

Query 3.—Is it right in public medical teachers, and more particularly professors, and others paid from the public funds, to enter into contracts to give their professional services to public bodies at a reduced rate—in fact, to undersell those who buy their medical knowledge from them? To compare their conduct with a strictly analogous case in common business: when a wholesale merchant begins to retail the articles in which he deals at a lower rate than the dealers he supplies can afford to sell them at, what is thought of his conduct, and how is it generally met by his brethren in trade?

Ans.—The terms in which this query is couched render any answer almost unnecessary.

Query 4.—When a medical man is called into consultation by another, and supposing they entertain a difference of opinion as to the nature of the case,—a difference, however, which does not prevent them from co-operating in its future management,—is either of them justified in giving an unfavorable impression of the practice of the other to the patient or his friends, or to any other person?

Ans.—No.

Query 5.—When a medical man's advice is asked by a person whom he knows or suspects to be at the time attended by another, what is the proper course for him to pursue?

Ans.—He should do as he would be done by, and not encourage any such application; but rather by his answer endeavor to strengthen the person's confidence in his medical attendant.

Query 6.—When a medical man has a near relative residing at a distance dangerously ill, and when friends have written to him describing the condition of the patient and treatment pursued, and wishing his opinion and advice, what course should he adopt? should he address himself to the friends or to the practitioner in attendance?

Ans.—To the latter unquestionably.

Query 7.—If, during your attendance on a case, another medical man should, without your own or the patient's consent being asked, be called in, and that not by the party who employed you in the first instance, what is the proper conduct to pursue?

Ans.—I think to decline meeting with him till the wish of your patient and employer be ascertained.

Query 8.—When a medical man called, during the progress of a case, into consultation with another practitioner, persists, without any expressed wish on the part of the patient or friends, in continuing his services after the danger is over, and when the person first in attendance thinks his further assistance both unnecessary and inconvenient—what is the proper resource for the latter?

Ans.—The most effectual hint would be paying him his fee; but if he declare the case to be still in need of his attendance, you can have no resource without coming to a rupture with him.

Query 9.—When a medical man is called to a case on an emergency, during the absence of the practitioner in attendance—what is the proper etiquette to be observed by the two?

Ans.—The person called in should do what is necessary in the urgency of the case, and nothing more; nor should he repeat his visit. He might write a note to the regular attendant, if he thinks it necessary, explaining what has been done. The ordinary attendant, on the other hand, should not neglect to thank the other, either verbally or by letter, for his assistance; and, moreover, if this has been of great consequence, and the patient's circumstances are such as to justify it, he should advise the latter to send him a suitable fee.

Query 10.—When a medical man, on proceeding to a case to which he had been summoned, but had been unable to give prompt attendance, finds that another had been sent for, and had already prescribed—what should be done?

Ans.—Simply make his bow and retire, if the parties should be strangers to him; or, if they are intimate friends, or the case that of a previous patient, and they express a very decided wish to retain his attendance in preference to that of the other,—he should recommend them to settle on friendly terms with the latter, and afterwards send to himself a message to renew his attendance.

Query 11.—When a patient laboring under a complaint tending, if the proper means are not used, to a fatal termination, calmly and deliberately tells you that he does not wish his life protracted—what duty remains for you?

Ans.—To endeavor, in the first place, to bring him to a more hopeful and healthy frame of mind; and, whether you succeed in this or not, to tell him that so long as you continue in attendance, you must and will use the proper means for his recovery. The friends, at the same time, should, with due discrimination, be made aware of the state of matters.

Query 12.—When a patient, feeling that his end is come tells you calmly and decidedly that he wishes to die in peace, and to discontinue any further use of the means of recovery—what course remains for you?

Ans.—Simply to acquiesce, with the concurrence of the friends, and if you believe that the patient's presentiments are well founded. This I believe to be no uncommon occurrence, particularly in the instances of sagacious and strong minded persons. Mr. O'Connell's last illness might be mentioned as an example. The Rev. W. Simeon, of Cambridge, "when he had determined no longer to use any of the means which had been resorted to in the hope of prolonging his life" (feeling they were become profitless,) said to his nurse, "you cannot but say that up to this time I have submitted patiently, willingly, and cheerfully, to every wish of Dr. Haviland; I have not made one objection, have I?" He then added—"I did it all for the Lord's sake; because, if it had been his will to prolong my life, I was willing to use any means; but now I feel (and he said this with great emphasis) that the decree is gone forth—from this hour I am a dying man. I will now wait patiently for my dissolution. All that could possibly be done for me, has been done: of that I am fully persuaded and satisfied: tell Dr. Haviland so." And after this he took no more medicine. Nearly similar was the conduct of Dr. Johnson on his death bed, which was more remarkable, considering that he was all his life time tormented with the fear of death. Boswell describes the circumstances as follows:—"Johnson, with that native fortitude which, amidst all his bodily distress and mental suffering, never forsook him, asked Dr. Brocklesby, as a man in whom he had confidence, to tell him plainly whether he could recover. 'Give me,' said he, 'a direct answer.' The doctor having first asked him if he could bear the whole truth which way soever it might lead, and being answered that he could, declared that in his opinion he could not recover without a miracle. 'Then,' said Johnson, 'I will take no more physic, not even my opiates; for I have prayed that I may render up my soul to God unclouded.' In his resolution he persevered, and at the same time used only the weakest kinds of sustenance. Being pressed by Mr. Windham to take somewhat more generous nourishment, lest too low a diet should have the very effect which he dreaded, by debilitating his mind, he said, 'I will take anything but inebriating sustenance.'"