

A SURGEON'S STORY.

She came into my consulting room with a good deal of diffidence. She was what might be called a sweet-eyed woman, but not beautiful. She had that peculiar expression that was confirmed sadness in her look, but that might have arisen from the character of the disease from which she suffered. She was young, but looked old as she seated herself near me on the right, with the light from a side window strong upon her face. This is a position most favorable for observation, for to the experienced doctor expression and attitude often proclaim the character of a malady before a word is spoken on either side.

The 'tactus eruditus' can be cultivated elsewhere than at the fingers' ends, and as for attitude, the very way one drops into a chair, walks across the street, stands or sits, assist in what actors call the 'general make-up,' but what the doctor calls 'the diagnosis.'

The attitude of this woman was good, save a little air of relaxation, but the trembling of her lower lip and the grasp of her white fingers on the arms of the chair told of the nervous strain from which she suffered.

'I came to have an operation,' she said, going without circumlocution to the subject uppermost in her mind. That was all. I examined her carefully without another word and then said to her:

'Do you know the risk?'

'I do; it is speedy death or complete recovery, is it not?' she answered.

'Are you willing to take this risk?'

'I!' wonderingly she exclaimed. 'There is no risk for me. I am growing weaker day by day. Death would be a boon to me, but I must live. I want to live if I can.'

There was something so pathetic in the gentle firmness of this woman that I was much interested and attracted to her. She seemed tired and languid and I asked her:

'Have you traveled far?'

'I arrived in the city just three hours ago; I have traveled by rail two days and one night to get here to New York. I have a letter for you.' She handed it to me. I recognized by the chirography that the writer was an old friend of mine. I read as follows:

St. Louis, June 15, 1888.

DEAR DOCTOR—I send this by Miss Ellen —, whose case I think is not very complicated, but one which will require an immediate operation to effect a cure. I recommend her to your kind consideration.

Your old friend, T. G. C.

Having completed the examination I recommended her to enter the hospital, undergo what the doctors call 'a preparatory treatment,' which is sometimes good and sometimes bad, and appointed the following Thursday (the day was Monday) for the operation.

She saw that the interview was about terminated and arose, but stood irresolute before the table, apparently having something she wanted to say to me. I observed this and inquired:

'Have you anything more you want to tell me?'

She dropped her eyes for a moment, then raised them to my face and said in a low tone, though firmly: 'Doctor, I must know the expense; how much will it all cost?'

There is no question put to a physician that is sometimes so difficult to answer as this one. I don't desire to open the worn-out subject of the professional quid pro quo or what constitutes the equivalent for services rendered in dollars and cents. The subject dates from the 80th Olympiad and will never be definitely settled till the millennium (that happy period when there will be no diseases and no doctors, and consequently no fees), but I may say that the question of 'how much' is often very perplexing; in a few instances is easily answered, especially if the patient be either rich, in moderate circumstances or an actual pauper, for to the first you may name the highest amount your conscience (if you have one) will allow, and doubtless it will be paid; to the second you may regulate the fee according to the circumstances of the patient; to the third you can answer in a magnanimous voice 'Nothing,' or if the case be very interesting and instructive you may even pay a bonus to prevent its falling into other hands. But there are cases such as this one I am recording, where the person is poor, perhaps almost a pauper as far as lucre goes, but who is rich in self-respect, in pride and in the recollection of better days; whose birth and education proclaim themselves in spite of that unmistakable aura of struggling poverty which surrounds them, and to these it is very difficult to answer. The ground is delicate on both sides.

While I was puzzling how to acquit myself in this dilemma she spoke again.

'How long, if I live through the operation, will it be before I can go back?'

She did not say 'home,' as I expected, but stopped short at the last word.

'Five or six weeks,' I answered.

'Shall I require a good deal of care?'

'Probably two nurses—one for the night and one for the day.'

She turned suddenly to the door with a look of ineffable sadness, and as she said: 'Good morning, sir,' I could see the tears drop in her eyes and could hear a sob of resigned despair in her voice.

'Where are you going now?' I cried, as cheerfully as I could.

'To some charity hospital,' she replied; 'but, oh, doctor, I have such a horror of them!'

My spirit warmed to this poor woman, she seemed so gentle in her manner, so cultured in her tones (and there is nothing that so quickly proclaims breeding and culture as the simple intonation and inflection of the voice), that I said: 'Come, now, don't go away discouraged; make a confidant of me. A doctor is a kind of father confessor, you know. Let me hear a little more about you, for I am sure I can be of service.'

I felt just what I said, and I am quite sure she understood me. She looked at me with those soft, gentle eyes, then a flush spread on her face. She turned her back to me, and I saw her opening the top of her waist. She took something from it, fastened her dress, and, turning round, laid a worn, yellow, old-fashioned envelope upon the table. She placed the forefinger of her right hand upon the package and said:

'This is all I have in the world. It would not even pay my board for two weeks.'

I saw in a moment that I could do this woman good and I was sure she was worthy, and I determined that, if I could, I would prevent the infliction of the 'charity patient' and 'charity hospital' upon her.

'That's plenty,' I said. 'I'm sure that's enough. Here' (dipping my pen into the ink-stand) 'is a note to the matron of my hospital. Go there straight; she will make you comfortable and I will see you at 2.30 this afternoon.'

As I looked up from my writing, while I was folding the note, I saw that tears were silently falling upon the table.

She took the letter, and, with an effort at brightness, said: 'I know I shall get well now, and, oh! so much depends upon it—so much for me! God bless you!'

When I saw her comfortably housed that afternoon I was surprised at the altered expression of her face; she looked ten years younger and her composed and tranquil appearance gave me great hopes of her ultimate recovery. I saw her every day between this and the Thursday appointed for the operation and she was cheerful, sometimes even humorous, in her talk, but she never spoke of her home, her life, her family or her friends. This was rather extraordinary, for patients generally allude to home, to him, or to her, or to somebody connected with them, as they approach the ordeal of a grave surgical procedure.

On Thursday morning, however, about an hour before the operation, she said, with an effort:

'May I have a few words with you privately?'

I motioned to the two nurses to withdraw; one of them had the tact to do so without further admonition; the other, with that curiosity which will ever be the bane of some women, immediately began busying herself about something in the room and required a second reminder to get out of the way.

I sat down beside the bed; the patient was very pale, so pale that I took her hand and counted her pulse; she turned her head toward me and said:

'Doctor, I believe and feel that I am going to live, but,' she said, and her voice became lower and she looked inquiringly toward the door, 'if you see I am about to die you will find in that little leather writing-case an envelope sealed and directed to you; open it and do as you think best.'

She ceased for a moment and then said: 'You have been so good to me—so very good—and I feel grateful to you,' and she pressed my hand, turned on her back with a peaceful expression of face and said with a smile: 'I am quite ready now.'

People say that surgeons grow hard-hearted as they advance in years. It is a generally received opinion that the constant presence of suffering, disease and death has the effect of blunting our tender feelings and, if I may say so, brutalizing our humanity. That this is not so I know from my own experience; I know it from years of association with the best men in the profession; indeed, the contrary is more often true. Age and experience render one more sympathetic, more tolerant and more charitable, and as I sat beside this patient, who had crossed my path only a few days before, I felt for her a regard and a sympathy that I could not explain. I was certain that her way of life had been rugged with adversity, but of her antecedents I knew absolutely nothing, nor could I form any conjecture regarding them. I called in the nurse, who placed a shawl upon the patient; she walked with a steady step into the operating room, got upon the table without trepidation and while she was being arranged, smiled as I said to her:

'We will soon have you out of this all right.'

She looked round upon the nurses and the assistants and all the paraphernalia of the operating room, then turned to me, held out her hand and said:

'I am in good hands; I know I shall come out all right.'

Alas! Alas!

On the second morning after the operation, which proved to be more difficult than I anticipated, she was so bright, cheerful and hopeful, the nurses so much encouraged and the assistants so buoyant that I said to myself: 'She's too well. I don't like such a condition.'

It is a well-known fact that exalted spirits and feelings of improved vitality often are the precursors of serious and sometimes even fatal attacks of disease. I have known a patient state that he felt better that morning than he had in ten years, and the words were scarcely out of his mouth when he fell down with an apoplexy and died.

When I asked the patient 'how she felt' on this second day she smiled and said one word, 'Splendidly.' In the afternoon when I went to her room there was a change for the worse, the very rapid pulse, the tendency to restlessness, a rather unpronounced anxiety of expression, a little bit of pinching about the nostrils, made me fearful of what was coming. In fact I was certain that bad results would follow, but with that strange perversity of hope, I thought 'this will perhaps pass, the temperature is not bad, and tomorrow there will be a change.'

These kind of symptoms, in my opinion, never do pass—that is, on to the better—they pass on to death. I know it, and yet I try always, when such present themselves, to make myself believe that I am mistaken 'this once.' I try to fool myself into the belief that something will happen and the symptoms will change. I endeavored to conceal every shade of anxiety from her.

'Well, how do you feel now?'

'Pretty well,' she said with a smile; but it was not a good smile; the lips were a little (not much) drawn over the teeth. I gave what directions I thought necessary, but an indefinable something made me uneasy, so uneasy that at midnight I went again to the hospital. Everything was worse. The symptoms of heart failure (such as some doctors deride the word) were pronounced. The rapidity of the pulse had increased, the temperature had fallen a little below normal, the heart's action was weak, she appeared rather drowsy between the restless spells, but was easily recalled to consciousness. The outlook was entirely unfavorable. I bade her 'good night,' and as I passed from the room raised the little worn out leather portfolio from the table and took it unnoticed away with me. I shut myself in the office and opened the case. Amid a few pieces of worn blotting paper I found the envelope sealed and directed to me. I opened it forthwith. There were three inclosures. One, a telegram dated 'New York,' with a space for the day of the month, 1888. It read:

To EDWARD —, Alton, Ill.—Your wife is dying at No. — street, New York.

The second paper was a marriage certificate dated, '14th of May, 1882,' signed by a clergyman whom I had known in years gone by.

The third inclosure was a card. On it in pencil was written:

NED—Bury me with the baby. Show the marriage certificate to mother. ELLEN.

I stood overcome for the moment, then the whole sad story flashed before my view as I pieced together the startling announcements these scraps of paper revealed. God! what a life's history was written here. A young and trusting girl, mad in her first love, giving herself, body and soul, to her lover. A clandestine marriage and elopement, with the inevitable sorrow and remorse that follow them. The throes of labor—the birth of a child, the bright dawn of the holiest, most endearing passion, maternal love, the desertion, perhaps brutality, of the man for whom a home had been made desolate and honor sacrificed. The coldness, the ostracism, the cruelty of the world only broken and rendered enduring by the ineffable strength and purity of a mother's love. Then, alas! the mighty shadow falling on the desolate and deserted woman as the angel death hovering for a while over the cradle, inexorable and unmoved by the agonized watching, the prayers and tears of the deserted mother, vanished from her presence, leaving her completely alone, alone with only the seeds of disease fructifying in her own body, which now after the hospital and surgical operation were about to terminate her miserable existence.

Even then as my mind outlined the story the flickering spirit, or what we call life (and of which, as an entity, we know absolutely nothing), was ebbing and flowing, flashing and dying, soon to be extinguished in eternal darkness. Oh, the mystery of it all, the smallness of man, the greatness of God.

For some moments I knew not what was best; the woman upstairs was not dead. The suffering creature whose way of life had been so stormy might survive a couple of days. What could I do to throw a single gleam of light upon such a death-bed of sorrow? How could I make her end more

peaceful? I thought a moment, then I dated the telegram I had found in the envelope, signed it with my own name and sent it by my own hand and went home to think.

The next morning, that of the third day—which is generally a critical one—she seemed a shade easier, her expression was better, but her pulse was more rapid. (Temperature don't go for much in these cases.) She was weaker, and I saw from her expression that her hope was waning. Mine had gone.

She was lying turned somewhat on her side when I entered her room. She looked up with an appealing and apprehensive expression and said to me:

'Doctor, am I going to die?'

'Your symptoms are not nearly so favorable as yesterday,' I replied.

'I know it, I feel it; but you will try to save me, doctor, will you not?'

'Yes, my dear woman, I will indeed,' was my answer.

'Doctor,' she said, turning full upon me, 'will I get over it?'

How can a doctor lie in such a presence and surrounded by such a combination of serious and solemn things? The angel of death was already in the room proclaiming his mastery over the art, the science and the skill of man, who boasts so loudly of the advancement, the discoveries and the capability of the latter end of this nineteenth century. There on the bed was a human body made in god's own image, 'noble in reason, how infinite in faculty, in form, in movement; how express and admirable in action, how like an angel in apprehension, how like a god,' about to be deprived of its soul and to morrow to become a mass of revolting decomposition.

I answered her question very gravely.

'I fear—I fear that you cannot pass the ordeal.'

'You will surely do what I have asked you?' she said.

'I have sent the telegram,' I replied.

A half-frightened, half-pleased expression came into her face, but she said nothing, and after giving a few necessary directions I left the room. I did not know what to expect, but hoped that the sad news sent by wire might bring her husband to her side before she died. I was not mistaken. The next morning, just as I was entering the hospital, a cab drove to the door, a man alighted and joined me on the steps. I saw his character in a moment. He was about thirty-five years of age, fashionably dressed, with a handsome, dissipated-looking face. He was a type of man one sees in large cities around the theatres and fashionable cafes at night, and as a rule is never visible in the morning. The flesh was flabby and rather sodden about the cheeks, the nose was bloated and I could see the red lines of the small distended and tortuous bloodvessels wandering here and there over its surface; the eyes were bright and dark, the eyelids heavy. He appeared to me as a species of chronic 'alcoholism' deprived of its ordinary stimulant. His face was anxious, but with the assumption of a nonchalant air he asked:

'Are you Dr. —?'

'Yes,' I said. 'Will you walk in?'

As he followed me, and before we entered the parlor, he said: 'How is my wife?'

By this time we had entered the room. I shut the door and said simply 'She is dying.'

There was a masterful exhibition of self-control in his manner, though his voice trembled as he asked:

'Can I see her?'

'Yes, but before you go here are two papers for you.'

I put my hand into the side pocket of my coat, drew forth the certificate and the card and handed them to him.

He read them in a moment and then suddenly said:

'Good God! Doctor, what a miserable wretch I am. Will you take me to her?'

There was no sham in this exclamation. The ring of remorse was in the tone and the perturbation of his mind was expressed in his manner. We walked to the death chamber. I bade the husband stay for a moment on its threshold, while I entered the room.

Death was claiming its own. The pale face and pinched features, a slight perspiration on the brow; the drooping lids, a hazy expression of eye, the beginning of oblivion, the passively resting arms by her sides with the palms of her white hands turned upwards; the poor, pale lips slightly drawn, the rapid rising and falling of her chest showed too plainly that the end was very near. The nurse sat on the farther side of the bed, moving a fan slowly and gently over the face of the dying woman, as if in reverence for the great presence which overshadowed her. I stooped and touched the patient's arm; she did not move. I put my finger on her pulse; it was like a thread bounding over a round spool. There was no intermissions, but one long tremulous motion. Still she did not move. I bent over her and placing my hand gently on her shoulder said:

'Ellen.'

Slowly and feebly her eyelids raised.

There was a slight film upon the corner, but, oh! 'twas wonderful to mark how rapidly the vacant look passed as intelligence slowly came to her; how the last light of waning life vivified the vision and her expression showed me that she knew me now, but that her brain could not hold the expression for long. It was like the rising dawn behind the hills gradually dispersing the laden hues of night. I looked up and beckoned to her husband. He came forward with a tread so silent and careful that she did not see him till he reached my side. Then with the rapidity of the lightning flash, life, intelligence, observation and boundless love came streaming into the face of the dying woman. (Oh, the lasting and forgiving love of a pure woman!) She stretched out her hand. He knelt down by her side, he took the hand in his own, and as he bent forward to kiss her upon her lips, his tears dropped clear upon her pale, wan brow. I saw him place his arm gently around her neck; I saw him draw her softly to him and drop his head upon the pillow beside her, and I beckoned to the nurse and left them together.

The Romance of Grovetown.

Harold Hargrave, having finished his college course, decided to choose medicine as his life work, although his friends declared he was too chicken-hearted for a 'saw-bone,' and cut out for a poet, an artist or a musician; but in the good old days of his graduation no one thought of gaining a living by the latter pursuits. One must, no matter what his gifts were, be either a lawyer, a clergyman or a physician. The first two Harold decided he could not be. Medicine alone was left to him. Profession decided, the next thing to be determined was where to study. In those days medical schools and hospitals were not general, and candidates for the Esculapian degree studied at the homes of regular practitioners. Harold's home was in a rural community, and having considered the several physicians within a few miles of his home, he settled finally upon Doctor William Gray, who was considered the most skillful surgeon and practitioner of medicine in Washington county.

Doctor Gray lived a few miles distant in a small hill village, named Grovetown from a group of large maples in the centre, saved when the hill was cleared of the primeval forest, serving the village as a park and the surrounding country as a picnic ground. There was but little business carried on in Grovetown, and its only institutions of a public nature were an academy, a hotel, a store and a post office.

Doctor Gray was considered a singular man. He was a scientist, devoted and conscientious in his profession. His business was to heal, and no storm, however severe, ever kept him from a patient. When he had a particularly dangerous case on hand he would stay with the patient for hours. He seemed to care little for money; it was a common saying in the village that it would pay him to engage a collector. He was given to few words, seldom showing any emotion, and for this reason was considered by many to be hard-hearted. Perhaps it was for this reason that, while he was respected by all, he could scarcely be said to be loved by any.

He occasionally showed signs of sentiment, however, although he did not acknowledge it by name. The first horse he ever owned, long since past use, he kept in summer in a freshly cultivated pasture on delicate white clover, and in winter on food especially prepared for his almost toothless jaws. When asked why he did this he would say:

'Duty! He has been a faithful servant to me.'

'Duty' was the doctor's watchword.

A few years before our story opens Doctor Gray had married Lawyer Cole's daughter; she was much younger than himself, a handsome blonde, of a sentimental disposition, whose time had been spent in drumming a little on the piano, in painting a little, and in reading novels a great deal. The marriage caused considerable surprise, the bride and husband were so unlike. But the pair seemed to live happily together.

Ada Gray, however, was young and fond of amusement; her husband was old and devoted to study; hence it fell out that the young wife was often lonely. The doctor knew this, and was glad when Harold Hargrave became a member of his household; he would amuse Ada, and they could sing and read together. Harold saw no objection to this arrangement, and his medical studies suffered in consequence. This was not altogether satisfactory to Dr. Gray, for he was conscientious, and duty came in here as in everything else; he insisted on a certain amount of study, and that Harold should see his patients. 'It was a crime to be a skim-milk physician,' he would say. But on many an evening when he was called on an important case which he thought it advisable for Harold to see, he was importuned by Ada to allow the young man to stay at home; and he yielded to her invariably.

The end of all this may be easily guessed.