

probably vilify him, either publicly or privately, or both, if he did not at once drive off to the accident, whatever other claims he might have upon him at the time. The greater the profession of benevolence the greater the horror at the request of the doctor for that 'tuppence.' I doubt not that most members of our profession, indeed all, do their neighborly duty as well and as frequently as any other member of the community. The rub comes in where we are expected to act vicariously for anyone who chooses to call upon us for this purpose. To such we may very well say, 'Where is your twopence?' I make it a rule never to pay any attention to casual messages or urgency calls unless to my own patients, or when given by someone who is prepared to pay my fee. If we would only assert ourselves a little more, and let people understand that we must be paid for our services the same as any other profession, the less difficulty there would be in obtaining our rights. We have done so much gratuitously in the past that people forget we have our bills, rent, rates and taxes to meet the same as others. In cases of emergency, calls by police or anyone else, a good working policy is to ask, 'Where is the tuppence?'—*British Medical Journal*.

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PRESENCE OF MIND.—If we were asked what single quality more than any other conduces to success in medical practice, we should be disposed to say presence of mind. The doctor must be master of himself, not only "though china fall," but though he discovers that he has been studying the pathological changes in a glass-eye, or feeling his own pulse, like the intoxicated physician of the legend. Swift, in his *Diary to Stella*, speaks of the frequency with which people "reason wrongly at first thinking." Medical men are no more exempt from this infirmity than the rest of mankind; but the carefully cultivated presence of mind, which is the first law of professional self-preservation, generally makes them more successful in concealing it. The young practitioner often gives himself away by offering the first muddy stirrings of his thought as an opinion instead of waiting for it to settle. Everyone remembers the young doctor in one of Wendell Holmes' books, who tells his first patient that he has discovered various complicated murmurs in his heart, which turn out to be caused by the buzzing of a fly in the stethoscope. An older hand might have heard the "murmurs"—perhaps with his ear at the wrong end of the stethoscope—but he certainly would not so artlessly have taken the patient into his confidence. We have known a "colored person" diagnosed offhand to be suffering from Addison's disease; and a dark spot, which subsequently proved to be amenable to simple treatment by soap and water, pronounced "at first thinking" to be a melanotic sarcoma. Absurd mistakes are often due to nervousness rather than precipitancy.