

CALLS OF SYMPATHY ON THE SICK.

Fortunately physicians themselves are not often expected to make simple calls of sympathy on their sick friends. Their profession makes it a delicate matter. It is a wise doctor who can talk for several minutes with an invalid not his own patient without saying something which will cause the attending physician to undergo an unpleasant cross-examination. But if they do not make them, they are often able to see such calls or to witness their effects. The doctor's chief responsibility in regard to such calls consists in determining whether the friends of the patient may be admitted to see the invalid or not. This offers sometimes a somewhat serious problem, as the patient is as anxious, usually, to see his friends as the friends are to see the patient, while the doctor feels that the utmost quiet is called for. Various things may unite to form the doctor's opinion. If the dutiful daughter insists on telling the invalid parent that her old schoolmate has come all the way from home to see her and is so disappointed, it may be better to permit the call than to allow the patient to fret over the disappointment. A deaf person in a feeble condition may not be allowed to see visitors early, as the strain of listening is especially trying. It is almost impossible to properly discriminate as to the person to be admitted. For instance, a deaf and sensitive young woman who was isolated during an exhausting but not serious illness, because the effort of listening was quite beyond her strength, on convalescence was first permitted to see a friend whose voice was singularly clear, but such discrimination against a relative whose tones were thick and difficult to understand nearly precipitated a family quarrel. Doctors learn to be extremely careful about forbidding the visits of certain individuals while others

are admitted, as they thereby become involved in quarrels in which even those whom they try to shield take part against them. The doctor must be guided by his own common sense and not look for help from any existing volume on theory and practice.

The calls of clergymen are usually cheery and of good effect. The clergyman who just runs in on his way to church to see the member of his congregation whose face he will miss from her accustomed place is pretty sure to carry comfort, while the priest who starts to read a prayer for the sick and continues until he has exhausted all the forms provided by the church may leave a condition of exhaustion behind him which causes the doctor many an anxious hour. The attitude of the doctor will vary somewhat with his patient's creed. The Catholic priest must be admitted. He is equally entitled with the doctor to stand by the side of the dying, and what more loyal ally could the doctor wish. But even clergymen are sometimes exasperating. One can hardly believe such an incident as the following: A physician tells of a lady under his care who was kept alive with the utmost difficulty. The whole household might be described as holding its breath lest anything should occur to disturb the balance between life and death. The doorbell was clearly labeled with a request not to ring, and directions were given as to the course to be pursued by visitors. In spite of such directions the bell was rung at a late hour one night by a reverend gentleman who had come to see the lady who had been his parishioner many years before. Even after the critical situation was explained to him, he insisted on seeing her and desired also to introduce a stranger whom he had brought with him.

"I have just been to see a sick friend, and if it takes it out of you, as this call