

may be so few and mild as to be borne with indifference, or so many and grave as to produce collapse or wild delirium.

As to the family, the psychic impressions and emotions are influenced both in number and character by many factors. If the patient be the husband, father and bread-winner, or the wife and mother, or son or daughter, or tender nursling, it requires no vivid imagination to paint the scene. In the sway of the emotions, as buoyed by hope or crushed by fear, we have nobler dramas or sadder tragedies acted within the precincts of the sick-room than in the repertoire of dramatist or tragedian. The psychic conditions of nurse and physician are governed by education, experience, temperament, and by the character of the illness, sanitary conditions and complications.

The above is a brief summary of the psychic conditions incident to the sick-room. How does the physician meet them? If taught at college, by text-books, and at hospital clinics, that the chief end of a doctor is to diagnose accurately, prescribe orthodox remedies, and give proper instructions *re* diet, sanitation, etc., and if he has acquired all his experience in strict observance of these teachings, he will conduct himself about as follows: He will submit patient and nurse to rigid verbal examinations, and the former to a careful physical one. He will satisfy himself—at least, as far as he can—in regard to the diagnosis and probable prognosis. He will give instructions *re* diet, ventilation and medicine, and to the family and friends such information about the case as he deems necessary.

He now takes his leave, feeling perfectly satisfied that he has discharged his full duty. To challenge the merits of the course followed almost universally by reputable physicians of every civilized country throughout many centuries seems audacious to the last degree. However plausibly or conveniently custom and age may be used as excuses for doing anything, yet they must never be allowed to usurp reason to guide our conduct. This must be governed by merit alone. Our work is good or bad, irrespective of custom or age.

Granted that the diagnosis is correct, treatment of the disease efficient and orthodox, and the instructions explicit, if psychic conditions have been overlooked or only imperfectly investigated, has not the physician left undone a very important part of his work? If the experience of most medical men corresponds with the writer's, which covers thirty years in general practice, consultations with many eminent men, and clinics in nearly all the large hospitals of Europe and America, the consensus of opinion must be: the amount of attention usually