, and deserving of the severest censure.

On them devolves, in an especial manner, the duty of noting the various circumstances affecting the *public* health,



and devising, as far as may be, the best means of preserving it.

With them, also, rests the moral obligation of furnishing skilled medical testimony, when required, in all cases of criminal violence affecting health and life, and in numerous others involving the questions of mental sanity, and of moral and legal responsibility.

On the subjects of public hygiene, and medical jurisprudence, every practitioner is supposed to have prepared himself by study, observation, and the exercise of a sound judgment. They must not be regarded simply in the light of accomplishments, but as integral parts of the science and practice of medicine.

It is a noble, unselfish task to promote health, and obviate disease, by the judicious application of hygienic science; and, by so prolonging life, to increase the productive industry; and thus, without assuming the function of moral and religious teaching, to advance the civilization of the people.

In the performance of this part of their duty, practitioners are enabled to show the close relation subsisting between hygienic melioration and morality—inasmuch as the respective agencies which severally contribute to the former tend greatly to promote the latter.

Medical practitioners, as conservators of the public health, are bound to bear emphatic testimony against quackery in all its forms—whether it appears with its usual effrontery, or masks itself under the plausible garb of philanthropy, or the ostensible cloak of religion.

By an anomaly in legislative and penal enactments, the laws so stringent for the repression and punishment of



fraud in general, and the adulteration of food and drugs, are altogether silent, or inoperative, in regard to the pernicious frauds so notoriously carried on by the host of ignorant, extortionate quacks that infest the land.

The newspaper press, so powerful in the correction of many crying abuses, is unfortunately too ready for the sake of lucre to aid and abet the enormities of quackery by the insertion of its offensive advertisements. Honourable exceptions to the once general practice in this respect are, happily, becoming more numerous, and, doubtless, would be greatly increased, if medical men, individually and collectively, would direct the special attention of the editors and proprietors of newspapers, and of periodicals in general, to the immoral tendency and contaminating effect produced upon the youth and purity of the country by the disgusting 'quack' pamphlets which are advertised and disseminated far and wide through the medium of the press.

To those who, like medical practitioners, are in a position to see and judge of the extent of the evil, it is lamentable to find members of the other learned professions so prone to give their countenance, and, at times direct patronage, to medical empirics, both by the use and written testimony in favour of nostrums; but above all, it is grievous to see the immoral and unjust support rendered to quackery by the Government—immoral, in so far that, while rigidly enforcing, solely in the interest of the community, a prolonged scientific and costly education of the legitimate practitioners, it at the same time accords, for lucre's sake, its (still publicly implied) approval of the illegitimate and ignorant pretender, by the sale and affixture of its stamp



to the wares of the charlatan, not simply to the detriment of the medical profession, but to the injury of the public health.

The credulous, in such cases, place themselves in the dilemma of bearing testimony either to a miracle or to an imposture: to a miracle—if one particular agent or nostrum (often of known inertness or of slight power,) can cure divers diseases, or even one in all its stages; to an imposture—if the alleged cures are not effected: which experience has repeatedly shown to be the case.

By no class, however, is so great an impetus given to the sale of, and to faith in empirical nostrums as by the pharmacists, or chemists and druggists—whose confidential and important business connections with the faculty are such that they ought in the true interest of the public, irrespective of their own, or that of the profession, to decry rather than to commend their use, when consulted on the subject, as is often the case, by a too credulous public; and it would be more than well indeed, on public grounds alone, if there were a general consensus and determination on the part of the faculty to discountenance all chemists who trade in nostrums, and traffic in illegal or counter-practice.

Too often do we meet with practitioners who deem it a venial error in ethics to prescribe, and even to recommend to their patients and friends the use of a quack medicine, or secret compound—heedless of the fact that their toleration implies sanction of a recourse to unknown, doubtful, and conjectural fashions of medication by the people at large: and that, in this way, the credulous not infrequently become the victims of the merciless quack; nor can it have



escaped professional notice that they, whose faith is strongest in the absurd pretensions of empiricism, entertain the greatest scepticism in regard to philosophic medicine.

Alike adverse to medical logic and ethical propriety are the various popular delusions which, like so many epidemics, have in successive ages excited the imagination with extravagant expectations of the cure of all diseases, and the prolongation of life beyond its ordinary limits, by means of some life-giving or health-restoring secret essence, or other wonder-working nostrum; and although it is not in the power of practitioners to prevent, or always to arrest their progress, 'tis, nevertheless, incumbent upon them from their skilled knowledge, and position in life, steadily to discountenance all such delusive shams, and, at the same time, to inculcate the true principle upon which curative medicine is founded.

These delusions are sometimes manifested in the guise of a new and infallible system of medical practice—the faith in which, amongst the excited believers, is usually in the inverse ratio of the amount of common-sense evidence in its favour; and amongst its most ardent promoters are too often to be found ministers of religion, who, above all others, ought to keep aloof from every elusive vagary—not the least pernicious of which are those allied to medico-empirical imposture.

The plea of good intention, so frequently urged, is not a sufficient reason for the assumption of a responsibility so grave as the dissemination of a theory and practice of medicine, of the real foundation and nature of which the unskilled amateur must necessarily, from lack of the



essential professional study, observation, and careful comparison, be profoundly ignorant.

In their relations with the sick, medical men are bound by every consideration of duty to exercise the greatest kindness, forbearance, and circumspection—so that, while making every allowance for impatience, irritation, and inconsistencies of manner and speech of the sufferers, and doing their utmost to soothe and tranquillize them, they should, at the same time, seek to elicit from them, or others in their confidence, a disclosure of all the essentially important circumstances in connection with the probable causes of the maladies they are called upon to treat.

Owing, however, either to the confusion, and, at times, obliquity of mind produced by the disease, or to considerations of false delicacy and shame, the truth is not always disclosed; and hence the necessity for a careful and minute investigation by the practitioner, both into the physical and moral state of his patient.

A practitioner in attendance on a case should eschew tedious ceremony, and, as far as possible, carefully avoid involving the patient in unnecessary expense by needless visits and costly appliances, as beneath the dignity of true science, embarrassing to the sufferer and his family, and often contributive to their present pressing sorrows, and, in too many instances, entailing future privation and deeply harassing anxiety.

In their intercourse with each other, practitioners will best consult and secure their own self-respect and that of society at large, by a uniform courtesy and high-minded conduct towards their professional brethren. The confidence in his intellectual and moral worth, which each



member of the profession is ambitious of attaining for himself among his associates, should make him willing to repose the same confidence in that of others.

Veracity, so essential in all the relations of life, is invaluable in consultation, or narration of case—the lustre of which ought never for a moment to be tarnished, even by the breath of suspicion. Medical men are peculiarly enjoined by every consideration of honour and conscientious regard for the health and lives of their fellow-creatures, not to advance any statement unsupported by facts, nor to hazard an opinion or hypothesis, without careful enquiry into the data and bearings of the case.

In the performance of professional duties in public institutions—such as medical colleges, hospitals, and dispensaries,—not only should there be friendly intercourse between the members of the staff, but a general agreement, also, in doctrine and practice; so that neither students nor patients may be perplexed, nor the profession mortified by contradictory views of the theory and treatment of disease.

The right of free enquiry, common to all, does not imply a like free utterance of crude hypotheses, the use of figurative language, a straining after novelty for novelty's sake, and the involution of old truths, by medical writers and teachers, for temporary or popular effect. If, therefore, they who are engaged in a common cause, and in the furtherance of a common object, would, in the public interest, make an offering of all that is doubtful, superfluous, and extreme, at the shrine of philosophical truth, the general harmony of view so essential to effective medical teaching would be easy of attainment.



'Tis not enough, moreover, that the faculty be zealous, well-informed, courteous, and self-denying—but the *social* principle, which, in the medical, unlike all other professions, is specially weak, should also be earnestly cultivated, and friendly habits and unity of action carefully fostered; for by union alone can medical men hope to sustain the dignity, and extend the influence and usefulness of their profession,—and the means most conducive to so desirable an end are, unquestionably, frequent social meetings, and duly organized societies for the discussion of the art and science of medicine, the minimum standard of medical education and examination, medical ethics, and kindred subjects; and, while so enhancing the true interests of the profession and elevating it in public estimation, its members individually are brought into immediate contact,—a matter of no slight import—and not only are old friendships strengthened, and new ones formed, but if there should perchance be any little differences or asperities roughening the contact of one practitioner with another, an opportunity is afforded of proving that they are but superficial growths, easily removed by mutual explanation and concession—and thus it may be hoped that the troubled waters of professional life, unimpeded by the undercurrents of party or personal strife, will eventually flow steadily and smoothly onward.

Professional differences, it may be well to note, not infrequently arise from want of candour—a *suppressio veri* if not deliberate falsehood—on the part of the patients, their relatives, or attendant friends, and probably constitute the most fruitful source of the unhappy heart-burnings and jealousies which so frequently disgrace an otherwise noble



profession. A medical man cannot, therefore, be too cautious how he receives and acts upon invidious statements, *said* to have been made in reference to a case by a professional brother, or other person—for such reputed remarks are so often either misunderstood, misrepresented, or wilfully perverted, as to give rise to serious disputes and lasting estrangements, which a personal interview, or a mutually courteous note of enquiry and explanation would have prevented or removed; be it, therefore, a special obligation on the faculty to be ever careful and wary in respect to statements which involve disparagement of a brother-practitioner.

In vain, however, will the faculty appeal to the intelligence and esteem of the other learned professions, and of cultured society in general, unless they are true to themselves, and to the ethics of their profession, by conscientiously discharging their duties, and courteously but resolutely insisting on their rights.

Impressed with the importance of their vocation, as trustees of science and almoners of benevolence and charity, practitioners should, within the circle of their acquaintance, use all vigilance and care to deter youths who have not been prepared by a suitable moral and intellectual training equal, at least, to the common standard of academical requirements, from entering the profession—for human life and human happiness must not be endangered by the incompetency of ignorant and presumptuous pretenders. The greater the inherent difficulties of medicine, as a science, and the more numerous the complications that embarrass its practice, the more necessary is it that there should be minds of a high order and thorough



cultivation, to unravel its mysteries and to deduce scientific order from apparent empirical confusion.

The faculty, be it remembered, are under the strongest ethical obligations to maintain and justify the character which has been awarded by the most learned men and best judges of human nature to the medical profession, for general and extensive knowledge, liberality and dignity of sentiment, and great beneficence.\*

With the view to uphold so honourable a position, it cannot be too strongly impressed upon one and all that it is essentially necessary that a medical practitioner should be an educated, cultivated, and right-minded christian gentleman—that he should bring to his work a comprehensive knowledge and enlightened views,—and that he should fulfil his duties with kindness, with courtesy, and with a just sense of true dignity engendered of self-respect; in close relation with which is the question of ‘Medical Manner’ or ‘Professional Deportment’—on which a few suggestions and admonitions culled from various sources, are appended as a guide and a caution.

It has often been said that courtesy is nothing more

\* In corroboration of the intrinsic justness of the preceding remarks, and of the imperious moral obligation which devolves upon us individually and collectively to vindicate and maintain the honour and integrity of the faculty, it may be well to record the following extract from a leader in *The Standard* of August 3rd, 1881, on the International Medical Congress:—

“In Medical Practitioners we are ever ready to recognise the representatives of the noblest of callings. As individuals they are the kindest and the most unselfish of men. No profession is more sensitive as regards its corporate honour, or watches with a sharper eye the proceedings of its black sheep; while thousands of sufferers have daily to thank them for services that can never be adequately remunerated by money, those who, to borrow POPE’S eulogium on ARBUTHNOT, ‘know their art but not their trade.’”



than the regulated code of acts induced by habitual kindness, and that the 'Medical Manner,' or professional deportment, to be perfect, should be nothing else than the like action dictated by a sense of regard for the feelings of the patient, and the sense of duty in dealing with his wants and sufferings. A mere varnish of sympathy, a regulated mode of dulcet speaking, the tricks of simulated interest, are among the pitiable artifices of professional manner which it is often difficult to observe without pain and contempt. On the other hand, the abrupt self-assertion, the pretentious egotism, the obtrusive acuteness, which are oft but vainly intended as an impersonation of intellectual superiority and philosophic eminence, are alike offensive. Happily, neither of these types are common!

The unquestionable fact cannot be too early and clearly recognised by the student and the practitioner, that no generalized manner can fail to be artificial and unnatural,—that no assumed professional suavity can fail, sooner or later, to betray its true character and disguise,—and that no forced abruptness, or brusqueness of manner, though tolerated in a few on the ground of their scientific attainments, can prove other than a serious blot, which but too many will be quick to discern, and which must tell adversely upon the reputation of the person assuming it.

A still more serious evil is, that such habitual assumption of a manner not natural to him, must and does eventually injuriously affect his nature. It is in itself an habitual insincerity, and must in some degree detract from his manliness, his simplicity, and self-respect. Moving amid scenes of pain, suffering, and physical distress, and the frequent witness of severe trials of the mental and



moral strength of those who professionally consult him, it would indeed be strange if the morally healthy influences thus brought to bear upon him, were not more or less manifested in the demeanour of the practitioner; and callous of heart, and devoid of the finer feelings must he be, if unsoftened in manner, and rendered more thoughtful, and more conscious of the weaknesses and of the unexpected sources of strength in the human character; nor can he well fail to carry about him the evidences of a man who is too often a confessor to be willingly a judge, and too often a confidant to be unduly severe.

The best school of manner for a right-minded physician is the hospital. It is there that he comes into contact with the poorest and the greatly suffering, and those who, from the very nature of their cases and conditions, may most justly claim his unfailing sympathy and attention; it is there, moreover, and in the early days of professional life, that the mind and the character are most impressed, and the foundation of manner laid; it is there, also, that the student and the 'doctor' should be heedful to study the best and not the worst side of human nature,—that they should carefully guard against petulance, roughness, hurry, or impatience. No one familiar with the casualty wards, or the out-patient rooms of a hospital can help being struck with the development they afford to the better nature of the better kind of men. No one can have failed to observe the self-restraint and patient kindness with which, one after another, and often for hour after hour, the sick are treated, their stories listened to and unravelled, the point of their ill-told histories detected, their distress of mind relieved, and their pain of body removed. On the other



hand, alas! a less welcome sight may at times be witnessed, harsh words and impatient ejaculations heard, and, occasionally, even somewhat more than a rough neglect noticed. Against such unhappy display of temper and neglect of christian duty, both students and teachers should carefully guard; for roughness of manner, unfeeling haste, or thoughtless indifference, once admitted in the treatment of the poor, are reprehensible habits which will but too surely follow a man into his after-life and practice—be it military, naval, poor-law, or private,—and tend to sap, and possibly, efface the humane, thoughtful, and kindly feelings which should ever be brought to bear on the treatment of the rich and the poor alike. It is impossible to have two natural manners—one for the rich and another for the poor! At the same time, a careful and habitual cultivation of the generous thoughts and tender feelings which the trying duties of professional life are calculated to excite, can scarcely fail, by reacting upon the individual character of the practitioner, to impart the true manner so essential and conducive to a right discharge of the duties of medical life!

The 'family doctor', moreover, should not be merely the grave, self-possessed, honest (in its truest sense), professional adviser—the man upon whose lips hang, as it were, the issues of life and death,—but should so comport himself as to be regarded as the trusted, welcome friend of the patient,—and whose visit should be looked forward to with pleasure, as a bright, cheering break in the monotony of an invalid's life; nor should the anxious sorrowing friends fail to find some degree of comfort in the doctor's kindly presence, though, may be, unable to derive any from



his diagnosis:—in brief, it is the duty of a practitioner to himself, as well as to those entrusted to his care, to cultivate the spirit of kindness, gentleness, and thoughtfulness; to be suave, courteous, and cheerful, especially at the couch of the sick—and, mayhap, it will not be amiss to add, scrupulously neat in person and appearance; in short, the moral effect of the visit should be to assist the therapeutic action of the remedies prescribed.

While thus endeavouring to point out and inculcate the moral and other duties which devolve upon the medical practitioner, it is right to note, that, in order to reap the material reward, which, humanly speaking, may not unreasonably be expected to follow a conscientious discharge of duty—social tact and the cultured manners of good society are well nigh as indispensable to professional success, as practical knowledge and reputed skill:—in fact, social as well as scientific culture is a necessary part of the training of a thorough medical man.

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The following impressive lines, addressed to Dr. . . . . , by an anonymous writer in '*Life Behind her Screens*,' are so truly appropriate to (not a few, it may be hoped,) members of the faculty, that the compiler ventures to record them in the pages of the Code, as a touching incentive to a conscientious and loving discharge of the anxious and often perilous duties incident to the profession.

DEDICATION TO DR. . . . .

'They listen to his footsteps on the stairs,  
 To them distinct, through all the city's hum,  
 Hushing their painful sighs, heartbroken prayers,  
 To count those footfalls as they nearer come.



And sadly, as he bends above the bed,  
 They wait for words of comfort from his lips :  
 Death shuts the fatal wings so darkly spread,  
 And life smiles out behind her black eclipse.

His soothing hand relieves the racking pain,  
 Wipes the cold death-damp from the haggard face,  
 Brings hope and peace to the o'er troubled brain,  
 And stays pale Death in his too rapid pace.

No wonder that they bless him as he leaves  
 The darkened bedroom and its fevered air ;  
 The saddened brow, the bitter heart that grieves,  
 Are happier, better, for his presence there.

Ever serene and calm himself, he goes—  
 Heedless of place and time—where duty calls ;  
 Be it to soothe the mightiest monarch's woes,  
 Or suffering penury in prison walls.

He, too, hath suffered, though his brow is calm :  
 Grief, sickness, pain, are not to him unknown ;  
 But he, from whom so many seek their balm,  
 Seeks from on High the solace for his own.'

[Ere proceeding to note in detail the special ethical rules suggested for the guidance of the faculty, the compiler, in reply to the objection sometimes urged against a 'Medico-Ethical Code'—viz. : that 'no laws, however stringent, will make a man honourable who is not innately inclined to be so',—while regretfully admitting the general truth of the assertion, ventures to record his deliberate conviction (arrived at after much practical experience, and careful observation extending over a period of nigh forty years,) that a *good* example is calculated to exert an almost equally powerful influence with that for *evil* :—and, therefore, that the *morale* of the truly honourable members cannot fail to exercise a very important influence over those who might by nature be otherwise inclined ; for however



much the latter may affect to despise the good opinion of the practitioners in their own immediate neighbourhood, yet, knowing as they will do, that, on the formation of an ethical committee or council in each county (as is strongly recommended), unprofessional conduct will sooner or later be brought under the cognizance not only of their medical brethren throughout their respective districts, but, if need be, of the profession at large,—callous indeed to all the finer feelings of human nature must he be, who could calmly contemplate so unenviable a position in the medical world as that which would be implied by the general censure of his brother practitioners.]



## CODE OF MEDICAL ETHICS.

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THE DUTIES OF MEDICAL PRACTITIONERS TO THE PUBLIC AND TO THE PROFESSION AT LARGE, TO EACH OTHER, AND TO THEMSELVES.

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CHAP. I.—ON THE DUTIES OF MEDICAL PRACTITIONERS TO THEIR PATIENTS, AND THE OBLIGATIONS OF PATIENTS TO THEIR MEDICAL ADVISERS.

SECT. 1.—THE DUTIES OF PRACTITIONERS TO THEIR PATIENTS.

SECT. 2.—DUTIES OF PATIENTS TO THEIR MEDICAL ADVISERS.

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SECT. 6.—THE DUTIES OF PRACTITIONERS WHEN DIFFERENCES OCCUR BETWEEN THEM.

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CHAP. III.—ON THE DUTIES OF THE PROFESSION TO THE PUBLIC AND THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

SECT. 1.—THE DUTIES OF THE PROFESSION TO THE PUBLIC.

SECT. 2.—THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

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## CHAPTER I.

### ON THE DUTIES OF MEDICAL PRACTITIONERS TO THEIR PATIENTS, AND THE OBLIGATIONS OF PATIENTS TO THEIR MEDICAL ADVISERS.

#### SECT. I.—THE DUTIES OF PRACTITIONERS TO THEIR PATIENTS.

SPECIAL RULES, ETC.—1. A medical practitioner should not only be ever ready to obey the calls of the sick, but his mind should be imbued also with the greatness and responsibility of his mission; and his obligations are the more deep and enduring, as there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. A 'doctor', therefore, should minister to the sick with a due impression of the importance of his vocation: reflecting, moreover, that the comfort, the health, and the lives of those committed to his charge depend, humanly speaking, on his skill, attention, and fidelity. In his deportment, also, he should study so to unite *tenderness* with *firmness*, and *urbanity* with *authority*, as to inspire the minds of his patients with gratitude, confidence, and respect.

2. Every case (rich and poor alike) entrusted to the care of a practitioner should be treated with kindness, humanity, and attention. Reasonable indulgence should also be accorded to the mental weaknesses and caprices of the sick. Delicacy must in all cases be strictly observed, and secrecy also, under all but very exceptional circumstances



—as, for instance, in a case of threatening insanity, or of pertinacious concealment of pregnancy after seduction, in which it would probably be the practitioner's duty to communicate his fears to a near and prudent relative of the patient; and the familiar and confidential intercourse to which a 'doctor' is admitted in his professional visits should be used with discretion, and with the most scrupulous regard to fidelity and honour. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition, or defect of character, observed during professional attendance, should ever be disclosed by the medical adviser, unless imperatively required. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

3. In many cases, frequent visits to the sick are necessary, as they enable the medical attendant to arrive at a more perfect knowledge of the disease, and to meet promptly any change of symptoms: they may also, in some instances, be requisite to inspire the patient with confidence; but *unnecessary* visits (except when *specially* requested,) should be carefully avoided, as they cause needless anxiety to the patient, are calculated to diminish the authority of the practitioner, and render him liable to be suspected of interested motives, and thus discredit the profession.

4. A practitioner should not be prone to make gloomy prognostications, inasmuch as, they not only exert a depressive influence on the invalid, but savour strongly of empiricism by unduly magnifying the importance of his services in the treatment or cure of the disease; at the same



time, he should not fail to give to the friends of the patient timely notice of actual danger, and even to the patient himself, if absolutely necessary, or when specially desired by the relatives. The communication, however, when personally made by the doctor, is generally so alarming to the patient, that, whenever it can, it had better be delegated to some discreet relative, or other sympathizing friend, or *experienced* clergyman; for the medical attendant should be the minister of hope\* and comfort to the sick—that, by such cordials to the drooping spirit he may soothe the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility, even of the most resigned, in the trying moments of impending dissolution. Nor should it be forgotten that the ebbing life of a patient may be shortened not only by the acts, but also by the words and manner of the doctor; it is, therefore, his duty carefully to guard himself in this respect, and to avoid, as far as possible, everything which has a tendency to discourage the patient and depress his spirits.

5. A practitioner is not justified in abandoning a patient because the case is deemed incurable; for, even in the last stage of a fatal malady, his continued attendance may prove highly beneficial to the patient, and a comfort to the sorrowing relatives, by professional suggestions for the alleviation of pain, and the soothing of mental anguish and distress. And here it may be well to note that, but few practitioners,—if any, indeed, save those who have themselves languished on a bed of sickness, or, it may be, of apprehended death,—can fully realize the feeling of comfort

\* 'White-handed hope, the hovering angel, gilt with golden wings.'



and consolation afforded by the presence of a kind, sympathizing doctor in the chamber of the sick and the dying. To decline attendance, under such circumstances, would be sacrificing to ideal delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary consideration. At the same time there are circumstances which fully justify a medical man in relinquishing the care of a patient—such as wilful, persistent disregard of his advice; the abuse of his attendance as a ‘blind’ for some unworthy purpose, or irregularity of life; loss of the necessary professional restraining influence; and other positions which the practitioner’s innate feeling of self-respect will at once indicate, should the necessity arise.

6. In difficult or protracted cases, consultations should be freely and judiciously promoted, as they engender confidence, evoke energy, and give rise to more enlarged views in practice.

7. The opportunities which a medical man not infrequently enjoys of promoting and strengthening the good resolutions of a patient suffering from the consequences of alcoholism, or vicious conduct, should never be neglected. His counsels, and even his remonstrances, will generally be taken in good part—especially by the younger members of a family,—and give satisfaction rather than offence, if tendered with feeling courtesy.

SECT. 2.—THE DUTIES OF PATIENTS TO THEIR MEDICAL  
ADVISERS.

1. The members of the faculty, on whom devolve so many important, arduous, and anxious duties on behalf of the community—in the discharge of which, moreover, they



have continually, in the interest of the sick, to sacrifice their rest, comfort, and health, and expose themselves to the risks of fevers, and other infectious diseases,—are justly entitled to expect from, and, if need be, should impress upon their patients a due sense of their moral (irrespective of all pecuniary) obligations to the faculty: for it cannot be doubted that the medical profession, characterized as it is by unselfish devotion of life to the necessities of an exacting, and, too often, selfish public, is worthy of the honour accorded to it in the Apocryphal writings:—“Honour a physician with the honour due unto him for the uses which ye may have of him: for the Lord hath created him.—For of the most High cometh healing, and he shall receive honour of the King.—The skill of the physician shall lift up his head: and in the sight of great men he shall be in admiration,” etc.—“He hath given men skill, that he might be honoured in his marvellous works.—With such doth he heal men, and taketh away their pains.”—“Then give place to the physician, for the Lord hath created him: let him not go from thee, for thou hast need of him.”—Ecclus., ch. xxxviii.

2. The first professional (so to speak) duty of a patient is to select, as his medical adviser, a duly educated and registered practitioner. In no profession, trade, or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world must not suppose that knowledge is intuitive.

3. A patient will do well to elect a practitioner whose habits of life are regular, and not unduly devoted to company, pleasure or other pursuits incompatible with his



professional obligations. He should also, as far as possible, confide the care of himself and family to one practitioner: for a medical man who has acquired a knowledge of their constitution, habits, and predispositions, is more likely to be successful in his treatment than one who lacks it.

Having thus chosen his doctor, a patient will act wisely in applying for advice in cases which, to him, may appear trivial—for serious, and even fatal results not unfrequently supervene (if neglected) on accidents seemingly slight; and it is of still greater importance that he should seek it in the early stage of acute disease: to neglect of this precept is doubtless due much of the uncertainty and failure with which the medical art has been reproached.

4. Patients should faithfully and unreservedly communicate to their medical adviser the supposed cause of their malady. It is the more important, since many diseases of mental origin simulate those dependent on external causes, and yet are incurable otherwise than by ministering to the mind diseased. A patient, moreover, should never be afraid of thus making the doctor his friend and confidant, but should always bear in mind that a medical man is under the strongest ethical obligations of reticence and secrecy; nor should any undue feeling of shame or delicacy deter even females from disclosing to him the seat, symptoms, and suspected causes of any ailment peculiar to their sex; for however commendable and necessary a modest reserve may be in the ordinary occurrences of life, its too strict observance in medicine might be attended with the most serious consequences—and a patient may even sink under a painful and loathsome disease, which might have been cured, or, at least, relieved,



and much suffering averted, if timely intimation had been given to the medical attendant.

5. A patient, when narrating the symptoms and progress of his malady, should avoid unnecessary prolixity and detail, which would weary the attention and waste the time of his doctor; neither should he, without good cause, obtrude upon him the details of his business, nor the history of his family concerns. Even as regards his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute self-statement.

6. The obedience of a patient to the prescriptions and instructions of his medical adviser should be prompt and implicit, and his attention to them uninfluenced by his own or other crude opinions, as to their fitness—for a failure in any one particular may render an otherwise judicious plan of treatment hurtful, and even dangerous. Nor can caution be too strongly impressed upon convalescent patients, who are very apt to suppose that the rules prescribed for them may then be disregarded—and the not uncommon result is a relapse, consequent on some indiscretion in diet, exercise, or undue exposure.—Patients, moreover, should never allow themselves to be persuaded to take medicines recommended to them by the self-constituted doctors and doctresses so frequently met with in society, and who assume to possess infallible remedies for the cure of this or that disease. However simple their assumed remedies may seem to be, it not infrequently happens that they are productive of much mischief, and in all cases are likely to be injurious, by contravening the treatment and impairing the authority of the medical attendant.



7. A patient should avoid even the *friendly visits of a practitioner* not in attendance upon him; and if constrained to receive them, *he should never converse on the subject of his malady*—for an observation might be made, which, without any intention to professionally interfere, may weaken or destroy his confidence in the treatment pursued, and induce him to neglect the directions laid down for his guidance.

8. The confidential relations which usually subsist between patient and practitioner render it especially incumbent on the former, during illness, to be open and unreserved with his medical adviser; and he ought never to send for a consultant, nor seek for a 'second opinion,' without the knowledge of his ordinary medical attendant. It is also of great importance that practitioners should act in concert; for although their respective plans of treatment, if carried out singly, may be attended with equal success, yet if conjointly adopted, they are very likely to be productive of disastrous results.

9. The right of a patient to change or to discard his medical adviser is unquestionable; but, like other rights, it is limited by the legitimate claims of others: and, *a priori*, a medical practitioner is justly entitled to expect that he shall not, *sine causâ*, and without reasonable courtesy and explanation, be superseded in attendance on a case. In such event, moreover, the superseding practitioner is morally and ethically bound to take due care that the same courteous respect which he individually would exact, be paid to his discarded *confrère*, alike by himself, and by those whom he has been called in to professionally advise.

10. Patients should always, when practicable, send for



their doctor in the morning, before his usual hour of going out; for by an early knowledge of the visits he has to make during the day, he is enabled so to apportion his time as to obviate any clashing of engagements. They should also avoid calling on, or sending for him during the hours devoted to meals or to sleep, unless really necessary. They should, likewise, always endeavour to be ready to receive his visits, as detention, even for a few minutes, is often of serious inconvenience to a practitioner in extensive practice:—on the other hand, the medical attendant will do well, even if it be not a duty incumbent upon him, to intimate as nearly as may be the hour at which he intends to make his next visit—for most patients not only like to have their persons, and their rooms tidied for his reception, but the protracted anxious expectancy, and longing for the doctor's rap has, there is little doubt, 'like hope deferred', a prejudicial effect on the recovery of the sick.

II. Patients should, after their recovery, entertain a just and enduring sense of the value of the services rendered to them by their doctor; for, in severe illnesses especially, these are usually of such an anxious, trying nature, that no mere pecuniary acknowledgment can repay or cancel them.



## CHAPTER II.

### ON THE DUTIES OF MEDICAL PRACTITIONERS TO THE PROFESSION, TO EACH OTHER, AND TO THEMSELVES.

#### SECT. I.—THE DUTIES OF PRACTITIONERS IN SUPPORT OF PROFESSIONAL CHARACTER AND STATUS.

1. Every one who enters the profession, and thereby becomes entitled to its privileges and immunities, incurs the obligation to exert his abilities to promote its honour and dignity, to elevate its status, and extend its influence and usefulness. He should, therefore, strictly observe such laws as are instituted for the guidance of its members, and avoid all disparaging remarks relative to the faculty as a body, or its members individually; and should seek by diligent research and careful study to enrich the science and advance the art of medicine.

2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence, are required, than the medical; and to attain such eminence is a duty which every practitioner owes alike to his profession, and to his patients. It is due to the latter, in so far, that, without it, he cannot command their confidence and respect: and to both, since no scientific attainments can compensate for the want of sound principles of morality. It is also incumbent upon the faculty



to be temperate in all things—for the practice of physic requires the unremitting exercise of an unclouded and vigorous understanding; and on emergencies (for which no professional man should be unprepared), a steady hand, a quick eye, and a clear head, may be essential for saving the life of a fellow-creature.

3. It is degrading to the true science of medicine to practise homœopathy, or professedly or exclusively, hydro-pathy or mesmerism; and alike derogatory to the profession to\* solicit practice by advertisement, card, or printed circular, or to notify change of residence, the introduction and address of a partner, or the transfer of a practice, otherwise than *vivâ voce*, or by an autographic or other *fac-simile* of a written note, and its circulation strictly limited to *bonâ fide* patients of the transmitter; also, to offer, by public announcement, gratuitous advice to the poor, or to promise radical cures; to publish cases and operations, or semi-medical articles with the name and professional suffix of the writer appended thereto, in the lay press, or, knowingly, to suffer such publications to be made, or otherwise issued to the public; to 'tender' for a club or other paid appointment, or to apply or canvass for such ere a vacancy has been declared; to advertise medical works in non-medical papers, or to contribute articles on professional subjects to journals professing to furnish the general public with medical

\* Closely akin to solicitation is that of calling upon new residents in the neighbourhood, and leaving their card—ostensibly, as a mark of respect, but in reality to seek for practice. It cannot therefore be too deeply impressed upon such that the true, dignified practice, and the most consistent with a due respect for self and the faculty, is to wait until their professional or social acquaintance is sought: in such case, moreover, it is far more likely to be appreciated.



information and advice in relation to disease, or in any way to advertise, or permit himself to be advertised therein; to invite laymen to be present at operations; to boast of cures and remedies; to adduce testimonials of skill and success; or to do any like acts. Such are the ordinary practices of charlatans, and are incompatible with the honour and dignity of the profession.

4. Equally derogatory to professional character is it for a practitioner to hold a patent for any proprietary medicine or surgical instrument; or to dispense a secret *nostrum*, whether it be the composition, or exclusive property of himself, or of others: for if such *nostrum* be really efficacious, any concealment in regard to it is inconsistent with true beneficence and professional liberality; and if mystery alone impart value and importance to it, such craft is fraudulent. It is also extremely reprehensible for a practitioner to attest the efficacy of patent or *secret medicines*, or in any way to promote their use; only less culpable is the practice of giving written testimony in favour of articles of commerce, and tacitly or otherwise sanctioning its publication. It is likewise degrading for a medical man to enter into compact with a druggist to prescribe gratuitously or otherwise, and, at the same time, share in the profits arising from the sale of the medicines. Alike censurable (and ethically dishonest) is the modern practice of assuming, for the purely selfish purpose of personal advancement, the distinctive titles and status of our public institutions, and parading private speculations as *bonâ fide* 'hospitals', 'infirmaries', and 'dispensaries'. Such *sham* institutions are not only derogatory to the faculty, but injurious to the true interests of the community; and no practitioner



desirous to uphold the dignity of his profession should resort to such *un*-professional devices—otherwise he must not be surprised at being ignored by the faculty and treated as a charlatan.

SECT. 2.—THE DUTIES OF PRACTITIONERS IN REGARD TO THEIR  
PROFESSIONAL SERVICES TO EACH OTHER, THEIR FAMILIES,  
WIDOWS, AND CHILDREN.

1. All legitimate practitioners of medicine, their wives, and children while under the paternal care, are entitled (*not* as a matter of *right*, but) *by professional courtesy*, to the reasonable and gratuitous services—*railway and like expenses excepted*—of the faculty resident in their immediate or near neighbourhood, whose assistance may be desired. In the case, also, of near relatives who are more or less dependent upon a professional brother (other than wealthy), it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or a daughter altogether independent of the father,—or the widow and children of a practitioner left in affluent or well-to-do circumstances,—should be charged as ordinary patients—unless feelings of friendship, or other special reasons, render the attendant practitioner averse to professional remuneration: in such case, the rule need not apply. Moreover, if a wealthy member of the family seeks professional advice, and courteously urges the acceptance of a fee, it should not be declined—*for no pecuniary obligation ought to be imposed on the DEBTOR, which the DEBTEE himself would not wish to incur.*

A doctor suffering from serious disease is, in general, an incompetent judge of his own case: and the natural



anxiety and solicitude which he experiences at the sickness of a wife, child, or others, who, by the ties of consanguinity, are rendered dear to him, tend to obscure his judgment, and engender timidity and irresolution in his practice. Under such circumstances, medical men are especially dependent upon each other; and kind offices and professional aid should always be cheerfully and freely afforded. Visits should not, however, be officiously obtruded, since unsolicited attention may give rise to embarrassment, or interfere with that choice on which confidence depends.

SECT. 3.—THE DUTIES OF PRACTITIONERS IN RESPECT TO  
VICARIOUS OFFICES.

1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes necessitate a temporary withdrawal from practice, and an appeal to some one or more of his professional brethren to officiate for him. A ready assent to such request, or a cordial tender of service when the necessity for such is known or felt, is an act of christian duty, which, on the divine principle of 'Whatsoever ye would that men should do to you, do ye even so to them', should always (if it be possible), be courteously accorded, and carried out with the utmost consideration for the interest and character of the 'medical brother'.—But if a practitioner neglect his professional duties in quest of pleasure and amusement, he is neither morally nor ethically entitled to the exercise of such fraternal courtesy without adequate remuneration being made to his officiating friend for the services rendered.



1. The possession of a Degree or Diploma specified in Schedule A of the Medical Act, 1858, furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honours of his profession. Nevertheless, inasmuch as in consultations the good of the patient is, or should be, the sole object in view, and that such often depends on personal confidence—no intelligent qualified practitioner possessing a Degree or Diploma from a Foreign, Colonial, or Indian University, of known (though not officially recognised in Great Britain,) reputation, and who is, moreover of good moral and professional local standing, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is particularly desired by the patient. But no one can be considered a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, such as homœopathy,\* *et hoc genus omne* (unqualified Assistants included) :

\* The question of Consultation with Homœopaths, as a problem affecting the interests of the profession and the public, may be thus briefly, and, it is hoped, fairly stated and criticized:—Is it ('tis well to ask ourselves,) consistent with his duty to the patient, to the public, and to the profession, that the legitimate medical practitioner should be called upon (perforce, as it were,) to meet, and, by nominal consultation with the homœopath, disingenuously cover, and, so far, professionally ignore, the all-important fact that their respective principles, in regard to the treatment of disease, are so diametrically opposite as to render an honest consultation, with real benefit to the patient, utterly out of the question? To such interrogatory, surely it is no more than reasonable and mutually just to affirm, that any other response than an emphatic negative cannot conscientiously be assumed!—for not only would it, in any case, be inconsistent and disingenuous, but in acute perilous disease would amount to grave



—indeed, for a legitimate or orthodox practitioner to meet a professor of homœopathy in consultation, is a dishonest and degrading act :—dishonest, because he lends his countenance to that which he knows to be a dangerous fallacy—and degrading, inasmuch as he has neither the manly, professional honesty to resist the temptation of a possibly liberal fee, nor the moral courage to discountenance the capricious vagaries of some wealthy, or, may-be, titled patient.

[*Note.*—If an ‘unqualified assistant’ in the absence of his principal, requests a consultation *in a case of emergency*, two courses are open to the Consultant—the first of which

professional fraud, and culpable (akin to criminal) neglect of duty to the patient—inasmuch as, such a consultative meeting could only result in a compromise fraught with dangerous delay in effective treatment, and consequent increased peril to life, and, therefore, should be courteously but resolutely declined; and, further, the attending practitioner should, if need be, retire from the case rather than act disingenuously to the patient, collusively with the homœopath, and dishonestly towards his legitimate professional brethren. Moreover, it would wrongfully invest the homœopath (whom the orthodox faculty believe to be practising irrationally,) with the mantle of scientific brotherhood and professional loyalty, and *per se*, constitute an immoral compact into which the conscientious practitioner would be more than justified in refusing to enter. At the same time, it may be well to emphasize the fact that professional repudiation of the homœopath is not dictated by any harsh, arbitrary ethical rule, but by moral personal conviction, and a rigid sense of duty, deepened by an honest regard for the true interest of the public, and the honour of the faculty. It may also be worth noting that an apt and consistent response to the irrational ‘consultation’ outcry, so invidiously raised at times in behalf of the professors and abettors of the principles enunciated in the homœopathic dogma of “*Similia Similibus Curantur*,” may be found in the legitimate retort of ‘*Thrasyllus a Thrasyllo Consilium Petat*’; which, freely translated, may be rendered thus: ‘Like should consult with Like!’

*Note.*—Since the preceding comments were submitted to divers eminent representative practitioners for revision, the author has received from one



(A), though, mayhap, not strictly ethical, will commend itself as being in harmony with the 'true Samaritan' spirit of the profession; and, in the opinion of the compiler, may be exceptionally acted upon without prejudice to the faculty:—

A.—The Consultant having previously obtained the particulars of the case, should, after a personal examination of the patient, retire with the 'Assistant' and communicate his opinion and wishes in respect to the treatment; and then inform the patient, or friends, that he will renew his visit to note the effect of this or that alteration which he has recommended the gentleman in charge to carry out. In a *non-urgent* case, however, the Consultant, in justice to the faculty and the public, should firmly decline to meet an unqualified assistant.

B.—If, on the other hand, the Consultant objects to confer professionally with the unqualified assistant, he should, in

of the most distinguished and esteemed professorial physicians of the day, various noteworthy and suggestive reflections relative to orthodox and homœopathic professional attendance in cases of acute perilous disease, to the following effect:—If, he remarks, an orthodox medical practitioner be already in attendance, and the friends of the patient propose to call in a homœopath, a consultation would be utterly objectionable, for the reasons you have expressed; on the other hand, if the person in actual attendance be a homœopath, and the case one of "*acute perilous disease*", in which any delay would be critically dangerous, the gravely important question might then arise as to whether an orthodox practitioner would be morally justified in refusing to see the patient (although the homœopath remained nominally in attendance), provided that it was distinctly understood, and honourably assented to by all connected therewith, that the immediate future treatment should be in strict accord with the principles of legitimate orthodox medicine, and honestly carried out by responsible, trustworthy nurses, selected, if need be, by the Consultant.—Such is the critical question I would venture to submit for the thoughtful consideration of the orthodox faculty, in behalf of suffering humanity. Can the reply, think you, be other than that of the 'true Samaritan'?—to which we rejoin: Let 'conscience' dictate the answer!



such case, make known to him with feeling courtesy, the rule of the profession in the matter, and express his willingness either to visit the patient alone, and to see him (the assistant) subsequently in reference to the treatment,—or, if preferred, take sole charge of the patient on behalf of the absent practitioner.

The Consultant, moreover, should, as far as the attendant circumstances justify, carefully abstain from all allusion, in the presence of the patient or friends, to the cause of his inability to meet the assistant in consultation—otherwise, while unnecessarily wounding the feelings of the gentleman in attendance, he may also unwittingly cast an ungenerous reflection on the absentee practitioner for entrusting his patients to the care of a person not ‘legally qualified.’

It is scarcely necessary to add, that, under no circumstances, should a member of the faculty meet in consultation an unqualified man ‘in practice for himself.’]

2. It cannot be too strongly impressed on every member of the profession, that in consultations, all feelings of emulation and jealousy should be carefully laid aside; that the most honourable and scrupulous respect for the character and standing of the practitioner in charge of the case should be observed; that the treatment of the latter, if necessary, should be justified as far as it can be consistently with a conscientious regard for truth—and no hint or insinuation thrown out which could impair the confidence reposed in him, or otherwise affect his reputation. The Consultant should also carefully abstain from any of those inordinate attentions, which have been sometimes practised by the unscrupulous for the purpose of gaining undue credit, or ingratiating themselves into favour.



3. In consultations,\* it is the rule and custom for the Consultant, after the usual preliminary conference relative to the history and facts of the case, to take precedence of the family doctor in the necessary physical and questioning examination of the patient:—exceptional circumstances, however, may arise, in which the family attendant, should, as an act of confidence and courtesy, be the first to propose the necessary questions—after which, the Consultant should make such further inquiries and examinations as he may deem necessary to satisfy himself of the true nature of the case; but no observations of any kind indicating an opinion as to the nature of the malady, treatment pursued, or its probable issue, should be made in the hearing of the patient, or his friends, until the consultation is concluded. Both practitioners should then retire to a private room for deliberation; and the treatment having been determined by the consultation of himself and colleague, the Consultant last called in (if there be more than one in attendance,) should write the prescription for the medicines decided on—with the name of the patient and the date,—and append his initials thereto, and be followed by those of his colleagues in the order in which they attended. He (the Consultant) should likewise be the one to communicate to the patient, or his friends, the directions agreed upon, together with any opinion it may have been decided to express: but no statement should be made, or discussion relative thereto take place before the patient or his friends, except in the

\* As a guide to young practitioners, it may be well to note that, in consultations, it is customary for the family doctor to precede the Consultant into the sick-room, and to retire therefrom after him. 'Tis scarcely necessary to add that, as a rule, it rests with the Consultant, and not with the regular attendant, to fix the hour of meeting.



presence, and with the consent of all the faculty in attendance; and no *opinions* or *prognostications*, other than those mutually assented to after deliberation, should be expressed.

4. In consultations, and in cases where the ordinary family attendant visits the patient more frequently than the Consultant, it will be his duty to see the measures agreed upon faithfully carried out—not to add to, diminish, or alter, in any way, the practice mutually assented to—except in an emergency, or unexpected change in the case; and in such latter event, any variation of the treatment should, with the reasons for it, be fully explained at the next consultation. The same privilege and duty devolve on the Consultant; when sent for in the absence of the regular attendant.

5. When two, or more, practitioners attend in consultation and the hour of meeting has been fixed, punctuality should be strictly observed; and this, in most instances, is practicable—for society is, in general, so far considerate as to allow the plea of a professional engagement to take precedence of all others. An unlooked for accident, or other urgent case, may, however, intervene, and delay one of the parties; in that case, the first to arrive should wait a reasonable time for his associate—after which, the consultation should be considered as deferred until a new appointment can be made. If the attending practitioner be the family doctor, he will of course see the patient and prescribe; but if it be the Consultant, he should retire, except in a case of urgent necessity, or when he has been summoned from a long distance—under which circumstances, he may examine the patient, and express his



opinion *in writing* (if necessary) and *under seal*, to be delivered to his associate—and, in the interim, should meet the emergency by such treatment as he may deem necessary.

6. When a senior practitioner is called upon to meet his junior in consultation, for a second opinion, it will be competent for the former to represent the propriety and advantage of obtaining the assistance of a more experienced practitioner; but if the patient specially desire to have the opinion of any qualified member of the profession, even though a junior, it will be at the option of the practitioner in attendance to acquiesce, or withdraw. As a rule, however, a practitioner should never decline to meet another, *merely* because he is his junior; and he will best consult his own interest and that of the profession, by a ready and courteous assent to meet any junior of good repute:—a contrary course would reflect discredit on himself and the faculty.

7. In consultation, the graduate in medicine practising as a physician only, is entitled to precedence of the general practitioner.

8. If, when more than two practitioners have met in consultation, an irreconcilable diversity of opinion unfortunately occur, that of the majority should be acted upon; but if the members on either side be equal, then the decision should rest with the family attendant: in either case, the greatest moderation and forbearance should be observed, and the fact of the disagreement communicated to the patient, or his friends, and the issue left to them. It may also happen that, in the ordinary dual consultation, the two practitioners fail to agree in their views of a case, and the treatment to be pursued—an incident always to be



much regretted, and, if possible, avoided by such mutual concessions as are consistent with the dictates of judgment. If, nevertheless, a difference of opinion exist, it would be well to call in a third practitioner; and if that be impracticable, it must be left to the patient to select the one in whom he would wish to confide. At the same time, as every practitioner justly relies upon the rightness of his judgment, he should, when unable to concur in the treatment adopted, consistently and courteously retire from any further participation in the consultation, or management of the case, unless exceptional circumstances should, in the interest of the patient, render such a course undesirable.

9. In consultations, theoretical disquisitions should be studiously avoided, as they often lead to perplexity and loss of time. Consultative discussions, moreover, should be regarded as private and confidential: and neither by word nor manner should any of the parties to a consultation covertly allege, or in any way intimate to the patient, his friends, or other person, that he had dissented from the treatment as unsuited to the case. A proceeding so unethic would not only be dishonouring to the individual practitioner, but a reflection on the faculty. The responsibility, and imputation of failure, however unjust, should, equally with the credit of success, be shared alike by the respective practitioners.

10. Whenever 'a second opinion' is desired or suggested by a patient, or his relatives, it should, as a rule, be at once courteously acceded to by the attending practitioner—who too often demurs, or unwillingly assents, under the *erroneous* impression that a consultation detracts from his professional status, and evinces personal distrust in



himself:—whereas, it should be regarded simply as the very natural desire on the part of the relatives to leave nothing undone that might perchance, however forlorn the hope, tend to restore the health, or, it may be, save the life of the loved one—cost what it may. But even were it otherwise, it must not be forgotten that the patient has an indisputable right to ‘further advice,’ if he wishes it; and the family attendant will do well for his own sake, as well as that of the patient, to let the responsibility be shared by a second practitioner.

11. When from any cause the continued attendance of two practitioners would be objectionable to the patient, and a special and exhaustive consultation—entailing an unusual sacrifice of time—is, in consequence deemed desirable, a double fee may fairly be charged; and in difficult and obscure cases, and complicated railway and other injuries, in which a minute physical or other examination and a prolonged consultation are rendered necessary, it is only reasonable that the honorarium should be proportionate to the time occupied—as is customary with ‘Counsel’: an exclusive fee, therefore, of from two to five guineas, according to the social or pecuniary position of the patient and the professional status of the Consultant, may be justly claimed. Due intimation, however, of the Consultant’s expected fee in such and, where necessary, in ordinary cases also, should be given to the patient by the family attendant, prior to the consultation being arranged.

It may here be well to allude to the anomalous custom existing in various rural districts, and which indicate an erroneous view of the relative pecuniary obligation that should subsist between the Consultant and the ordinary



medical attendant—the conventional practice referred to, being that the practitioner in attendance is held responsible for the payment of the Consultant's fee, and has subsequently to charge it to the patient. It may therefore be desirable to note, that in cases of consultation, the duty which ordinarily devolves on the family medical adviser is simply to intimate to the patient, where necessary, what the Consultant's usual or expected fee is, and, as far as possible, to see that it be paid at the time—unless, for financial or other valid reasons, deferred payment be deemed expedient; but there is no professional obligation whatever on the 'family doctor' to do so out of his own pocket: a rule to such effect is unreasonable, and, albeit a district custom, one not to be commended.

12. The Consultant has no claim to be regarded as a regular attendant on the patient; and his attendance ceases after each consultation, unless otherwise arranged.

The patient and his ordinary medical adviser are therefore fully at liberty to call in any other Consultant without the cognizance of the former, provided that no appointment then exists.

N.B.—Should the practitioner who has been called in consultation be subsequently requested to take sole charge of the patient, he should courteously but *firmly* decline.

13. No member of a firm of practitioners (unless, from professional status and experience, his ordinary personal practice has become purely 'consultant', and his advice, as such, be SPECIALLY requested by the patient,) whose opinion is sought in a case under the care of a partner in the firm, is entitled, according to professional usage, to claim the customary fee of a Consultant:—such advisory visits,



indeed, (if within the prescribed distance of an ordinary visit,) are generally regarded as complimentary ones.

SECT. 5.—THE DUTIES OF PRACTITIONERS IN REFERENCE TO SUBSTITUTES,  
OR LOCUM-TENENTES, AND IN CASES OF INCIDENTAL INTERFERENCE  
WITH OTHER THAN THEIR OWN PATIENTS.

1. Medicine as an art and science is a liberal profession, and those admitted into its ranks should found their expectations of success in practice on the nature and extent of their scientific and personal qualifications, and not on artifice or intrigue.

2. When a practitioner from motives of friendship, or the necessities of busines, is prompted to visit a patient under the professional care of another, he should observe the strictest caution, circumspection, and reserve. No meddling enquiries should be made, no disingenuous hints given relative to the nature and treatment of the disease, nor any line of conduct pursued that may directly or indirectly tend to diminish the confidence reposed in the family attendant. Indeed, such visits should be avoided, except under peculiar circumstances; and, when made, the topics of conversation should be as foreign to the case as possible.

3. When during sickness, affliction, or absence from home, a practitioner entrusts the care of his practice to a professional friend, the latter should not make any charge to the former, or to the patients for his services, but should in all things be the *locum tenens* of the absentee. If, however the attendance be protracted, and the labour proportionate, a fitting acknowledgment should, if circumstances admit, be made.



4. When a practitioner attends for, or in consultation with another, and it appears necessary to change the treatment, it should be done with the most scrupulous care, so as not to injure the reputation or wound the feelings of the previous attendant. *Un-necessary*, meddlesome interference with the treatment should be carefully avoided as unjust to the family doctor, and derogatory to true science.\*

5. When a practitioner is consulted by a patient (or other member of the family) whom he has previously attended as the officiating friend or *locum tenens* of another during sickness or absence from home, he should act in

\* What, it has been critically asked by an eminent practitioner (the late Sir Robert Christison), since the preceding was penned, should be the conduct of the Consultant when he finds that the ordinary medical attendant has misunderstood the case, or, it may be, has committed a grievous error? We reply that, in obedience to the 'royal law' (James, ch. II., v. 8,) he should, while striving to do his duty to the patient, at the same time endeavour judiciously to shield his brother-practitioner from the obloquy and prejudice which are always, in a greater or less degree, attached by patients to an error in judgment by their doctor;—for who, it may be replied, has not in the course of his professional life committed like grievous errors, of which the 'still small voice within' is alone cognizant and the sole accusant!

In conflict with the preceding opinion is that expressed by the late Abraham Banks, Esq., in his 'Medical Etiquette' published in 1839, as follows: and which the compiler, though dissenting therefrom, deems it right to insert, and leave it to the calm judgment of the practitioner to conscientiously accept, or alike reject.

"Nothing can be more agreeable to a rightly constituted liberal mind, than to give an opinion in confirmation of the judicious treatment adopted by another; but when it happens that there has been most palpable neglect, or most decided mal-treatment, a conscientious man is necessarily thrown into a very unenviable moral dilemma. Strongly reluctant to infringe in the least degree upon the claims of generosity, or to lay himself open to the slightest imputation of illiberality, he yet feels a moral responsibility



strict accord with the principle laid down in Rule 9, and decline attendance, except in consultation.

6. When a practitioner is ill or absent from home and the patient wishes to have a medical man of his own choice, rather than the officiating friend, or *locum tenens*, the practitioner so elected should act in accordance with the following rule:—

7. When a practitioner is called to an urgent case, either of sudden or other illness, accident, or injury, in a family usually attended by another, he should (unless his further attendance in consultation be desired,) when the emergency is provided for, or on the arrival of the attendant in ordinary, resign the case to the latter; but he is entitled to charge the family for his services.

8. Whenever a patient, whose usual medical adviser resides at a distance, sends for a practitioner residing near, the latter should adhere to the preceding rule, as far as circumstances admit.

9. When a practitioner is called in to, or consulted by a patient who has recently been, or still may be, under the

resting upon him to give his honest opinion; what is he to do! He must apply for assistance to Moral Philosophy; she will teach him that truth constitutes the great bond of union between man and man; and that however adverse to his feelings, yet his duty to society, his duty to himself, his duty to the individual soliciting his opinion, call upon him to declare his real sentiments."

N.B.—Notwithstanding the assumed teaching of 'Moral Philosophy' on the point in question, it may with perfect truth be alike ethologically affirmed that such a step should never be taken until after deep, deliberate thought, and a conscientious review of the facts; nor until, in the heart and mind of the Consultant, no other course remains open, and that imperative duty demands it in justice to a well-founded belief that the *culpable* neglect, or mal-treatment, will otherwise be persisted in.



care of another for the same illness, he should on no account interfere in the case, except in an emergency,—having provided for which, he should request a consultation with the gentleman in previous attendance, and decline further direction of the case except in consultation with him. If, however, the latter refuse this, or has relinquished the case, or if the patient insist on dispensing with his services, and a communication to that effect be made to him, the practitioner last consulted will be justified in taking charge of the case—ere assuming which, however, he should satisfy himself that such intimation has been given by the patient or family. Under such circumstances, no unjust or illiberal insinuations should be thrown out in reference to the conduct or\* practice previously pursued—which as far as candour and regard for truth and probity will permit, should not only be justified, but, if right, honourably persisted in; for it often happens that, when patients (capricious ones especially,) do not experience immediate relief from the treatment, they become dissatisfied, and, under the impression that their case is not understood by the ‘doctor’, unjustly impute the blame to him; many diseases, moreover, are *per se* of so protracted a nature, that the want of success in the early stage of treatment affords no evidence of a lack of skilled professional knowledge.

\* 'Tis a ‘golden rule’ which cannot be too deeply engraven on the heart, that a medical man should never in any case which may directly or indirectly come under his notice, censure or disparage, much less condemn the practice or diagnosis of another—for not only may he thereby most unjustly prejudice the reputation of, but possibly be the cause of a vindictive and costly action for malpractice against a professional brother, whose treatment has been judicious, and as successful as the nature of the case admitted.—*Do ye, therefore, as ye would be done by!*



10. When a practitioner is consulted at his own residence, it is not essential for him to inquire if the patient is under the care of another. It is better, however, that he *should* make the enquiry, and propose a consultation, or communication with the practitioner (if there be any,) under whose care the patient has previously been.

11. When a practitioner is called upon by the assistant, or servant of another, to attend to an accident or other emergency in a family to whom both are equally strangers, the former is not entitled to take charge of the case throughout, but should act and be remunerated in conformity with Rule 7, and resign the case.

12. When a practitioner is called in, or otherwise requested, to attend at an accouchment for another, and completes the delivery, or is detained for a considerable time, he is entitled by custom (except in the case of illness, etc., provided for by Rule 3,) to one-half of the fee; but on the completion of the delivery, or on the arrival of the pre-engaged accoucheur, he should resign the further management of the case. In a case, however, which gives rise to unusual fatigue, anxiety, and responsibility, 'tis right that the accoucheur in attendance should receive the entire fee. Note.—In either event, when the officiating accoucheur is a stranger, or a non-acquaintance of the family doctor, the full fee should be tendered to him.

13. When a consultation is requested by a practitioner in attendance on a difficult or dangerous case of midwifery, and operative treatment—by turning or instrumental delivery, etc., as the case may be,—has been decided on, it should be carried out by the accoucheur in charge, and not by the Consultant—except in the incident of an unqualified



assistant being the attendant; in the latter event, the Consultant should at once assume the responsibility, and take entire charge of the case. It not infrequently happens, however, that the family attendant, as an act of courtesy, requests the Consultant to officiate; and, in that case, he should do so, but not otherwise: or he may thereby unintentionally cast an unjust and injurious reflection on the professional ability of a brother practitioner. Note.—The principle herein laid down is alike applicable to all surgical operations.

14. When a practitioner has officiated for, or been called in consultation by another, and the ordinary medical attendant has resumed exclusive attendance upon the case, the former should not, under any pretext, make friendly calls upon the patient, unless justified by previous personal intimacy: such visits, even in the latter case, would be better omitted for a time.

15. A practitioner, when on a professional visit in the country, may be requested to see a neighbouring patient who is under the care of another. Should this arise from any sudden change of symptoms, or other pressing emergency, he will be justified in giving advice adapted to the circumstances (the nature of which, he should, in person or by note, at once communicate to the attending practitioner), but should not interfere further than is absolutely necessary with the general plan of treatment, nor assume any future direction of the case, except in consultation with the family adviser, or by special desire of the friends—in which latter event, he should act in accordance with the principle expressed in Rule 9.

When, moreover (an oft recurring incident), an em-



ployer, or other person, becomes anxious and apprehensive in regard to the illness of an *employé*, or in the case of an impending action for damages, and the like, and for his personal satisfaction requests his own family or other doctor to visit the patient and report to him thereon, it is the duty of the deputed practitioner to point out to the employer, or other interested party, their respective ethical obligations in the matter; and, prior to making such visit, to solicit and obtain the sanction of the medical attendant in the case: otherwise, he will commit a grave breach of professional etiquette, and justly subject himself to severe criticism and reproof.

16. In cases of sudden illness, or of accidents and injuries, it frequently happens, owing to the alarm and anxiety of friends, that several practitioners are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, and he should select from those in attendance any additional assistance that may be necessary. In all such cases, however, the officiating practitioner should request that the family doctor (if there be one,) be summoned; and, unless his further attendance be desired, should at once resign the case to the latter on his arrival.

It sometimes also, but more rarely, happens in like and other cases, that a certain practitioner is sent for, but being from home at the time, another is called in, and requested, moreover, to continue his attendance—neither practitioner having previously attended the family. In such case, the medical man first summoned will have no prescriptive right to the patient—who should, however, on accepting the professional services of the attending practitioner, *at once*, either



by note or trusty messenger, courteously apprise the absent one that his advice will not be required; otherwise, on returning home and making a professional call at the patient's address, he will be justified in claiming his customary fee.

17. In a case of sudden or accidental death, in which the deceased person was incidentally attended by a practitioner other than the usual 'family doctor'—the latter, in the event of a post mortem examination being deemed necessary, should be specially invited to be present: a contrary course would be highly discourteous and censurable.

18. It sometimes occurs that a medical man has the case of a patient under the care of another practitioner stated to him in so direct a manner, as to render it difficult to decline attention to it. In such an event, his observations should be made with the most delicate propriety and reserve. On no account should he interfere with the curative plans pursued, except in cases where artful ignorance seeks to impose on credulity,—or where neglect, or rashness, threatens the patient with imminent danger.

19. It is contrary to professional etiquette for a 'Public Vaccinator' to call, unsolicited, upon a patient of another medical man, and insist, or otherwise request that a non-vaccinated child be brought to him for the purpose, or, in any way, to offer gratuitous vaccination; and thus too often succeed in obtaining an introduction to the patients of other practitioners.

The same principle of careful abstention from professional interference, either in regard to the diagnosis or treatment, should alike govern the conduct of a 'Medical Officer of Health,' when notified of the existence of infectious disease in a brother practitioner's patient.



20. A wealthy or retired practitioner should abstain from giving gratuitous advice to the affluent or 'well-to-do'—for to dispense with fees which may justly be claimed is not only a default of duty to the profession, but, to a certain extent, a defraudment of the faculty by the patient and the practitioner.

[Note.—By the expression—'patient of another practitioner'—is meant a patient who may have been under the care of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have requested his professional attendance during such absence or sickness, or in any other manner given it to be understood that he regarded the said practitioner as his regular medical attendant.]

SECT. 6.—THE DUTIES OF PRACTITIONERS WHEN DIFFERENCES OCCUR  
BETWEEN THEM.

1. When a diversity of opinion, or opposition of interest, occasions controversy and contention between medical practitioners, the matter in dispute should be referred to the arbitration of one or more physicians, surgeons, or general practitioners, as may be mutually agreed upon,—or to three practitioners—one to be nominated by each disputant, and the third by the selected two,—or, when practicable, to a County 'Court Medical'; but neither the subject matter, nor the adjudication, should be communicated to the patient or friends, excepting under special circumstances:—for publicity in cases of ethical disputes (the points involved in which are usually neither understood, nor appreciated by general society,) may be personally



injurious to the practitioners concerned, and can scarcely fail to bring discredit on the faculty at large.

2. In all cases of arbitration, a written statement of the charges preferred, and a like answer thereto, should be required from the respective disputants—with such affirming or rebutting testimony as may be essential to elucidate the facts of the case; and after giving careful consideration to the evidence adduced, the members of the 'Court' should proceed to deliver their opinions in succession, from the junior to the senior, in order that the former may not be unduly influenced by the utterances of the latter.

As a rule, however, no arbitration should be undertaken until the accuser has, either in person or by note, communicated with the accused on the subject of complaint, and failed to obtain an explanation or redress.

[It may here be well to repeat that experience and observation leave little doubt, that, in numerous instances, professional differences arise from some misrepresentation or suppression of the truth (a fruitful source of the unhappy differences, heartburnings, and jealousies, which too frequently disgrace our profession!) by patients, or their friends, rather than direct unethical conduct on the part of the practitioners. Be that as it may, it is equally the duty of everyone who thinks himself aggrieved to dispassionately consider whether he really is so—for, unhappily, some men are so morbidly sensitive, suspicious and jealous, that e'en were they to be associated with (so to speak) mundane angels, they would fancy their ground invaded, and their rights and *self* ignored.—A medical man should ever be slow to admit that a brother practitioner has knowingly and intentionally wronged him; a little reflection and reason-



ableness would often suggest an explanation of conduct that, at first, may seem offensive or selfish. Assuming, however, that he is really injured,—that a neighbouring practitioner has acted unethically, and, mayhap, repeatedly so! What, in such case, is to be done? His duty is certainly, as yet, not to publish to the world his personal quarrel—for professional quarrels are discreditable, and not to be lightly proclaimed. Moreover, when a man is clearly in the right, he can afford to exhaust all gentle means of remonstrance and redress: and, in strict accordance with both scriptural and professional ethics, he should, either in person, or by courteous note, ‘go and tell his brother his fault’ privately. Should that fail, and the aggrieved party be ultimately obliged to refer the matter to the arbitration of a mutual professional friend, or to a ‘Court Medical’, even then, his object should be, not that the offender should be ‘shunned’, but effectually rebuked, and convinced of his error. Such object is, in many cases, more likely to be gained by private than by public means. But as there are men in the medical, as in other professions, who can only be effectively influenced by public censure, this, under certain circumstances, would be a perfectly legitimate *dernier ressort* through the action of a ‘Court Medical’.]

SECT. 7.—THE DUTIES OF PRACTITIONERS IN REFERENCE TO  
PROFESSIONAL CHARGES.

1. In the interest of the faculty and of the public, it is desirable that some general authoritative rules relative to professional \*charges should be adopted in every town or

\* The development of a tariff of fees which shall be acknowledged by the profession as compensative, and, by the public, as reasonable, must, it



district, for the special guidance of the junior practitioners, who are often in doubt as to the remuneration to which they are fairly entitled. Such rules, 'tis scarcely necessary to remark, should be of a somewhat elastic character (with, at least, a minimum guiding fee,)—inasmuch as the charges must necessarily, as a rule, be more or less regulated by local circumstances, the social and pecuniary position of the patients, and, in some degree, by the age and local status of the respective practitioners; and it should, moreover, be deemed a point of honour to adhere to such rules with as much uniformity as the varying circumstances will admit.

[Doubt and misconception having long existed in regard to the question of professional charges to the clergy, it will not, it is hoped, be deemed foreign to the subject of medical ethics, or otherwise inexpedient, to remark in respect to charges for professional attendance on the clergy, beneficed or unbeneficed, and their families, that there is no special general rule other than the simple 'unwritten' one (a time-honoured, and 'true Samaritan' principle, alike applicable to other classes;) by which the faculty have long been self-guided: namely, although fully and justly entitled to a commensurate remuneration for professional services, accordant to the patient's position in life, to, nevertheless, make a greater or less reduction, according to the circumstances of the individual case, to such as may fairly be classed among the 'poor clergy' (beneficed or unbeneficed)

is to be feared, be regarded as utopian, so long as the medical and surgical professions hesitate to found their claim to remuneration upon the value of their time and skill, and persist in the objectionable system of 'drug payment.'



—specially so called—in contradistinction to the well endowed and independent clergy; which latter should be charged as ordinary and not exceptional patients.]

2. It is alike desirable (bearing in mind that, to the commercial or trade-class of society, quarterly or half-yearly payments are now the rule,) to impress upon the faculty the expediency of sending in their usual statement of professional charges *bi-annually*:—for the ‘Doctors’ proverbial delay, or neglect in the matter, is often attributed to a wrongful motive, and may, indeed, not unfairly be regarded as an incentive to the feeling so forcibly depicted in the following quaintly truthful lines:—

‘God and the Doctor we alike adore  
When on the brink of danger, not before;  
The danger past, both are alike requited:  
God is forgotten, and the Doctor slighted!’

It may also be well briefly to allude to the professionally inherent but injudicious system of *deferred* settlements of account, with its natural sequel—a chronic state of indebtedness of patients—which not infrequently lead to a disruption of friendly feeling, and a loss of practice; nor should it be forgotten, moreover, that many who would willingly pay a semi-annual, or a yearly bill, are oft unable to discharge an accumulated one of two or more years.

3. Should a patient question the accuracy of a ‘non-itemed’ bill, his right to be furnished with a statement as to the number and dates of visits, and the special services charged for, should at once be conceded, and reference to the respective items in the ledger permitted—or, better still, suggested: but the service being acknowledged, no abatement (especially under such circumstances,) should be



assented to on any plea other than absolute inability to meet it in consequence of poverty, or for a like sufficient reason.

[That a man should entrust the lives of himself and family to the care of a medical practitioner with entire confidence, and yet deem him capable of making an unjust charge for the anxious and grave responsibility entailed upon him in the discharge of his onerous duty is one of the curious anomalies and inconsistencies existent in the several grades of life, and which it behoves the profession to courteously but firmly resent. Such patients, indeed, are best erased from the practitioner's visiting list.]

4. A medical man should carefully abstain, especially in the presence of non-professional persons, from censorious comment on the fees claimed by another practitioner—for the latter, however large or small the amount may appear to one imperfectly acquainted with the circumstances, may have good and just reasons for the charges made.



## CHAPTER III.

### ON THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND THE OBLIGATIONS OF THE PUBLIC TO THE PRO- FESSION.

#### SECT. I.—THE DUTIES OF THE PROFESSION TO THE PUBLIC.

1. It is the duty of the faculty, as good citizens, to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ready to advise the public on subjects specially appertaining to their profession—such as public hygiene, legal medicine, and medical police. It is their province to enlighten the public in reference to quarantine regulations; the location, arrangement and dietaries of hospitals, asylums, schools, prisons, and like institutions; also in regard to the medical police of towns,—as drainage, water-supply, ventilation, and sanitation generally; and in respect to measures for the prevention and mitigation of epidemic and contagious diseases; and, when pestilence prevails, it is their duty to face the danger, and to continue their labours for the alleviation of the suffering, even at the risk of their own lives.

2. Medical men should also be ready, when called on by the legally constituted authorities, to enlighten courts of inquisition and justice on matters strictly medical—such as involve questions of sanity, legitimacy, murder by poisons or other violent means, and the various other subjects em-



braced in the science of Medical Jurisprudence. But in such cases, and especially those in which a critical *post mortem* or other scientific examination is necessary, it is only right and just, in consideration of the time, labour, and skill required, and the responsibility and risk they incur, that a fitting honorarium (other than the inadequate fee so often tendered, under the plea of legal restriction,) should be awarded for the skilled service. [In certain cases, in which the required evidence is not compulsory on the practitioner, it may at times be prudent on his part to stipulate (as is the rule with 'Counsel',) for an adequate and specified fee.]

3. In giving evidence on any medical question before a Court of Law, or other tribunal of society—whether in criminal or civil matters,—the faculty should act with thoughtful care and rigid impartiality :—

A.—In 'Criminal Cases'—lest their testimony should tend either to prejudice the cause of an innocent person, or lead to a failure of justice.

B.—In 'Civil Causes' as in suits for compensation after railway, or other accidents,—that they may not by partial or partisan evidence unintentionally mislead the Court.

With the view to avoid the lamentable differences of opinion which, proclaimed in open court, have undoubtedly brought discredit upon medical evidence in general, and scandal on the profession at large,—it cannot be too forcibly impressed upon the faculty, that, in all such cases, *bona fide*, honest consultations should be freely held between the professional witnesses of the respective litigants; that differences of opinion should be courteously advanced, and carefully weighed and argued; that each with the other should be frankly ingenuous, and unreservedly open—or in



other words, that concealment or mental reservation, in any form, either of facts or opinions, should be scrupulously avoided; and on the principle that *truth* and *justice* are the sole objects sought by the medical witnesses on either side, all feeling of the advocate or partisan should be thoughtfully eliminated and shunned:—in fine, the skilled witness should never allow his personal feelings to overcome his sense of justice.

4. In cases of railway accident, it may be well to note that the hitherto unwritten rule has been, and rightly so, that notice should be given either to the injured person, his relatives, or to the medical attendant, that a visit and examination of the case is intended to be made on behalf of the Railway Company by their Medical Officer; whose duty, moreover, it will be to arrange an appointment with the patient's medical adviser. Possibly, however, (for the contingency does sometimes, though rarely occur,) the medical officer may, prior to his visit to the injured person, be ignorant of the name, and, also, as to any practitioner having been called in; in that case, and especially in an emergency, or of special necessity, there can be no valid objection to such professional visit and examination—provided that, on receiving the information, he at once communicates the fact to, and, if need be, request a consultation with the practitioner in attendance. In a non-urgent case, and within reasonable visiting distance of the respective practitioners, the examination by the railway medical officer should be deferred until the attending practitioner has been communicated with, and an appointment arranged. If, however, the railway medical officer has been summoned from a long distance, and the patient's professional adviser



cannot be sent for, or met with, it will be within his discretion to examine the case, and report thereon to the absent practitioner, and a consultation, if deemed expedient, subsequently arranged. [In the event of a consultation being so arranged in the interest of the Company, the customary fee should be paid by them.] It is, in fact, to the true interest of the patient that he should be seen by the railway medical officer without any unnecessary delay; and non-compliance with his reasonable request for a professional interview and examination would naturally, and not unfairly, raise a suspicion as to the *bona fides* of the person alleged to be injured, and, so far, militate against a claim for compensation. At the same time, the railway company has no legal right to insist upon an examination without a Judge's order; the necessity for which, the injured person will, if well advised, be careful to avoid by a timely and willing assent to the necessary examination. Note.—The principle herein enunciated should govern all medical referees, whether acting on behalf of Railway or Accident Insurance Companies, and the like.

N.B.—The fact cannot be too strongly emphasized that it is neither to the interest of the patient, nor yet of the company, that their respective medical advisers, however great their divergence of opinion of the case may be, should, so to phrase it, quarrel; for hostile or strained relations not infrequently lead to regrettable and costly litigation, which, by a little tact and mutual forbearance, might be avoided, and the matter amicably arranged.

To the preceding rule may be fitly appended, as wise forensic counsel to the young practitioner, and a no less judicious caution, the emphatic opinion expressed by the



Master of the Rolls in delivering the judgment of the Court of Appeal, in the case of "Abrath *v.* the North Eastern Railway Company" (whose officer had been described as a 'medical detective'); which, in reference to professional partizanship and medical detectivism, was to the following effect: viz., that, in any case in which a medical practitioner was professionally engaged, either by the person injured, or by the implicated railway or other company, he should strictly confine himself to the professional treatment of the patient, and, *foro conscientiæ*, decline to be, in any way, a party to getting up a case which might on either side ultimately form the subject of legal proceedings.

In the interest and for the honour of the faculty, it may be well to add, that non-partisan, and, as far as possible, non-technical professional evidence are alike desirable, and the latter especially essential, in order that it may be intelligible to the judge and to the jury: to whom, and to the public, the diverse professional duties devolving on the medical practitioner should ever be clearly and conscientiously fulfilled.

5. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical. Duty to self, however, renders it necessary to impose a limit to such devotement. Poverty, professional brotherhood, and certain of the public duties referred to in the first paragraph of this section, should always be recognised as presenting claims for gratuitous services; but no such privilege can be conceded to Government or State Services, or to institutions endowed by public or private benevolence, or to societies for mutual benefit, or to any profession, guild, or trade, or other 'bread-winning'



occupation; nor can medical men be expected to furnish certificates of inability to serve on juries, perform militia or other public duties, or to testify to the state of health of patients desirous to insure their lives, obtain pensions, or the like, without a fee: *but to individuals in indigent circumstances, such professional services should always be freely and cheerfully accorded.*

6. It is likewise the duty of medical men—who so often become professionally or otherwise cognizant of the malpractices and malversation of charlatans, (many of whose victims, for very shame, remain silent on the subject of their sufferings,) and of the great injury to health, and loss of life even, caused by the baneful use of quack medicines,—to enlighten the public on the subject, and to judiciously expose the artful devices and unscrupulous pretensions of the charlatanic medical impostor. Practitioners should, moreover, in the interest of the public welfare, exert all their influence to induce chemists, and others, to discountenance the sale and use of empirical or secret remedies, and to deter them from being in any way engaged in their manufacture: indeed, so long as they act as the common vendors of quack nostrums, and persist in illegal ‘counter practice,’ to the detriment of the public and the faculty, it may safely be affirmed that, as a rule, the body of general practitioners will not have recourse to the chemists as their ‘dispensers-in-ordinary’, but continue the present convenient though improvable system of ‘home dispensing.’

SECT. 2.—THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

1. The benefits accruing to the public, directly or indirectly, from the active and unwearied beneficence of



the profession, are so numerous and important, that medical men are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical and surgical qualifications; to make a proper distinction between true science and the assumptions of ignorance and empiricism; to afford every encouragement and facility for the acquisition of practical instruction—and not to allow the statute-books to exhibit the anomaly of exacting, purely in the interest of the people, skilled knowledge from the profession under a liability of heavy penalties, and at the same time deter them, by penal enactment, from resorting (except under stringent and unnecessary restrictions—insulting to a proverbially humane profession,) to one of the most effective means of advancing medical science:—viz., carefully conducted experiments on living animals—vivisection, so-called—to the scientific practice of which, the present state of medical knowledge, and the advance it has made during the last half-century, are, in a great degree, undoubtedly due. If, in absurd deference to the denunciatory and unreasonable clamour of a small, morbid section of society, the scientific use of vivisection were prohibited, the progress not merely of theoretic physiology, but of practical medicine would be greatly retarded, and a serious loss entailed on suffering humanity.

SECT. 3.—THE USE OF AND PROPERTY IN PRESCRIPTIONS.

1. The common assumption that a physician or other practitioner, in writing a prescription, loses all right of property therein, and that the pharmacist or chemist, who compounds and copies it, acquires a title to use it as he



pleases, and the patient the right of perpetually disposing of it, is one so wrong in principle that it demands from the profession greater attention than it has hitherto received. It may, therefore, be well to state that a prescription is neither more nor less than a written order, or direction, to the pharmacist to furnish or compound medicines for the use of the patient, and undoubtedly remains the property of the author; and neither the patient, nor the pharmacist has any right to use it, excepting for the case and purpose specified:—for although, as Professor Ordranax has justly remarked, “the party paying for the prescription has an indisputable right to the *personal use* of the formula, he acquires thereby no absolute property in it. That he may use it personally, as often as he pleases, cannot be doubted—for the use is precisely what he purchased: *but he has no right to give it to others.*” The respective rights in a prescription, therefore, may be thus briefly defined:—that the physician, as the author, has a literary property in the composition of the formula, and the right to dispose of the use of it to a patient without invalidating his title to the original ownership; that the pharmacist by compounding the same acquires no claim whatever thereto, other than as a record, or justification for dispensing it—in fine, his right is simply that of a custodian; whilst that of the patient pertains only to its individual use—and a contrary practice is neither honourable nor honest.



## CHAPTER IV.

### INTRA-PROFESSIONAL ETIQUETTE, OR THE RULE OF THE PROFESSION ON COMMENCING PRACTICE, ETC.

1. In the absence of any published rule, or collegiate instruction, on such and kindred matters, it is not to be wondered at that young practitioners should be so generally ignorant of the 'unwritten' custom or etiquette (diverse as it is from that pursued in ordinary social life, in relation to new residents,) expected from members of the profession on commencing or changing the locality of practice, in town or country,—and which entails on each new comer, young or old, an obligation to call, with as little delay as may be, upon every duly qualified, legitimate medical practitioner (who should return the visit with like promptitude) resident within a reasonable distance of his own selected place of abode, and courteously announce his intention to practise in the locality. Note.—Intra-Professional etiquette does *not* apply to one in the position of a retired non-practising Army, Navy, or other Surgeon, in whose case, the etiquette of ordinary social life is strictly and solely applicable.

2. In towns of not exceeding 35,000 inhabitants, and containing some thirty, more or less, medical men, a preliminary visit of courtesy should be paid to each several



CHAP. IV. practitioner; but in those in which the preceding numbers are much exceeded, the call or visit may very fairly be limited to such practitioners as live within a radius of (say) half a mile, or less, according to the nature and population of the locality; while in London and other large and densely populated cities, the area of call must necessarily be very circumscribed, and, in a great measure, left to the judgment and discretion of the intending practitioner himself, or of a local professional friend. As a safe and simple guide, however, in either or any case, the extreme area of call for such initiatory visits may, perhaps, be sufficiently defined by a circle, comprising within its space some thirty practising members of the faculty.

N.B.—It may be prudent to note, in passing, that practitioners in the position of ‘assistants’ are, as such, exempt from making or receiving the call—and, in either case, it should be omitted.

3. In rural districts, it will be well to extend the radius of call to four miles, or more, according to local circumstances, and the prospect of friendly, social intercourse with the neighbouring practitioners—and which, in the interest of self, the profession, and the public, ’tis scarcely necessary to add, cannot be too carefully cultivated by the faculty at large!

Having so far endeavoured to fulfil the duty which, with many foreboding doubts, was reluctantly undertaken at the solicitation of various eminent practitioners, the writer would briefly observe that if the preceding imperfect code, with the several suggestive notes and monitions, should lead to a clearer view and appreciation of the personal pro-



fessional duties and moral obligations which devolve upon the faculty as practitioners, and tend to promote harmony and the true interests of an honourable profession, his cardinal wish and intent will have happily been attained.

In conclusion, the author, in the absence of a better definition of the oft recurring question, 'What is Medical Etiquette?' would, in reply, venture to define it, simply and literally, as a conscientious, practical observance, in the daily walk of professional life, of the divinely impressive command, '*Whatsoever ye would that men should do unto you, even so do ye also unto them.*'



## APPENDIX.

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### THE QUESTION OF BULLETINS.

THE non-existence of any rule, written or traditional, by which the faculty should be governed in issuing bulletins in the illnesses of distinguished patients—accentuated, moreover, by the unbroken silence of the several Royal Colleges (whose authoritative utterance would be hailed with satisfaction, and tend to allay contention) on the subject,—will, we trust, be deemed a satisfactory reason and apology for appending hereto the author's personal views on the question, erewhile briefly recorded in the pages of a medical journal (and, so far, without exciting hostile comment or adverse criticism,) to the following effect.

That much difference of opinion exists on the question may be taken for granted. Looking at it, however, from what, in the absence of a more expressive definition, we would venture to designate a common-sense view, we are strongly inclined to the opinion that undue importance (stimulated, it may be, by a feeling, more or less acute, of jealousy) has been attached to the passing notoriety gained—or, rather, assumed to be—by the affix to medical bulletins of the signatures of the attendant practitioners; from which, nevertheless, we firmly and conscientiously believe,



that beyond the personal gratification possibly derived by a junior practitioner from the transient publicity accorded to his name, but little, if any, professional advantage is gained.

If, indeed, as some allege, the practice merely pandered to the public appetite for sensational news, it could not, in our opinion, be too severely criticized and condemned. When, on the other hand, it arises from a purely honest public anxiety for authenticated information in the dangerous illness of, for instance, an illustrious or popular statesman, a distinguished prelate or esteemed dignitary, or some noble character beloved and respected by the nation, we not only fail to realize any valid objection thereto, but are forcibly impressed with the conviction, that, in such and like cases, the natural public solicitude may be legitimately gratified without in any degree impairing professional morality; as a matter of fact, indeed, under the implied limitations, the prescriptive custom of issuing signed bulletins has an evident meaning and the sanction of weighty precedents. Moreover (and the question may, we think, fairly be asked), if the signatures of the faculty in attendance be deemed relevant and essential in bulletins relating to Royalty, why should the principle be regarded as irrelevant and objectionable in cases of special note, though of minor national importance. Be that as it may, it is, we apprehend, to the form rather than to the substance of bulletins that exception is generally taken—inasmuch as, when the desired information is simply recorded in a newspaper paragraph in conjunction with the names of the attendant practitioners, but without the customary signatures, no objection would appear to be raised. The



conventional practice, withal, is one that it has hitherto been found impracticable or inexpedient to prohibit; and whenever the question of its abuse unhappily arises, it should be ethically determined according to the essential and collateral incidents of the particular case. At the same time, the multiplicity of bulletins, the ill-judged flourish of titles and degrees, and the insertion of unnecessary details, are always open to obvious objection and reproof. Need we add that personal modesty and good taste, two important factors, which could not fail to exert a healthy restraining influence in the framing of bulletins, are natural gifts not always to be found in one and the same person—much less are they equally shared by all alike. Let our unfailing motto therefore be, ‘Bear and Forbear!’

#### LOCUM-TENENTES AND INCIDENTAL FEES.

The question of right to the fees for evidence given by *locum-tenentes* in coroners’ and other courts of law having been raised and pertinaciously urged, it is deemed desirable, with the view to avert any disturbing or other mischievous effect on the relations between practitioners and their assistants, to distinctly affirm the principle—sustained as it is by immemorial usage and its indisputable iustness—that all such fees belong to the principals for the time being, unless otherwise arranged at the time of the mutual engagement: in reference to which, moreover, it may be expedient to note that the entire services of an assistant—be he a yearly or (as in the case of a *locum tenens*) a temporary one—pertain to the employer, to whom he is rightly held responsible for all moneys received in his professional capacity.



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1874

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THE  
MEDICO-CHIRURGICAL TARIFFS

PREPARED FOR THE LATE

SHROPSHIRE ETHICAL BRANCH

OF THE

BRITISH MEDICAL ASSOCIATION,

BY

JUKES DE STYRAP, M.K.Q.C.P., Etc.;

PHYSICIAN-EXTRAORDINARY, LATE PHYSICIAN IN ORDINARY, TO THE SALOP INFIRMARY; CONSULTING PHYSICIAN TO THE SOUTH SALOP AND MONTGOMERYSHIRE INFIRMARIES; FOUNDER OF AND LATE HONORARY SECRETARY TO THE SALOPIAN MEDICO-ETHICAL SOCIETY, AND SHROPSHIRE ETHICAL BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

THE FIFTH EDITION:

REVISED AND ENLARGED.

—  
ACCIPE DUM DOLET.  
—

LONDON:  
H. K. LEWIS, 136, GOWER STREET.

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MDCCCXC.



PHYSIO-CHEMICAL TABLES

BY

WALTER M. BAYLIS

PH.D. UNIVERSITY OF CALIFORNIA

NEW YORK

1910

THE CHEMICAL COMPANY



*'Of your courtesy, we pray you read the preface.'* (OLD PLAY.)

### PREFACE TO THE FOURTH EDITION

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IN issuing a revised and enlarged Edition of the Medico-Chirurgical Tariffs, in deference to the wishes of numerous practitioners—with which, however, the author and compiler has hitherto, and regretfully, been unable to comply, in consequence of persistent ill-health, and the pressure of other work,—the first duty which devolves upon him is to renew his most cordial thanks for the warm approval so freely accorded to the preceding ones, as shown by the unsought but much valued testimony received from not a few young and other practitioners, in various parts of the kingdom; and a like incentive to the renewed effort, and confirmatory withal of their assumed practical usefulness to the young practitioner, is the incident relative to a former edition, which the Editor of one of the leading French Medical Journals deemed of sufficient importance to translate and print therein.

With reference to the present edition, the author deems it judicious to distinctly notify that the respective medical and surgical charges are intended simply as a guide to the 'General Practitioner' (more especially the young and inexperienced), in contradistinction to the Metropolitan and Provincial Medical and Surgical Practitioners of special skill and repute: the assessment of whose professional services must necessarily be a question for their own especial consideration and decision.

Among the numerous emendations and additions herein introduced will be found a more or less important alteration in the line immediately following the title of 'Tariff of Medical Fees,' page 392, which, in the former editions read thus: 'Inclusive of Medicine'; but in the present one, it has been so worded as to render the inclusion of



medicine discretionary—a modification which will afford practitioners a desirable and necessary latitude; a slight increase, moreover, may be noted in a few of the Medical Fees, but in the Surgical Tariff no alteration or addition (other than for injecting the bladder, and administering an enema,) has been made—the few changes suggested by one or other having been deemed inexpedient by the skilled representative practitioners consulted on the subject; also, carefully considered reasons for an additional half or full fee in the case of the first or initial visit to a patient, or of a prolonged consultation; like suggestive arguments in favour of non-itemed professional accounts; the question, also, of professional charges to the clergy, and likewise to members of the medical faculty itself, in cases of professional visits by rail, or by road; further, the subject of non-interference by Public Vaccinators with the unvaccinated children of other practitioners' patients; and, finally, among other minor practical details will be found suggested charges for testing urine, as an aid to diagnosis.

*The College, Shrewsbury,*

*January, 1888.*

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PREFACE TO THE FIFTH EDITION.

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A NEW edition, or rather, strictly speaking, a revised reprint of the Medico-Chirurgical Tariffs having been rendered necessary for adaptation to the octavo size of 'The Young Practitioner: His Code and Tariff,' the author has deemed it expedient to reverse the Classes I and III: so that the latter—which, though so defined in the preceding editions, *de facto* constituted the highest class, with corresponding fees—has been relegated to its proper place, and Class I transferred to its legitimate position; and thus, the three specified classes will be in stricter accord with the conventional and relative terms of the period.

An important addition has also, it may be noted, been made to the Medical Tariff, on page 392, by the introduction of suggested fees for the 'Night-charge of Patients'; and which, it is hoped, will tend to lessen the difficulty under which not a few members of the profession have hitherto laboured in reference to the proper fees for such attendance. Other minor improvements have likewise been introduced, and, also, a summary of the case in which a County Court Judge laid down the law relative to professional charges for medicines supplied.

In the Surgical Tariff, moreover, the following suppletory operations have, in deference to the wishes of various practitioners, been inserted: namely, Cholecystotomy, Duodenostomy, Euterostomy, Gastrostomy, Hysterectomy, Laparotomy, Laryngotomy, Nephrotomy, Œsophagotomy, Pneumotomy, Prostatectomy, Pylorotomy, and Splenotomy.

*The College, Shrewsbury.*

*December, 1889.*



At the Annual General Meeting of the Shropshire Ethical Branch of the British Medical Association held in Shrewsbury, on the 5th of October, 1874,

IT WAS UNANIMOUSLY RESOLVED,

‘That the Medico-Chirurgical Tariffs which have been submitted to, and discussed by the Meeting, (having also been previously circulated among the Members for their consideration and emendations,) be approved, and recommended for general use by the Associates of the Branch.’

‘That the most cordial thanks of the Meeting be tendered to Dr. Styrap on behalf of the Branch at large, for the thoughtful care he has bestowed on the revision of the Medical Tariffs, and for the valuable time that, in deference to the Members’ special request, he has devoted to the preparation of a Tariff of Surgical Fees—which the Meeting would simply but emphatically describe as a difficult problem (especially to a non-surgical practitioner like Dr. S.) ably solved—for which, and other zealous labours to promote the honour and true interests of the profession, the Members again desire to record their grateful appreciation and acknowledgment.’

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Dr. Styrap—in renewing his thanks to the eminent practitioners who kindly aided him in the difficult task of adjusting the scale of Surgical Fees,—will be happy to receive suggestions for improving, as far as may be, the annexed Medico-Chirurgical Tariffs.



INTRODUCTION TO  
THE MEDICO-CHIRURGICAL TARIFFS.

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MEDICAL TARIFF.—The Council of the Shropshire Ethical Branch of the British Medical Association in issuing a revised edition of their Medical Tariff, and appending thereto, in deference to the wishes of numerous practitioners, a scale of Surgical Fees, deem it their duty to disclaim the slightest wish or intention to dictate to the members, in the matter of professional charges—which, so long as the medical and surgical, unlike the legal and other professions, hesitate to base their title to remuneration upon the abstract value of their services, must, they feel assured, remain an open and vexed question.

Though, in the opinion of your Council, a *fixed, compulsory* scale is undesirable, (inasmuch as *the charges must, as a general rule, be more or less regulated by local circumstances and the social and pecuniary position of patients*;) they believe that a *recommendatory* Tariff will not only prove useful as a guide to the junior practitioner—often in doubt as to the remuneration to which he is fairly entitled—but serve as a reference in cases of dispute: and thus tend to prevent litigation, and promote a friendly arrangement.



The scale (a purely recommendatory one, be it noted), after much thoughtful consideration, and consultation with the general body of practitioners throughout the county, and adjacent districts, has been drawn at such a rate that the humblest member of the profession need not hesitate to make it the basis of his charges—a rate calculated, indeed, rather in accordance with past usage, than what is essential to the maintenance of the proper status of the profession—due regard being had to the diminished value of money, the increase of wealth among the several classes of the community, and the enhanced cost of medical and surgical education, consequent on the prolonged scientific and collateral studies enforced by the General Medical Council in the interest of the public. Ere many years have elapsed, a higher Tariff will doubtless be necessary. In the meanwhile, your Council would venture to express an earnest hope that every member, who, from seniority, or high professional status, may be in a position to do so, will not fail to charge higher fees, whenever the circumstances of the case justify them.

Your Council, while freely admitting that the *income*, rather than the *\*house rent* of patients, may be the true principle on which to found a Tariff, have nevertheless deemed it expedient to make the latter (as the least open to objection,) the basis of their division into classes. Exceptional cases, they need scarcely remark, will of necessity

\* In the opinion of the framer of the Tariff, there is no such practical evidence of a man's available means, his power of bearing taxation, as his house rent—which probably bears, on the average, a fairer relation to the income of the tax-payer, than the income tax itself; and further, that exceptional cases apart, the house rent may in general be set down at about one-tenth of the income.



occur, in which the practitioner must use his own discretion:—as, for instance, in the case of *farmers, lodgers, and tradespeople*,—from the rental of which latter a liberal deduction may be made, when not incurred solely for personal or family convenience. At the same time it will be well to bear in mind that £30 and £50 houses are not infrequently inhabited, either from choice or necessity, by persons of relatively, if not actually, greater wealth than others living in more highly rented ones. Such cases, however, must be left to the local knowledge and discrimination of the practitioner, and the charges regulated accordingly. In fine, *a fair and equitable remuneration, accordant with the patient's position and ability to pay*, should be the practitioner's simple rule in charging for professional services; and your Council would fail in their duty, if they omitted to give emphatic expression to their feeling and opinion, that he who, to the detriment of the faculty, knowingly seeks to acquire practice by the disingenuous, 'patient-trap' system of immoderately low charges, has not only mistaken his vocation, but is untrue to himself, unjust to his brethren, and guilty of professional delinquency that cannot be too forcibly denounced; alike reprehensible, also, is the old popular maxim of 'making the rich pay for the poor'—a proposition as unsound in policy, as 'tis wrong in principle.

On the whole, the following would seem to be a fair classification:—

|            |                               |      |    |               |
|------------|-------------------------------|------|----|---------------|
| CLASS III. | When the house rental is from | £15. | to | £25.          |
|            | per annum.                    |      |    |               |
| CLASS II.  | „                             | „    | „  | £25. to £50.  |
| CLASS I.   | „                             | „    | „  | £50. to £100. |
|            | and upwards.                  |      |    |               |



Long and careful observation having led the Council to believe that the great majority of £10 householders are professionally cared for by Sick Clubs, and, so called, Benefit Societies, the scale has been altered, and now commences with a class-rental of £15, instead of £10, as in the former tariff. There is, however, outside the Clubs, a still lower grade of the commonalty that may be fairly called upon to pay more or less, according to their circumstances:—a class, which, for their own health's sake, it is very desirable, by affording them every reasonable facility for consulting qualified practitioners, to keep from the counter of the unqualified druggist, and the clutches of the charlatan; and though it has been found impracticable to arrange a scale specially adapted to the means of the class alluded to, your Council would earnestly impress upon the members the desirability of attending them at reduced fees. Not only would it be a boon to the poor themselves, but in thickly populated districts, partially remunerative to the practitioner—independent of any higher source of satisfaction or reward; at the same time, such nominal charges should always be made, if possible, for ready money. If, however, even the minimum charge cannot be met without deep privation, or long continued harassing anxiety, the case should either at once be remitted to some charitable institution, or dealt with by the practitioner in the spirit of true charity: for to abstract from the poor man's pocket his last available shilling, ere transferring him to the Hospital or Dispensary, is dishonouring to a noble profession, and justly deserving of the severest censure.

No allusion, it may here be well to note, has been made to the subject of payment for medicines. It has been in-



tentionally omitted, with the view to mark the sense of the Council upon the point in question, and, as far as possible, morally to enforce the important principle—that medical men should found their claim to remuneration, *solely upon the value of their time and skill*, and altogether ignore the objectionable system of ‘drug payment!’\* Indeed, the practice of supplying medicines is rapidly dying out in continental states; and equally desirable is it

\* As an incitement, and a monition withal, to practitioners to discontinue, as far as practicable, the system of supplying medicines, and to base their charges solely on the abstract value of their professional services, a thoughtful consideration of the following critical remarks which appeared on the subject in the British Medical Journal of January 28th, 1888, is advisedly suggested to the young practitioner, as a matter of personal import:—

“‘DOCTORS’ BILLS.’—Sir Richard Harington, County Court Judge, in his court held at Droitwich on January 11th, made the following instructive comments in the case of Messrs. S. Batten and E. Elliot versus Arnold. Part of the claim was for medicine supplied and charged for at the rate of 3/6 per bottle, irrespective of the cost of the drugs used. The Judge remarked that ‘the practice of surgeons charging for medicines in this way was unsatisfactory. A registered practitioner was entitled to charge for his attendance, and there was no reason for charging more than their value for medicines. The practice of so charging would not be allowed to stand in his court; and if cases of this kind came before him, he should have to inquire into the cost of the drugs supplied.’ The practice thus condemned is one which no doubt is common, and in many cases has been found to be convenient; and it certainly has often come incidentally under the notice of Judges of the High Court—especially in claims for personal injuries, where the cost of medical attendance is one of the items of the damages—without eliciting condemnation.

“As a matter, however, of strict law, where the ‘Doctor’s bill’ is disputed, Sir Richard Harington is apparently right. Where a medical practitioner supplies medicines, he does so not as a member of a learned profession, but as an apothecary; and, like other tradesmen, in the absence of an agreed price, he is only entitled to charge what is reasonably the value of his goods. In ascertaining that value, the liability of the goods to deteriorate through keeping, the skill of the dispenser, and other considerations



for the patient and practitioner, (assuming the suppression of illegal 'counter practice'—not otherwise;) that it should become obsolete in this country—of which, however, even in the large cities, there appears to be no immediate prospect; while in the rural districts, from the limited general local business being insufficient to maintain a dispensing chemist, the proposed change is considered unfeasible, and, for other reasons, inexpedient. Under these circumstances, after a careful comparison of the relative advantages to patient and to practitioner, of prescribing *and supplying* medicines, or simply prescribing, your Council are of opinion that the Tariff is applicable to

which considerably enhance the price beyond that of the wholesale cost of the drugs used, must, of course, not be lost sight of; but they apply equally to medicines purchased at a chemist's shop, and a medical practitioner who supplies medicines cannot in law claim to make higher charges for them than would be paid to a chemist. It may be a hardship, in the case of patients who object to pay proper charges for visits, that the practitioner should be unable to make some extra profit from his medicines! but the law clearly will not enable him to recover such profit. It is well for those members who supply medicines to be aware of this fact, and to regulate their scale of fees accordingly. A professional man may, in law, estimate the value of his personal services at any figure he likes, and may refuse to accept less for them than he considers due. If, however, he contemplates the necessity of having to sue for his fees, he must make his client know *at the time* what their amount will be, otherwise a court will be sure to hold that the only contract is to pay such fees as are usual, and award a much smaller sum than the plaintiff considers due. He may also, as a tradesman, charge what price he likes for his medicines, if he tells his customers of it *at the time he supplies them*, and so makes the price charged an agreed price. What the law will not sanction is a plaintiff putting a fancy price on his goods or his services after they have been given and when the defendant has no longer an option of declining to have them. If there has been no agreement, it is always open to a defendant to dispute the amount claimed from him; and courts in such cases must decide as best they can as to the amount really due, and often, no doubt, inflict considerable hardship on members of the medical profession in so doing."



either case—inasmuch as, in the former, the cost of the drugs may be regarded by the practitioner as counter-balanced by the retaining hold he has upon the patient.

The Tariff is appended in a tabular form, with explanatory notes—the numerals to which respectively correspond.

NOTE.—In deference to the wishes of various members, an additional form of tariff (No. 2.) is appended for the guidance of those, who, from long established local custom, or other causes, find it impracticable to at once effect a change in the system of fees. In that event, the Council would strongly recommend such practitioners, while charging the items separately in the ledger, to send in a simple account for the sum total: and to allow any dissatisfied patient to refer to the ledger for particulars, rather than submit to the degrading system of 'drug details.' So essential, indeed, to the true interests of the profession do your Council regard the principle involved, that, to facilitate, and, as far as possible, universalize so desirable a change, and, at the same time, relieve individual practitioners from the odium (a powerful deterrent,) engendered in patients by desistance from the immemorial 'detail' system, they would hail with great satisfaction a recommendatory 'form of professional account' under the sanction of the General Medical Council, or of the several Royal Colleges of Physicians and Surgeons—which latter, moreover, by issuing, as in other countries, a medico-chirurgical tariff for the guidance of their junior members, would confer a boon on the profession and the public that could not fail to have a healthy conservative influence on the mutual relations between 'doctor and patient.' Your Council



therefore venture, with much deference, to commend the subject to their earnest consideration, and, meanwhile, would suggest to the members of the Medico-Ethical Society and Branch the following, or a like simple form (to be varied according to attendant circumstances,)—in which it will be observed that\*—‘drug payment’ is

SUGGESTED FORMS FOR A GENERAL PRACTITIONER'S STATEMENT  
OF PROFESSIONAL CHARGES.

*Elth-in-Tyme,*  
*July, 188 .*

A. DUWELL, ESQ.

To Dr. B. CHĒRFLE.

| 188 .   | £     | s. | d. |
|---|-------|----|----|
| <i>For Medical and Surgical Attendance on Mr. D., in the months of January and February - - - - -</i> | 8     | 18 | 6  |
| <i>Professional Advice for Mrs. D., in the month of April - - - - -</i>                               | 1     | 11 | 6  |
| <i>Professional Attendance on, and advice for Miss and Master D., in April and May</i>                | 5     | 15 | 6  |
| <i>* Medicines - - - - -</i>  | 0     | 0  | 0  |
|   | <hr/> |    |    |
|   | £16   | 5  | 6  |
|   | <hr/> |    |    |

Mr. U. R. DOWTEN

To I. M. FERME, Surgeon.

| 188 .  | £     | s. | d. |
|--|-------|----|----|
| <i>Professional Attendance in January and February - - - - -</i>                 | 4     | 14 | 6  |
| <i>For the Prescriptions repeated in the months of April, May and June - - -</i> | 3     | 12 | 0  |
|  | <hr/> |    |    |
|  | £8    | 6  | 6  |
|  | <hr/> |    |    |



specially repudiated, with the view to educate the people to a just appreciation of the abstract value of skilled professional service. It will probably be objected that, in many instances, the supply of medicines constitute nearly the sole claim for remuneration. In such case, it will be well to send in the simple total for '*The Prescriptions repeated in the months of April, May, and June, for Mr. Dowten,*'\* without particularizing the items—otherwise, an unfair and injurious comparison is more or less certain to be made between the relative charges of the 'Doctor' and the Druggist; for patients, rich and poor alike, are too apt to ignore, as of little value, the all-important, priceless ingredient in the composition of an effective prescription: viz. 'Ext. Cerebri Conc.'

N.B.—It is better, as a rule, not to specify details in professional accounts, unless specially requested; inasmuch as they often tend to dissatisfy people, and lead to criticisms and disputes that would not arise did not the items furnish a pretext. It is only reasonable indeed to assume that one who is generally supposed to unreservedly confide the lives and secrets of himself and family to his doctor, would have sufficient confidence and gratitude to entrust him to assess the value which he deems mutually fair and just to put upon his professional services, *plus* the anxious and grave responsibilities entailed upon him in the discharge of his onerous and often perilous duties. In fact, a doctor's bill that gives in detail the various items, is more apt to be criticized and disputed than one that simply notes the *total*. The respective items, however, of every bill should be carefully

\* NOTE.—Mr. D., if desirous, is at liberty to examine the respective items in the ledger. } N.B.—This 'Note' should not be sent to other than a new and dissatisfied patient—nor be repeated.



entered in the ledger, in order that the charges may be verified, if necessary. It will be well to bear in mind that under section 32 of the Medical Act of 1858, a duly qualified and registered medical practitioner cannot recover charges for medicines supplied and medical services rendered by an unqualified and unregistered assistant, when such services have been wholly rendered by the unqualified assistant, and when no part of such services has been rendered by the qualified practitioner.

The question of professional charges to the clergy having, in 1883, been referred to the writer by the Editor of the British Medical Journal, it has been deemed judicious, in deference to the wish expressed by various practitioners, to append hereto the accepted reply (which had been previously submitted to and approved by divers eminent representative practitioners including the late Sir Thomas Watson), which was to the following effect: namely, That, in respect to charges for professional attendance on the clergy, beneficed or unbeneficed, and their families, there is no special general rule other than the simple 'unwritten' one (a time-honoured, and 'true Samaritan' principle, alike applicable to other classes;) by which the faculty have long been self-guided: namely, although fully and justly entitled to a commensurate remuneration for professional services, accordant with the patient's position in life, to, nevertheless, make a greater or less reduction, according to the circumstances of the individual case, to such as may fairly be classed among the 'poor clergy' (beneficed or unbeneficed—specially so called—in contradistinction to the well-endowed and independent clergy: which latter should be charged as ordinary and not excep-



tional patients, in accordance with the principle and charges laid down in these Tariffs for Classes II and I.

As a matter herewith closely related, it may be well to note the following rule extracted from the *Code of Medical Ethics*.

THE DUTIES OF PRACTITIONERS AS REGARDS THEIR PROFESSIONAL SERVICES TO EACH OTHER, TO THEIR FAMILIES, WIDOWS, AND CHILDREN.

I. All legitimate practitioners of medicine, their wives, and children while under the paternal care, are entitled (*not* as a matter of *right*, but) *by professional courtesy*, to the reasonable and gratuitous services—*railway and like expenses excepted*—of the faculty resident in their immediate neighbourhood, whose assistance may be desired. In the case, also, of near relatives who are more or less dependent upon a professional brother (other than wealthy), it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or daughter altogether independent of the father,—or the widow and children of a practitioner left in affluent circumstances,—should be charged as ordinary patients—unless feelings of friendship, or other special reasons, render the attendant practitioner averse to professional remuneration: in such case, the rule need not apply. Moreover, if a wealthy member of the faculty seeks professional advice and courteously urges the acceptance of a fee, it should not be declined—*for no pecuniary obligation ought to be imposed on the DEBTOR, which the DEBTEE himself would not wish to incur*.

SURGICAL TARIFF.—With regard to Operations, Fractures, &c., the time and skill required vary so greatly in individual cases, and the amount influenced so much by the



eminence and special qualifications of the operator, that to frame a scale of Surgical Fees—fairly adapted to all cases—is a matter of very considerable, if not insuperable difficulty. Your Council, however, venture to hope that the annexed Surgical\* Tariff—the result of much labour and correspondence with many of the leading Surgeons and General Practitioners in the United Kingdom—will tend to obviate the difficulty so long experienced by the juniors from want of a recognised and professionally authoritative scale of fees; in reference to which they would further remark, that, although it has been found impracticable to specify every surgical contingency, and to frame an accordant scale of fees, the omission from the tariff of any operation, or other surgical service, is not to be regarded as a negation of the right to charge a fee proportionate to the nature and importance of such operation or service, and the social and pecuniary position of the patient.

N.B.—Reasonable objections having been urged against the 'rental' division into classes for a Surgical Tariff, two charges only (respectively designated 'Minimum' and 'Maximum' Fees—the intermediate ones being discretionary—) have been specified; any deviation from which, by reduction or otherwise, should, in the opinion of your Council, be a personal and exceptional consideration, privately and silently effected—unless some dispute, or attempted injustice, necessitate the contrary.

Ere concluding their remarks, the Council (bearing in mind, that, to the commercial or trade-class of society,

\* SPECIAL NOTE.—The Tariff is intended simply as a guide for the General Surgical Practitioners, in contradistinction to the Metropolitan and Provincial Surgeons of special skill and repute—whose fees will of course, as heretofore, be the subject of private arrangement with their patients.



quarterly or half-yearly payments are now the rule,) would earnestly impress upon the members the expediency of sending in their usual statement of professional charges *bi-annually*:—for the ‘Doctor’s’ proverbial delay, or neglect in the matter, is often attributed to a wrongful motive, and may, indeed, not unfairly be regarded as an incentive to the feeling so forcibly depicted in the following quaintly truthful lines:—

‘God and the Doctor we alike adore  
When on the brink of danger, not before;  
The danger past, both are alike requited—  
God is forgotten, and the Doctor slighted.’

It may also be well briefly to allude to the professionally inherent but injudicious system of *deferred* settlements of account, with its natural sequel—a chronic state of indebtedness of patients—which your Council need scarcely remark, not infrequently lead to a disruption of friendly feeling, and a loss of practice; nor should it be forgotten, moreover, that many who would willingly pay a semi-annual, or a yearly bill, are oft unable to discharge an accumulated one of two or more years. Probably, however, the most cogent and effective argument in favour of the suggested bi-annual system will eventually be found in the feeling of mental relief afforded by a replenished exchequer (a more or less exhausted state of which during the latter half of the year, under the existing system, is, it is to be feared, the rule rather than the exception in many professional households;—which, with the coveted desideratum of ‘a balance at one’s bankers,’ will, in the opinion of your Council, more than compensate for the additional trouble of a half-yearly ‘posting up’—the phantom *bête noire* and bugbear of the general practitioner.



## TARIFF OF MEDICAL FEES:

EX OR INCLUSIVE OF MEDICINE, ACCORDING TO CLASS AND NATURE OF CASE.

| <b>A.</b> —GENERAL PRACTITIONERS.   | CLASS III.<br>*£15 to £25.                       | CLASS II.<br>£25 to £50. | CLASS I.<br>£50 to £100<br>and upwards. |
|---|--|--------------------------|---|
| 1. Ordinary Visit ... ..  | 2/6 to 5/0                                       | 3/6 to 7/6               | 5/0 to 10/6                             |
| 2. Special Visit ... ..   | A Visit and a Half.                              |                          |   |
| 3. Night Visit ... ..   | 5/0 to 10/6                                      | 7/6 to 21/0              | 10/6 to 21/0                            |
| 4. Night-charge of and sitting<br>up with patient ... ..  | 21/0 to 42/0                                     | 21/0 to 63/0             | 42/0 to 63/0                            |
| Exclusive of mileage.   |  |                          |   |
| 5. Sleeping in the house by<br>special request ... ..   | 10/6 to 21/0                                     | 21/0 to 31/6             | 21/0 to 42/0                            |
| 6. Mileage beyond One Mile<br>from Home ... ..  | 1/0 to 1/6                                       | 1/6 to 2/0               | 1/6 to 2/6                              |
| 7. Detention per Half-Hour ...  | 2/6 to 5/0                                       | 3/6 to 7/6               | 5/0 to 10/6                             |
| 8. Advice at Practitioner's House   | 2/6 to 5/0                                       | 3/6 to 7/6               | 5/0 to 10/6                             |
| 9. Letters of Advice, or Pre-<br>scription ... ..   | 5/0 to 10/6                                      | 7/6 to 10/6              | 10/6 to 21/0                            |
| 10. Consultations ... ..  | Refer to Explanatory Notes.                      |                          |   |
| 11. Attendance on Servants ...  | 2/6 to 3/6                                       | 3/6 to 5/0               |   |
| 12. Two or more Patients in the<br>same House ... ..  | Refer to Explanatory Notes.                      |                          |   |
| 13. Midwifery { Ordinary Case of<br>Difficult Case of<br>The Administration of Chloro-<br>form ... ..<br>The Application of Forceps...<br>The Operation of Turning ...<br>The Operation of Embryo-<br>tomy ... ..<br>The Cæsarean Operation ... | 21/0 to 42/0                                     | 21/0 to 63/0             | 42/0 to 105/0<br>and upwards.           |
|   | A Fee and a Half.                                |                          |   |
|   | 10/6 to 21/0                                     | 21/0 to 31/6             | 21/0 to 42/0                            |
|   | An Extra Half-Fee.                               |                          |   |
|   | An Extra Half-Fee.                               |                          |   |
| An Extra Full Fee.  |  |                          |   |
| 14. Miscarriages ... ..   | 210/0 to 315/0   210/0 to 420/0   315/0 to 630/0 |                          |   |
| 15. Vaccination ... ..  | 5/0 to 7/6                                       | 5/0 to 10/6              | 7/6 to 21/0                             |
| 16. Certificates of Health, &c. ...   | Refer to Explanatory Notes.                      |                          |   |
| 17. Medicines repeated ... ..   | Refer to Explanatory Notes.                      |                          |   |
| 18. Ordinary Testing of Urine ...   | 3/6 to 10/6                                      | 5/0 to 10/6              | 7/6 to 21/0                             |
| <b>B.</b> —CONSULTANTS.   | CLASS III.                                       | CLASS II.                | CLASS I.                                |
| 1. Advice or Visit, or Letter of<br>Advice ... ..   | † 21/0   | 21/0 to 42/0             | 21/0 to 42/0                            |
| 2. Mileage, exclusive of Fee ...  | Refer to Explanatory Notes.                      |                          |   |

\* The rent being taken as an average but not absolute test of the income.

† MEDICAL LOYALTY.

The following strong argument in favour of the loyalty of physicians appeared in the columns of 'Notes and Queries' for July 7th, 1866, by S. T. P.

*Question.*  
'Can you explain to me,  
Why all physicians take  
A Guinea for their fee,  
When we no guineas make?'

*Answer.*  
'Oh yes! the reason's plain:  
They are loyal and unwilling  
That a Sovereign e'er again  
Should be left without a shilling.'



*Explanatory Notes.***A.**—GENERAL PRACTITIONERS.

1. *Ordinary Visit.*—Needs no explanation. NOTE.—When, at the first visit in a case, minute physical or prolonged examination is necessary in order to form a correct diagnosis, a somewhat larger fee may fairly be charged in accord with the prevailing rule, and for the following sound reasons: viz., that at the introductory or initial visit, it is generally necessary, in order to learn the history of the case, to devote extra time and attention thereto, since it not only involves a diagnosis, but, not infrequently, a prognosis also, for the intelligent comprehension and relief of the natural fears of the family; also, laying down a line of treatment, advising with regard to the diet, giving general and hygienic instructions to the nurse, and, may be, to others, etc.:—essential and important matters of detail that involve extra time and care, and therefore justify a claim for an additional half or full fee, according to the patient's position in life and ability to pay.
2. *Special Visit.*—A visit of which notice is not given before 10 a.m., at which hour, the Practitioner is understood to commence his daily round; also, when *immediate* attendance is requested, or a particular hour specified. Either incident is often embarrassing to the Practitioner, and entitles him to a larger fee.
3. *Night Visit.*—A visit made between 10 p.m. and 7 a.m.—for which, *at least*, double the ordinary fee should be charged.
4. *Mileage.*—This is understood to commence at one mile from the Practitioner's residence, and should be added to the fee for the visit, according to the Class. NOTE.—It may be well to suggest that, as a general rule, the mileage should (except to the higher and wealthy classes) include the visit-fee *plus* the charge for medicine; but in the case of the middle and lower classes, when medicine is not required on any of the succeeding journeys, the visit-fee may be charged in addition to the mileage.
5. *Detention.*—When from the urgency of the case, or at the desire of the patient or family, the Practitioner is detained more than half-an-hour, he is entitled to increased remuneration for every extra half-hour so detained—except in obstetric cases—in which, for every hour of detention exceeding six, an additional *pro ratâ* charge should be made.



6. *Advice at Practitioner's House.*—The same charge, according to class, as for an ordinary visit; and the same addition for detention.
7. *Letters of Advice, or Prescription.*—The charge should be somewhat in excess of that for *vivá voce* advice: also for Letters to Consultants relating case, or progress thereof, by request of patient.
8. *Consultations.*—When the ordinary medical attendant has to meet another practitioner in consultation, he is fully entitled, from loss and disarrangement of time, to not less than double his usual fee—exclusive of that for inordinate or needless detention. If, however, the consultations are frequent, the increase may be remitted at his discretion; and in the following case, also, if requested by the practitioner in attendance. When a General Practitioner is himself called in consultation, he is entitled to the Consultant's *minimum* fee of 21/0. Obstetric Consultations should be charged by arrangement between the Practitioners.
9. *Attendance on Domestic Servants.*—When paying for themselves, the charge should be for patients in Class III or II, according to their position and circumstances. If the employer himself send for the Practitioner, he is responsible for payment.
10. *Two or more Patients in the same House.*—If members of the same family, and paid for by one person, the full fee should be charged for the first, and a half visit for each of the others. When not of the same family, the full charge should be made for each.
11. *Midwifery.*—The Obstetric Tariff necessarily admits of considerable latitude in regard to the fee, consequent upon the oft prolonged and harassing attendance in cases of difficult labour, and the varying pecuniary position of the several classes of society. The fee, moreover, from long-established custom, is generally understood to include a visit or two during the week after delivery, if within the prescribed distance of an ordinary visit; but for any indisposition in the mother or child subsequent to the seventh day—or when any *serious* ailment occurs to either within that period, a charge should be made for each visit and detention as in ordinary cases of disease.
12. *Miscarriages.*—In simple premature labour, the same charge should be made as in ordinary cases of midwifery. In Abortions, the necessary visits should be charged as such, *plus* an additional fee for detention, in accordance with the principle laid down in No. 5.
13. *Vaccination.*—This is not included in the Obstetric Fee, and should be charged from 5/0 to 21/0 according to Class, or number of visits required. [It is here noted, by special desire, that it is contrary to



professional etiquette for a 'Public Vaccinator' to call, unsolicited, upon a patient of another medical man—as has repeatedly been done,—and insist, or otherwise request, that a non-vaccinated child be brought to him for the purpose, or, in any way, to offer gratuitous vaccination; and thus too often succeed in obtaining an introduction to the patients of other practitioners.]

14. *Certificates*.—Simple Certificates of the state of health (or of the death—other than the usual one for the Registrar of Deaths;) of a patient may be charged to such as Ordinary Visits—to others, as for Letters of Advice; but in cases of Life Assurance, or Lunacy, involving special examination and responsibility, 10/6 to 42/0 should be charged according to Class, and circumstances. The Assurance Fee of 10/6, however, should apply only to cases in which the amount insured does not exceed £50.
15. *Medicines Repeated*.—When, as frequently happens, a patient applies simply for a renewal of medicine—a visit or advice being deemed unnecessary—the charge should be regulated by Class, as per Tariff No. 2, and worded in accordance with the suggestion made at page 387. ('For the Prescriptions, &c.')
16. *Urinary Testing*.—An ordinary examination of urine, secundum artem, as an aid to diagnosis, in contradistinction to a special and minute analysis.

## **B.**—CONSULTANTS.

1. *Advice or Visit*.—This includes Advice at Home, and attendance within a mile—either alone, or in consultation with another practitioner. Two visits, except in consultation, are generally made for each fee, except in Classes II and I. NOTE.—In prolonged (*ex necessitate rei*) consultations, an extra fee may very justly be claimed by the respective consulting practitioners.
2. *Mileage exclusive of Fee*.—For any distance beyond the first fee-included mile, not exceeding three miles, 21/0, and a like sum for every additional three, or part of three miles; or it may be charged (fractions of a guinea being proscribed) at the rate of 7/0 to 10/6 per mile, according to Class, and the facility or difficulty of access.  
Frequency of attendance, and facilities for travelling by rail, may, in exceptional cases, and on the recommendation of the local attendant practitioner, be regarded as a valid reason for a moderate reduction of the fee.

The above fees are from one to two-thirds less than the usual consultation charges for mileage, &c., in London, Edinburgh, Dublin, and other large towns.



## TARIFF OF MEDICAL FEES:

EXCLUSIVE (No. 2.) OF MEDICINE.

| GENERAL PRACTITIONERS.                            | CLASS III.<br>£15 to £25.  | CLASS II.<br>£25 to £50. | CLASS I.<br>£50 to £100. |
|---|--|--------------------------|--------------------------|
| 1. Visit within Postal Delivery...                | 1/6 to 2/6   | 1/6 to 3/6               | 2/6 to 5/0               |
| 2. Special Visit ... ..                           | A Visit and a-Half.  |                          |                          |
| 3. Visit between 10p.m., and 7a.m.                | 5/0 to 10/6  | 7/6 to 21/0              | 10/6 to 21/0             |
|   | For First Mile.  |                          |                          |
| 4. Journeys—Mileage ... ..                        | 1/6  | 1/6 to 2/0               | 2/0 to 2/6               |
|   | Per Mile Extra.  |                          |                          |
|   | 1/0 to 1/6   | 1/0 to 2/0               | 1/6 to 2/6               |
|   | If the distance be only one mile, from 2/6 to 5/0 should be charged for taking out horse or carriage, according to Class.                    |                          |                          |
| 5. Detention per Half-Hour ...                    | 2/6 to 5/0   | 3/6 to 7/6               | 5/0 to 10/6              |
| 6. Advice at Practitioner's House                 | Refer to Explanatory Notes.  |                          |                          |
| 7. Letters of Advice ... ..                       | 5/0 to 10/6  | 7/6 to 10/6              | 10/6 to 21/0             |
| 8. Consultations ... ..                           | Refer to Explanatory Notes.  |                          |                          |
| 9. Attendance on Servants ...                     | Refer to Explanatory Notes.  |                          |                          |
| 10. Two or more Patients in the same House ... .. | Refer to Explanatory Notes.  |                          |                          |
| 11. Midwifery ... ..                              | Refer to preceding Tariff.   |                          |                          |
| 12. Miscarriages ... ..                           | Refer to Explanatory Notes.  |                          |                          |
| 13. Vaccination ... ..                            | 3/6 to 7/6   | 5/0 to 10/6              | 7/6 to 21/0              |
| 14. Certificates of Health, &c. ...               | Refer to Explanatory Notes.  |                          |                          |
| Works—In Mining Districts ...                     | 6/0 per annum, per head. (1½ per week.)  |                          |                          |
| Clubs—Inclusive of Medicine ...                   | 5/0 per annum, each member. (1¼ per week.)   |                          |                          |
|   | N.B.—No Member of a Club should be entitled to Medical Attendance, &c., whose wages, salary, or income, exceed Thirty-five shillings a week. |                          |                          |
| MEDICINES, &c.                                    |  |                          |                          |
| Mixtures ... ʒxij ... ..                          | 3/6 to 4/6   | 4/0 to 4/6               | 4/0 to 5/0               |
| ” ... ʒviiij ... ..                               | 2/6 to 3/6   | 3/0 to 3/6               | 3/6                      |
| ” ... ʒiv ... ..                                  | 1/6 to 2/0   | 2/0 to 2/6               | 2/6                      |
| Draught ... ʒiss ... ..                           | 1/0 to 1/6   | 1/6                      | 1/6 to 2/6               |
|   | When two or more are sent, a moderate decrease in the charge should be made.   |                          |                          |
| Drops... ... ʒiss to ʒij ... ..                   | 1/6 to 2/0   | 1/6 to 2/0               | 2/0 to 2/6               |
| Pills ... .. xij ... ..                           | 1/6  | 1/6 to 2/0               | 2/0 to 2/6               |
| ” ... .. vj ... ..                                | 1/0  | 1/0 to 1/6               | 1/6 to 2/0               |
| ” ... .. ij ... ..                                | 6d. to 1/0   | 1/0                      | 1/0                      |
| Powders ... .. vj ... ..                          | 1/6  | 1/6 to 2/0               | 2/0 to 2/6               |
| ” ... .. iv ... ..                                | 1/0 to 1/6   | 1/6 to 2/0               | 2/0                      |
| ” ... .. i ... ..                                 | 6d. to 1/0   | 1/0                      | 1/0                      |
| Blisters ... ..                                   | 1/0 to 1/6   | 1/6 to 2/0               | 2/0 to 2/6               |
| Gargles and Lotions ... ..                        | May be charged somewhat lower than Medicines proper.   |                          |                          |



## TARIFF OF SURGICAL FEES :

EXCLUSIVE OF VISITS.

This Tariff, be it noted, is especially intended for the well-to-do Artisan, Trade, and Middle Classes—not for the upper, or wealthy grades of society : to which latter, higher fees, commensurate with the skill and responsibility of the operator, should be charged.—Be it also distinctly understood that the scale has, in legal phraseology, been drawn 'without prejudice' to the established right of the 'skilled' practitioner to claim larger fees than those herein specified.

NOTE.—The visits made subsequent to any operation should be charged as for attendance in ordinary cases of disease—the fee being regulated by the time occupied, and the trouble incurred.

| GENERAL SURGICAL PRACTITIONERS.  | Minimum. | Medium Fees.   | Maximum |       |
|--|----------|--|---------|-------|
|  | £ s. d.  | £ s. d.  | £ s. d. |       |
| For administering an Anæsthetic ... ..   | 1 1 0    | to   | 2 2 0   |       |
| For reducing Dislocation of the Lower Jaw  | 1 1 0    | Any sum intermediate between the specified 'Minimum' and 'Maximum' Fees that the practitioner may deem just to his patient, the profession, and himself. | 2 2 0   |       |
| For reducing Dislocation at the Shoulder-Joint ... ..  | 1 1 0    |  | 3 3 0   |       |
| For reducing Dislocation at the Elbow-Joint ... ..   | 1 1 0    |  | 3 3 0   |       |
| For reducing Dislocation at the Wrist-Joint  | 1 1 0    |  | 2 2 0   |       |
| For reducing Dislocation of the Thumb...   | 1 1 0    |  | 2 2 0   |       |
| For reducing Dislocation at the Hip-Joint  | 3 3 0    |  | 10 10 0 |       |
| For reducing Dislocation at the Knee-Joint   | 1 1 0    |  | 3 3 0   |       |
| For reducing Dislocation at the Ankle-Joint  | 1 1 0    |  | 3 3 0   |       |
| For reducing old Dislocations, a double or treble fee should be charged, according to circumstances ... .. |          |  |         |       |
| For reducing Fracture of the Lower Jaw ... ..  | 1 1 0    |  |         | 3 3 0 |
| For reducing Fracture of the Ribs  | 1 1 0    |  | 3 3 0   |       |
| For reducing Fracture of the Clavicle ... ..   | 1 1 0    |  | 3 3 0   |       |
| For reducing Fracture of the Humerus ... ..  | 1 1 0    |  | 4 4 0   |       |
| For reducing Fracture of the Fore-arm ... ..   | 1 1 0    |  | 3 3 0   |       |
| For reducing Fracture of the Femur ... ..  | 2 2 0    |  | 5 5 0   |       |
| For reducing Fracture of the Patella ... ..  | 1 1 0    |  | 3 3 0   |       |
| For reducing Fracture of the Leg ... ..  | 2 2 0    |  | 5 5 0   |       |

Including the application and use of the ordinary Splints, &c. Special Apparatus excepted.



| GENERAL SURGICAL PRACTITIONERS.   | Minimum. | Medium Fees. | Maximum. |
|---|----------|--------------|----------|
|   | £ s. d.  | £ s. d.      | £ s. d.  |
| For Amputation at the Shoulder-Joint ...                                      | 5 5 0    | to           | 15 15 0  |
| For Amputation of an Arm ...  | 5 5 0    |              | 10 10 0  |
| For Amputation of a Hand ...  | 5 5 0    |              | 10 10 0  |
| For Amputation of a Finger ...  | 1 1 0    |              | 3 3 0    |
| For Amputation at the Hip-Joint ...   | 10 10 0  |              | 21 0 0   |
| For Amputation at the Thigh ...   | 7 7 0    |              | 15 15 0  |
| For Amputation of a Leg ...   | 5 5 0    |              | 10 10 0  |
| For Amputation of a Foot... ..  | 5 5 0    |              | 10 10 0  |
| For Amputation of a Toe ... ..  | 1 1 0    |              | 3 3 0    |
| For Resection of the Superior Maxilla ...                                     | 5 5 0    |              | 21 0 0   |
| For Resection of the Inferior Maxilla ...                                     | 5 5 0    |              | 21 0 0   |
| For Resection of the Head of the Humerus                                      | 5 5 0    |              | 18 18 0  |
| For Resection of the Elbow-Joint... ..  | 5 5 0    |              | 18 18 0  |
| For Resection of the Head of the Femur  | 5 5 0    |              | 21 0 0   |
| For Resection of the Knee-Joint ... ..  | 5 5 0    |              | 21 0 0   |
| For Resection of the Ankle-Joint... ..  | 5 5 0    |              | 18 18 0  |
| For Tenotomy ... ..   | 1 1 0    |              | 5 5 0    |
| For Ligation of the Subclavian, Carotid,<br>Iliac, or Femoral Arteries ... .. | 5 5 0    |              | 21 0 0   |
| For Excision of Tumours in dangerous<br>and complex regions ... ..            | 5 5 0    |              | 21 0 0   |
| For Excision of Mammary Tumours ...   | 3 3 0    |              | 10 10 0  |
| For Excision of large Encysted or Fatty<br>Tumours ... ..                     | 2 2 0    |              | 10 10 0  |
| For smaller growths—a less fee ...  |          |              |          |
| For Abscission of the Tongue, or a por-<br>tion of ... ..                     | 5 5 0    |              | 21 0 0   |
| For Abscission of the Tonsils ... ..  | 1 1 0    |              | 3 3 0    |
| For Trephining ... ..   | 3 3 0    |              | 10 10 0  |
| For the operation for Strabismus ... ..                                       | 2 2 0    |              | 10 10 0  |
| For operations on Lachrymal Sac ... ..  | 1 1 0    |              | 3 3 0    |
| For the operation for Entropion and Ec-<br>tropion ... ..                     | 2 2 0    |              | 7 7 0    |
| For the operation for Cataract ... ..   | 7 7 0    |              | 26 5 0   |
| For Iridectomy, or Artificial Pupil ...                                       | 5 5 0    |              | 21 0 0   |
| For Extirpation of the Globe of the Eye                                       | 5 5 0    |              | 10 10 0  |
| For Extirpation of Tumours in the Orbit                                       | 3 3 0    |              | 15 15 0  |

Any sum intermediate between the specified 'Minimum' and 'Maximum' Fees that the practitioner may deem just to his patient, the profession, and himself.



| GENERAL SURGICAL PRACTITIONERS.   | Minimum. |       | Medium Fees.   |       | Maximum. |       |
|---|----------|-------|--|-------|----------|-------|
|   | £        | s. d. | £  | s. d. | £        | s. d. |
| For the Talicotian Operation ... ..   | 5        | 5 0   | to   |       | 21       | 0 0   |
| For the operation for the removal of a Nævus or Aneurism by Anastomosis                 | 1        | 1 0   | Any sum intermediate between the specified 'Minimum' and 'Maximum' Fees that the practitioner may deem just to his patient, the profession, and himself. |       | 5        | 5 0   |
| For the operation for the removal of Cicatrices ... ..                                  | 1        | 1 0   |  |       | 5        | 5 0   |
| For the operation of Dermic-Grafting ...  | 10       | 6     |  |       | 3        | 3 0   |
| For the operation for Cleft-Palate ...  | 5        | 5 0   |  |       | 15       | 15 0  |
| For the operation for Hare-Lip ... ..   | 2        | 2 0   |  |       | 10       | 10 0  |
| For the removal of Polypus Nasi... ..   | 10       | 6     |  |       | 5        | 5 0   |
| For the removal of Foreign bodies from the Ear, Eye, Nose, Pharynx, or Œsophagus ... .. | 10       | 6     |  |       | 2        | 2 0   |
| For the operation of Tracheotomy ...  | 3        | 3 0   |  |       | 10       | 10 0  |
| For the introduction of the Stomach Pump  | 1        | 1 0   |  |       | 3        | 3 0   |
| For the operation of Trocar-Suction-or 'Aspiration' ... ..                              | 1        | 1 0   |  |       | 5        | 5 0   |
| For Paracentesis Thoracis ... ..  | 2        | 2 0   |  |       | 5        | 5 0   |
| For Paracentesis Abdominis ... ..   | 1        | 1 0   |  |       | 5        | 5 0   |
| For the reduction of Hernia by Taxis ...  | 1        | 1 0   |  |       | 5        | 5 0   |
| For the operation for Strangulated Hernia   | 5        | 5 0   |  |       | 15       | 15 0  |
| For the operation of Cholecystotomy ...   | 5        | 5 0   |  |       | 21       | 0 0   |
| For the operation of Colotomy ... ..  | 5        | 5 0   |  |       | 15       | 15 0  |
| For the operation of Duodenostomy ...   | 5        | 5 0   |  |       | 21       | 0 0   |
| For the operation of Enterostomy ... ..   | 5        | 5 0   |  |       | 15       | 15 0  |
| For the operation of Gastrostomy ... ..   | 5        | 5 0   |  |       | 15       | 15 0  |
| For the operation of Hysterectomy ...   | 10       | 10 0  |  |       | 21       | 0 0   |
| For the operation of Laparotomy... ..   | 5        | 5 0   |  |       | 21       | 0 0   |
| For the operation of Laryngotomy ... ..   | 3        | 3 0   |  |       | 10       | 10 0  |
| For the operation of Lithotomy ... ..   | 10       | 10 0  |  |       | 26       | 5 0   |
| For the operation of Lithotrity ... ..  | 5        | 5 0   |  |       | 26       | 5 0   |
| For the operation of Nephrotomy ... ..  | 10       | 10 0  |  |       | 21       | 0 0   |
| For the operation of Œsophagotomy ...   | 3        | 3 0   |  |       | 10       | 10 0  |
| For the operation of Ovariectomy... ..  | 15       | 15 0  |  |       | 31       | 10 0  |
| For the operation of Pneumotomy ... ..  | 5        | 5 0   |  |       | 15       | 15 0  |
| For the operation of Prostatectomy ...  | 3        | 3 0   | 10   | 10 0  |          |       |
| For the operation of Pylorotomy ... ..  | 5        | 5 0   | 15   | 15 0  |          |       |
| For the operation of Splenotomy... ..   | 10       | 10 0  | 26   | 5 0   |          |       |



| GENERAL SURGICAL PRACTITIONERS.   | Minimum. | Medium Fees.  | Maximum. |
|---|----------|---------------|----------|
|   | £ s. d.  | £ s. d.<br>to | £ s. d.  |
| For digital examination per anum or<br>vaginam ... ..   | 10 6     |               | 1 1 0    |
| For examination with Speculum ... ..  | 10 6     |               | 2 2 0    |
| For the Introduction of a Pessary ... ..  | 10 6     |               | 1 1 0    |
| For the removal of Polypus from the<br>Uterus ... ..  | 2 2 0    |               | 10 10 0  |
| For the operation for Vesico-Vaginal, or<br>Recto-Vaginal Fistula ... ..                          | 5 5 0    |               | 21 0 0   |
| For the operation for Fistula in Perineo  | 3 3 0    |               | 10 10 0  |
| For the operation for Fistula in Ano ... ..   | 2 2 0    |               | 5 5 0    |
| For the operation for Hæmorrhoids ... ..  | 1 1 0    |               | 5 5 0    |
| For the reduction of Prolapsus Ani ... ..   | 10 6     |               | 2 2 0    |
| For the operation for Imperforate Anus,<br>Vagina, &c. ... ..                                     | 2 2 0    |               | 5 5 0    |
| For the palliative operation for Hydrocele  | 10 6     |               | 2 2 0    |
| For the operation for the radicle cure of<br>Hydrocele ... ..                                     | 1 1 0    |               | 5 5 0    |
| For the operation for Phimosis and Para-<br>phimosis ... ..                                       | 10 6     |               | 2 2 0    |
| For the operation of Urethrotomy ... ..   | 5 5 0    |               | 15 15 0  |
| For the introduction of the Catheter in<br>ordinary cases ... ..                                  | 5 0      |               | 1 1 0    |
| For the introduction of the Catheter in<br>cases of obstruction ... ..                            | 1 1 0    |               | 5 5 0    |
| For the operation for puncture of the<br>bladder ... ..   | 2 2 0    |               | 15 15 0  |
| For injecting the bladder ... ..  | 7 6      |               | 1 1 0    |
| For laying open an abscess or sinus ... ..  | 5 0      |               | 1 1 0    |
| For inserting a seton, or making an issue   | 7 6      |               | 1 1 0    |
| For Cupping with Scarificator ... ..  | 10 6     |               | 2 2 0    |
| For Dry Cupping ... ..  | 7 6      |               | 1 1 0    |
| For Venesection ... ..  | 5 0      |               | 1 1 0    |
| For Subcutaneous Injection (less, if oft<br>repeated) ... ..                                      | 5 0      |               | 10 6     |
| For Syringing the ears ... ..   | 5 0      |               | 1 1 0    |
| For administering an Enema ... ..   | 5 0      |               | 1 1 0    |
| For a Post-Mortem Examination made at<br>the request of the family of a deceased<br>person ... .. | 2 2 0    |               | 5 5 0    |

Any sum intermediate between the specified 'Minimum' and 'Maximum' Fees that the practitioner may deem just to his patient, the profession, and himself.







Well,  
pm  
19-5-78







