

suspect any mistake in the dispensing, or anything improper in the quality of the medicine, the more prudent course is to call on the druggist, who cannot, if treated with proper courtesy and delicacy, object to afford any explanation that may be necessary, or to submit any part of his stock of drugs to the practitioner's examination that he may wish. When asked to whom the prescriptions are to be sent, which he will frequently be, the practitioner should say, "to any respectable druggist;" or he may mention the names of a few that he knows to be trustworthy, leaving the patient to make his choice. But if the practitioner is convinced by experience that any druggist does not keep his medicines of the standard strength, or otherwise does injustice to those who employ him, he is warranted—nay, he is bound, both in justice to himself and to his patients—to see that the latter do not put themselves within such a person's power.

*Query 20*—In cases where, from confirmed structural change of organs, or from other causes, he may have reason to suspect that no remedial treatment will be successful,—what is the proper course for the medical man who may be called in to pursue?

*Ans.*—An honest and straightforward one in this, as in every other instance. His prognosis, of course, if the circumstances demand it, should be guarded, and perhaps even not hazarded without further medical consultation; and although his conduct must, to some extent, be guided by the character and views of his patient and friends, he should much rather sacrifice his own employment in the case than be induced to add to the evil that has already come upon his patient by injudicious attempts at restoration, where palliation only may be practicable. Writing on the medical treatment of old age, Dr. Holland says—"The first practical conclusion which the prudent physician will draw from his knowledge here is, in some sort, a negative one, viz.—not to interfere, or, if at all, with care and limitation—in those cases where changes irremediable in their nature have occurred in any organ or function of the body. To urge medical treatment in face of distinct proof to this effect, is to sacrifice at once the good faith and usefulness of the profession. This is a point the most needful to be kept in mind, as the patient himself and those around him are rarely able or willing to recognize it. It is often an exceedingly nice question of conscience, as well as of opinion, to define the extent to which practice may rightly proceed in such instances; always admitting, as must be done, that something is due to the feelings of the patient,—something also to the uncertainty of our own judgment, antecedently to actual experience. This question in medical morals, like so many others, cannot be treated as a general principle only. The integrity and discretion of the practitioner must ever be appealed to for guidance in the endless variety of particular cases. In some, concession to a certain extent is safe, or even justified by indirect advantage to the patient. In others, mischief alone can arise from this meddling with the course of nature, and bad faith or bad judgment are involved in every such act of practice."

*Query 21*—If it should come to the knowledge of a medical man that a case under the management of some other person is evidently misunderstood, and must soon terminate fatally if the proper treatment is not adopted—is he at all justified in interfering; and if so, in what manner and to what extent?

*Ans.*—In this delicate and disagreeable position in which the medical man may by possibility find himself placed, the utmost caution and good faith are necessary. As a general rule, he should altogether discountenance what is a too common practice among the ill-informed and lower classes,—that gossiping criticism to which the practice of medical

men is subjected; especially knowing, as he must do, the difficulty that even a medical man has of forming an opinion from secondhand information: but there may be circumstances in which he cannot avoid listening to the appeals that may be made to him. "When artful ignorance," says Dr. Percival, "grossly imposes on credulity; when neglect puts to hazard an important life, or rashness threatens it with still more imminent danger,—a medical neighbor, friend, or relative, apprised of such facts will justly regard his interference as a duty. But he ought to be careful that the information on which he acts is well founded; that his motives are pure and honorable; and that his judgment of the measures pursued is built on experience and practical knowledge,—not on speculative or theoretical differences of opinion. The particular circumstances of the case will suggest the most proper mode of conduct. In general, however, a personal and confidential application to the gentleman of the faculty concerned should be the first step taken, and afterwards, if necessary, the transaction may be communicated to the patient or his family." \* In opposition to this view of Dr. Percival's, a friend to whom I yesterday showed these Queries remarks—"I really cannot see the propriety of assuming that, in any instance whatever, where he is not professionally consulted by friend or legal authority, —and that on distinct grounds, and for a special purpose, such as shall free him from censure as a meddler,—a practitioner may or ought to give judgment regarding the treatment pursued (however bad or dangerous) by another member of the profession, as to which treatment he must be (*ex hypothesi*) imperfectly informed. Observe for a moment: he goes on hearsay only, no sufficient evidence being afforded to warrant an opinion; moreover, though the reporters may be conscientious, and mean well, they may at the same time be either ignorant or mistaken, and so unwittingly lead astray. In my view, a physician, *as such*, has no more title to become a public censor or reformer than what may be claimed by any other member of society; and that office, if assumed by him spontaneously, will almost infallibly be regarded with a suspicion of self-conceit, which (except under very peculiar circumstances) a right minded man would avoid, as calculated to injure his character and impair his usefulness."

*Query 22*—Is it proper—and if so, under what circumstances—in a medical man to visit a patient or acquaintance who has taken the benefit of an hospital or other public medical institution, and is under the treatment of its officers?

*Ans.*—Of course not as his medical adviser; but he is not, from the fact of belonging to the profession, to forego the privilege of visiting his friend or acquaintance, or former patient, when such visit had been desired or requested by the latter, or perhaps even made a condition of his going to the institution. Out of courtesy, however, to the medical attendants of the institution, if he cannot find it convenient to go while they are there, he ought to call on the resident surgeon, and request him to visit the patient along with him; and he should scrupulously abstain from any remarks calculated to diminish the patient's confidence in the professional attendance and general treatment he receives. The medical attendant of the institution cannot object to such a visit if he should become aware of it, when made at the wish of the patient or those interested in him; and although he is not bound to consult with the previous attendant, common courtesy, and a desire to gratify his patient's wishes, and to promote his recovery, which is of course the main object of the institution, should induce him, particularly in a case of difficulty or danger, rather to encourage than avoid an interchange of views and information on the

\* Notes and Reflections p. 75.

\* Medical Ethics, p. 32.