the community should bear their share of the expense and not put an undue proportion of such work and expense upon the poor physician, who, as a rule, I believe is always ready to contribute his fair share of service for the public good. Even in tuberculosis dispensaries for the poor alone I believe the physician should receive some recompense — as is the case in the out-patient department of the Boston Consumptives' Hospital.

DR. J. J. MINOT, of Boston: I think the important thing in the future is the education of the child and the use of the nurse and the social worker, and I think that these schools are a great service in educating the public and in educating the children. I think that there are more tuberculous children in Boston than is generally thought. There has been no trouble in curing the ones at Franklin Park. If anybody wants to see the school, it is open all day from eight in the morning until four-thirty in the afternoon except Sundays, and visitors are welcome.

DR. HAWES: I have nothing further to say except that the summing up of the whole thing is the handling of the children in the future, and getting more and more nurses and social workers, and that when we get requests for information as to how best to spend a certain amount of money that has been given to the society, the question of paying a nurse and paying her well to handle the problem in conjunction with the physician should be carefully considered.

THE PERSONAL RELATION OF THE PHYSICIAN TO HIS PATIENTS.*

BY OLIVER H. HOWE, M.D., COHASSET, MASS.

IN these days of marvelous achievement in medicine and surgery, we can scarcely keep pace with the march of new knowledge. With myriads of new synthetic compounds, with the introduction of serotherapy, with the new applications of electricity and the daring advances of surgery, our heads are well-nigh bewildered with the great mass of new medical nomenclature. Attractive and valuable as are all these subjects, it is not to them that I would draw your attention to-day, but rather to another feature of our daily work, less novel, but perhaps more vital — the personal relation of the physician to the patient.

A venerable physician told me, many years ago, that the healing art consisted of medicine and the doctor. If we recollect some of our own illnesses, we shall realize the force of this remark. The tumbler of medicine had its place, and the spoonful was religiously taken, but we best remember the kindly presence of the doctor, the thoughtful inquiries, the reassuring manner and the cheering words, all coming like a gospel from the great realm of sunshine and vigor. Before he came, the atmosphere of our room had been as Hamlet described, "All sicklied o'er with the pale cast of thought." His presence had changed all this, for he had left with us a conviction of God's sound, sane world and that we belonged to it and would soon be resuming our part in it. He had left us something of himself, for he personated these sound, strong

elements. We felt that we were leaning upon him, and that he was a power. We treasured his words and eagerly awaited his coming, for it was the one interesting event of the day. Later, as we were propped up on pillows, and caught sight of his gray ulster as he approached the house, our symptoms immediately abated.

The personal relation is more important with the physician than with any other individual in the community. He brings the child into the world and perchance breathes the breath of life into it from his own lungs. He watches its tender years through the perilous events of infant feeding and the alarming diseases of childhood, and is urgently sent for in case of accident. The knife in his steady hand is trusted by all, and his counsel is asked for the manner of education and kind of employment for the young man. In turn he is present at his wedding and later attends to the needs of his growing family. In many cases he knows the whole life of the individual; watching him day by day through a lingering illness and easing his pillow in his last moments. Often he consoles the bereaved family more successfully than the clergyman. Perchance in time he may attend five or six generations of the same family. Such is the life we know, and exacting and laborious as it is, I doubt if any of us would exchange it for any other. Other workers are paid in coin of gold and silver. We receive, in addition, the tribute we most prize, in the coin of friendship and of respect and in the consciousness of doing good. Beyond this, it is in the province of most men of business to urge their wares or their services upon those who do not desire them; to sell to the reluctant customer; to obtain a hearing where such is not desired. The physician is relieved of these insinuating and distasteful methods. He goes only where his presence is welcome, and many times the front door is flung wide open to receive him, with the salutation, "O Doctor, I am so glad you have come!" These facts, and others which we well know, make it plain that our profession is unique in its opportunities, its privileges and its rewards.

The increasing concentration of population in cities and the strong tendency to specialism threaten to leave the general practitioner in the minority. No member of the profession, however, can reap so great a reward in personal satisfaction as the general practitioner. His bonds of friendship and sympathy are strongly developed and the family doctor has a vital and intimate part in the life of the community.

It should be our aim to fulfill the responsibilities of our work and the expectations of our patients as well as in us lies, and I propose to spend a few moments in discussing what seem to me to be the essential elements of the matter and how we may further increase our usefulness to our patients through the personal relation. In so doing, I find that I have drawn my material largely from a study of my own deficiencies and I therefore disclaim any intention to dictate to any one else, and I state that any

* President's Address, Norfolk South District Medical Society, May 5, 1910.

duties I may suggest, I am ready to take to myself in equal degree.

The most obvious need of our professional life, as it seems to me, is that we more thoroughly individualize our patients. Classification, as we see it in hospitals and in medical literature, tends to merge the individual in the mass. We speak of so many cases of pneumonia, and then detail our pet treatment, which has been so successful in them all. The patients, however, are not alike. They do not look alike or react alike, either to the disease or to our remedies. We need, to a greater degree, to think out each person's environment and resources; to weigh each person's antecedents and powers of resistance, and then treat him according to his individual needs and practical resources. The failure to individualize has been intensified by the changed meaning of the word "case." To my mind, a case is properly a record of a sickness, filed for reference or tabulation. To speak of making a visit to-day, I think we can more properly say that we have visited a sick person or a patient. To call him a case seems to me a barbarism and a term which may prevent us from considering him in his true relation. I know the dictionary sanctions the current misuse of the word, but believe the restricted use I have suggested is truer to our best intent. Specialism is responsible for much of the failure to individualize. The specialist sees the patient usually in his office, and has little or no opportunity to know his surroundings or his real life. We general practitioners know whom we treat, and the family tendencies and traditions as well. Let us profit by our knowledge and adapt our treatment like a well-fitting tailor-made garment, cut to his measurement.

To say that the doctor should treat his patients with kindness seems like a truism, and yet the conditions of our professional life show that the problem is by no means a simple one. The patient is suffering from bodily ills, and the mind partakes of the disorder. Let us suppose that we have before us a hard-headed man of business, keen and quick in judgment, accustomed to deal promptly with new conditions of his business, and inclined to be optimistic in general. Let him lie in bed a few days and suffer more or less pain and he becomes a different creature. He has been accustomed in his business to have matters respond promptly to his touch, like the levers of his automobile, and now to deal with an attack of rheumatism or pleurisy, either of which requires time, is a new experience for him. Two or three hours of wakefulness at night become peopled with phantoms of the most terrible nature. His nerves become screwed up to a frightful tension, and all his surroundings are distorted by a mischievous mirage. He loses his patience, his judgment and his ordinary good cheer. To deal firmly, kindly and helpfully with such a patient is no ordinary task. Too direct and matter-of-fact a course will only increase his concentration on his symptoms and will lead him to remark that the doctor has no sympathy. Too sympathetic a manner will

make a baby of him. He must, of course, be made to feel that the doctor takes a personal interest in his condition and that he is exerting himself to the utmost for his welfare. With this must be mingled much of the helpfulness of the doctor's personality. Some diversion must be added, some amusing story to break the spell of his over-wrought nerves. The doctor must bring something from the outside world, and must show by his manner a firm confidence in his recovery. To carry out this personal influence successfully, the doctor must imagine himself in the situation of the patient and get to see things as much as possible from his point of view. In this way he will be prepared to meet the misgivings and weaknesses of the patient in advance of their manifestation, and being in the lead is always a good thing in the practice of medicine. We thus see that the kindness of the physician is a mixture of ready observation, fore-thought, sympathy, firmness and wholesome personality with tact. He who can best mingle these ingredients will have the strongest and best personal influence with his patients.

The proper treatment of the sick has diversity enough, but the personal influence we exert varies immensely. With some we agree and sympathize. With others we puncture the bubbles of their imaginary ills and dispute their pet forebodings. Some we scold in a playful manner, and with others we laugh and tell a story. A keen sense of the humor of life is a valuable asset for the physician. It must be used judiciously, however, and with circumspection. It is generally wiser not to descend quite to the point of boon-companionship with our patients, for if we do we may later find that we have suffered a lapse in our authority.

All of us have days when something apparently goes wrong with the planetary system. We have been delayed in an aggravating manner; some patient has proved refractory, or our plans for a leisure evening have miscarried. We ought to be particularly careful not to allow any of these matters to disturb our outward serenity, for the doctor who carries pessimism or indifference or his own troubles into the sick room, is poisoning the atmosphere of that apartment with malignant vapors, which the afflicted one must breathe for many hours.

We often find at the close of a busy day that the drain upon our sympathies and the effort of adapting ourselves to all sorts of people have well nigh exhausted our good nature, and we have only the dregs of our personality to offer our families at home. This condition, if it become in any sense a habit, is most deplorable, and we must not allow it. What could be worse than to give all our good qualities to strangers and treat those we love best with unkindness!

Probably nothing contributes more to frank and open relations between doctor and patient than the belief that the physician will keep inviolate all statements made to him. The doctor who will retail any of the weaknesses and peculiarities of other patients may be thought very entertaining and amusing, but his listeners will not, in turn, confide to him their secrets. Again, in re-

lation to patients under treatment, they are to pay the doctor for the care and thought devoted to diagnosis of their ailments and, therefore, have a property right to the same. The patients may, if they so desire, impart the information to others. They are the proper ones to impart it — not the doctor. It may be said that the doctor need retain only suspicious and unpleasant information. This is a fallacy, for should he follow this rule, his occasional silence would bear a ready interpretation. No clearer statement of a physician's duty in this regard can be found than that contained in the celebrated oath of Hippocrates, as follows: "Whatever in connection with my professional practice, or not in connection with it, I see or hear in the life of men which ought not to be spoken of abroad, I will not divulge, as reckoning that all such ought to be kept secret. With purity and holiness will I pass my life and practise my art." Hippocrates lived four hundred years before Christ, but who can voice a purer or more elevated sentiment to-day?

That the personal relation of the physician falls short of what it should be is evidenced by the substitutes which the public adopt from time to time. Instead of considering each and every one of these as a willful, deliberate and wicked wandering of human nature from the truth, we should try to learn the underlying reason if there is one.

I judge that before the introduction of homeopathy, there was a dogmatic and uncompromising insistence on large and nauseous doses and that some of the profession may have taken a savage delight in inflicting them upon suffering humanity. Much as we disapprove of the principles of homeopathy, we find it, in one sense, a revolt against the domineering spirit — a very bad spirit for a beneficent profession to manifest. With our present pharmaceutical resources, the potent alkaloids and other new additions and improvements, we can meet the tastes and wishes of our patients in such a manner as we would like if we were the sick ones.

The patent medicine evil also may have a lesson for us. It may be that many of us have dealt and prescribed our medicines in too mechanical and matter-of-fact a way, without the comforting explanation to the patient which will link it to his symptoms and serve to fasten his faith upon it. It is, therefore, possible that the patient resorts to the patent medicine because he finds the literature abundant and optimistic and because his doctor fails to give him the information which his curiosity demands.

So with the present cult of osteopathy, I believe it exists because of a genuine disregard by many of the profession of the valuable aids of massage, passive exercises and gymnastics, and perhaps of well-chosen external applications in disease. The patient cured by the osteopath is apt to exclaim, "Why, my family physician treated me for weeks and weeks and never gave me any external treatment!" I believe some of us (myself included) are deplorably ignorant about many kinds of treatment which are perfectly legitimate for us to use, and beneficial to the patient. Let the pro-

fession as a whole become skilled in the use of massage, exercises, vibration, electricity and the like, using them personally and after discriminating diagnosis, and I believe osteopathy will disappear.

The Emmanuel Movement and Christian Science attempt to furnish in an abnormal sort of way a sustaining sympathy and encouragement which the profession ought to provide. I believe they flourish because of the declining power of the personal qualities of the physician. The profession has in some ways become indifferent, unsympathetic and perhaps commercial, as regarded by the patient, whose spirit languishes and yearns for some special influence which the doctor does not supply.

Now these various heresies — patent medicines, osteopathy, the Emmanuel Movement and Christian Science — are all absurd because they omit the intelligent, skillful, warm-hearted and sympathetic personality of the physician. Our feelings are perhaps impelled to make a crusade against each of them, putting in such vigorous arguments as to completely demolish them once for all. I do not believe such a method would succeed and, in my opinion, a far better way is to prove to the world by the daily work of the profession that we are providing the best and most helpful assistance to the sick. Such proof, however, implies an uplift in the medical profession — a further awakening to our responsibilities and to the personal power which we possess. It is not enough that our diagnosis be faultlessly correct, our treatment well chosen and firmly carried out, all these may be perfect and yet not impress the patient. There must be the essential link of personal influence, which must carry to the heart of the patient, conviction that he is under sympathetic and effective treatment. This is a sheet-anchor which he will not cast off.

Curiously, doctors are most praised for little kindnesses which lie outside the ordinary range of their professional duty. Such are the unexpected friendly inquiry, the personal letter, the little delicacy secured for the invalid's table — the thousand and one little acts that imply thoughtfulness and continued interest. Dr. Charles C. Tower, of South Weymouth, whose memory is revered by all who know him, went twice a day for several years, to lift a helpless old man from bed to chair and back again, because the doctor could lift him a little more gently than any one else. Such acts as this, performed out of kindness and often without compensation, endear the physician to the community in a manner experienced by no one else. This tendency in public feeling is not always in line with our preferences, for we often think they ought to more definitely admire our skill and the prompt action by which we turned the tide of illness. But no; the public cannot appreciate diagnosis or erudition. They have their own ways of looking at things, and it is really the overflowing of the cup that attracts attention. If we would succeed as we ought, we must pay due regard to the patient's standpoint and look at things ourselves from his point of view.

Perhaps this is the key to the whole matter. We must see both sides and must never cast away with scorn the true feelings of any patient, however humble. It is a mutual relation and, like all mutual relations, it is one of delicacy. The physician is in duty bound to treat it delicately and with thoughtful regard, being more solicitous to cultivate the fine flower of friendship than to secure distinction or income.

Many times we are disappointed and fail of praise or credit when we think we most deserve it. Be this as it may, let us never lose our confidence in human nature, and let us never become pessimistic, even when we turn the barren pages of our ledgers. A patient can injure the doctor by non-payment of his bill, or otherwise, but let it never be said that any patient or collection of patients can transform the doctor into a pessimist. I am not one of those who habitually bewail the trials and injustices heaped upon us. They are hard to bear, at times, I admit, but, personally, I have received credit in countless instances where I felt I had not deserved it. Setting these accounts over against each other. I have always felt, in my own case, that they balanced fully as well as I deserved, and I believe the doctor should be always and everywhere an optimist.

The broad knowledge of the whole community possessed by the physician fits him in a marked degree for various local public services, such as those relating to health, charity and education, by which he can help and safeguard the public. Into such work he should bring the same spirit of service that animates his profession.

The more we consider it, the more we wonder at the extent and importance of the personal relation of the physician. It is indeed the most important personal relation in the world, outside the family. To enter into the life and feelings of all classes in the community, we need broad foundations of character and broad sympathy with very varied interests. To adequately fulfill our duty, we need a broadening and enlargement of the whole nature. Thus and thus only can we lead the public back to right ways of thinking and redeem the medical profession from any weaknesses or misconceptions which now exist.

THE NECESSITY OF THE GENERAL PRACTICE OF MEDICINE AS A PRELIMINARY TRAINING FOR THOSE ENGAGED IN SPECIAL WORK.

BY CAROLUS M. COBB, M.D., BOSTON.

THE belief that the practice of general medicine was necessary as a preliminary to special work was formerly held not only by the general practitioners, but by the specialists themselves. The higher emoluments which are supposed to come to those who do special work has attracted a constantly increasing number of young men without experience in general medicine, until at the present time an overwhelming majority of specialists have had no experience in the actual practice of medicine. Furthermore, many

of them have received their degrees from schools in which the requirements for graduation are barely sufficient for the graduate to pass the State Board of Registration. These degrees are obtained for the express purpose of enabling the graduate to enter special work after a brief course in a special hospital. The special hospitals lend their aid to this condition for the very evident reason that the recent graduate has the necessary time to serve as interne, clinical clerk, assistant and through all of the slow process which finally leads to a full surgeonship. The tendency of all this is to widen the breach between special work and general medicine, with a loss to both, but with by far the heavier loss to specialism. We see, very largely, what we are taught to see, and the specialist has a tendency to forget that the small area of the body upon which he spends his time is but a part of a complex physiological whole which is influenced by general conditions.

The shorter the time one has practiced medicine, the more easily one sees nothing but what is in his special field. If specialism is to continue to be a useful part of medicine, it is high time that the general practitioner demands that the specialist is well-trained and that he has also practiced general medicine. It is not to be expected that every good doctor will make a good specialist, but it should be remembered that a good specialist cannot be made out of anything but a good doctor. If specialism is to hold the respect of the profession, a change must be made in this direction because the daily occurrence of cases like the following can have but one result.

CASE I. Mrs. I., aged thirty, consulted me for epiphora and gave the following history. She had first noticed it about three years before and had gone to a special hospital for treatment. The surgeon evidently did not find much the matter, as the treatment recommended was simply the wearing of weak convex lenses for near work. She next consulted a specialist of some note, who informed her that the tear ducts were closed and proceeded to probe them; as she did not obtain relief from this treatment, she then consulted a noted specialist, who in turn fitted her with glasses, + 2, for near work. The epiphora continued, and in about a year she consulted him again. He again prescribed glasses for near work, + 2.50 this time. She then came to me, and I could not find anything wrong with the eyes, and she repeatedly asserted that she had not received any relief from the various lenses which had been prescribed. I asked if she had any stomach trouble, and she said she had, but she did not look badly nourished and from her description of her trouble I gained the impression that she was extremely nervous. I then asked her if there was anything troubling her, and her eyes filled with tears and she replied that she was unhappily situated. Here was the explanation of her epiphora. I told her it would do her no good to go from one to another and have her glasses changed, as