Address.

THE PROFESSION AS VIEWED BY THE PUBLIC.¹

BY C. ELLERY STEDMAN, M.D., DORCHESTER.

"THE Breviary of Health," by Andrew Borde, published in 1547, has this prologue, which I adopt: "Egregious Doctors and Masters of the eximious and arcane Science of Physic — of your Urbanitie exasperate not yourselves against me for writing this Boke." I wish I could sustain such an exordium, and I feel that you will be disappointed that I am constrained to sink to a colloquial level. As you have appointed me to fill a half-hour of your hard-earned leisure, you must take the consequences while I talk to you in a familiar and rambling manner, with an unavoidable and cruel abuse of the first person singular about some views which the public holds of the profession.

In the set orations and addresses which the year brings round we are generally told of the progress which science has made; we are reminded of the blessings bestowed on mankind by vaccination, anesthetics, antiseptics, and bacteriological research, and we complacently dwell on the glory reflected on us, humble practitioners, by the great minds of the profession. All this is very right and very true. It is just and proper that we should feel that our vocation is a noble one, and has numbered in its ranks some of the great ones of the earth. But with this righteous pride it will do none of us harm and some of us good to recall now and then what people say of us, and consider if there are any grounds for aspersions on our manners and customs. By the people I do not allude to the anti-vaccinationists, or the anti-vivisectionists, or the anti-registrationists, or to the faith-curers in all their branches, including homeopaths, or to the noble army of cranks, or to those of the best educated among us, but to the People with a large P, who send for us when they are ill, and who pay, or do not pay, our bills. There is, we all know, a class, not small, who declaim loudly against doctors and their ignorance, and boast that they never need them. These are they who when taken ill want the doctor in the greatest hurry, demand the most attention, and whose recovery is signalized by a woful amnesia in regard to the physician's remuneration.

"Tres medicus habet facies unam, quando rogatur,
Angelica: mox est, cura juvat, ipse Deus:
Post ubi curato, poscit sua præmia, morbo,
Horridus apparet, terribisque Sathan.

— *Enricus Cordus.*

"Three faces wears the Doctor: when first sought
An angel's, and a god's — the cure half wrought;
But when, that cure complete, he seeks his fee,
The Devil looks less terrible than he."

The testimony of such we can dispense with. To reach the other extreme we have only to remember that each one of us has two or three patients who would prefer to die under his hands, than get well at another's. The partiality of many of them is too apparent to be useful, and though they try to show themselves our best friends, their unreasoning and injudicious praise often does us harm; they tease patients of other doctors into changing their physicians, and beget the lively hatred of our dislocated brother.

¹ An address to the Norfolk District Medical Society, June, 1895. Published by request of the Society.

But the consideration of such items would lead us too far.

The gravest charge made against the profession and the most widely credited, is that of being abortionists. Let us consider the grounds of this imputation. One of our best men, whom all of us respect and many of us love, was called to a young woman in one of his families, and to his vast surprise found the maiden — whom he had known from her birth — in the throes of a miscarriage. After scolding briskly for some minutes, he proceeded to relieve her of her chorionic encumbrances. As he worked red-handed an aunt came in, and rising to the situation, exclaimed, "So you *are* in the business after all." The rage of the good-hearted and honorable man may be fancied. He now devotes himself to the infernal gods if he ever attends a woman in that trouble again; and if he finds himself caught at the bedside, he abandons the case.

Last winter I was called to assist in a tragic drama. A young wife who had a child a year old; a devoted and adoring husband; was pretty, lively and agreeable, but spoiled, having never had anything denied her; who had everything to live for — in the absence of her doctor sought my advice, in dreadful distress because she was pregnant. On his return she asked his counsel, but would not take it, nor listen to argument, preaching nor soothing, but said if we could not help her she would go to some one who had the knowledge and means to do it. She kept her word, alas, and in due time my friend was summoned. She had been, six days before, to an abortionist — a woman — who had inserted a bougie which remained *in situ* three days; a man came out two or three times to see her. She had not been changed nor washed: the chamber reeked with a fetid odor; pain and chills and fever, racked her body, while her mind was wrung with remorse and apprehension. Every resource known to modern science was applied, but in vain; and she died, after an illness of three weeks, in wild delirium. Although it is not required by law that we should report the occurrence of any case of criminal abortion, otherwise than by the death-certificate, the medical examiner was at once notified. He came, and tried to find out the names and address of the criminals; but the husband, to whom the wife had confided them, stoutly kept the secret. The examiner reported that the embalmer had already put in his destructive work, that it would be impossible to identify the malefactors, and that further investigation would only make a noisome and useless scandal. Nothing could be done. I was abused for calling in the medical examiner. The murderess, slapping her pocket, if she had one, with ghoulish glee, rejoiced and was exceeding glad that she had encompassed her reward, and made us her accomplices. Were we not her accomplices?

Most of you have read in the *New York Medical Record* of March 23, 1895, the affecting experience of two good doctors in that progressive town. For the benefit of those who have not I will reproduce a part of the report: A reputable physician was called to see a woman dying of septic peritonitis in the house of a midwife. The patient denied that any criminal operation had been performed, and positively stated, to the best of her knowledge, that the miscarriage of which the sepsis was the result was caused by a strain in lifting. The midwife said that she had only used tampons to control the flooding. The gravity of the case made a consultation necessary. The consultant,

after hearing the same story, proceeded to afford such counsel and assistance as seemed necessary, after which the patient was sent to a neighboring hospital. The hospital authorities promptly notified the police, and the following morning the two physicians were taken into custody and escorted from their offices by two policemen to the station. The patient, however, was dead when the physicians and police arrived. Before she died the patient charged the midwife with the abortion, but emphatically exonerated the two gentlemen who had endeavored to minister to her in her extremity. In spite of this positive evidence, the physicians were taken to the Police Court and thence under the escort of two detectives, and in company of the midwife, were sent to the coroner's office. The coroner, taking an undue advantage of the situation, insisted on imprisonment or bail, but was eventually persuaded by parties who were better able to understand the real merits of the case to release the supposed culprits on their own cognizance. A coroner's jury of physicians subsequently entirely exonerated the attending physicians, but not until the suspicions of criminality against them were widely published by the daily press.

Dr. A. Y. Reid, of New York, had his experience of this kind in 1892. He was exonerated by a jury of eminent physicians, but a police captain said that Dr. Reid would thereafter have to swell the ranks of the abortionists, meaning that legitimate practice would leave him. Such was known to be the usual effect of having one's name enter the newspapers in connection with cases of abortion, however innocent he might be. Dr. Reid's patients did not leave him, fortunately; but his practice suffered, while legitimate expenses had been over seven hundred dollars. All this, by the way, is owing to the adherence of the people of New York to their antiquated coroner's system, and could not happen here. Such reports — served in the spicy, exaggerated, irresponsible style of modern journalism — help to form public opinion.

I do not suppose that I am alone in the experience of epidemics, the symptoms of which occur in matrons (sometimes spinsters) who come to one's office having reason to dread that they are pregnant. It is odd how such cases come in batches. Their fright in nine cases out of ten is groundless. Early in my career I used to prescribe for them small doses of aloes and myrrh. The recipe acted in some by their taking the whole prescription at once, or doubling it, or persisting in its use till their *primæ viæ* were raked as by a brush harrow — with the result in some cases of causing, or coinciding with, a return of the menses. Certain exaggerated expressions of gratitude led me to reflect. I next told such patients that what I gave them would not relieve the amenorrhea of pregnancy, and exhibited iron, or what was really a placebo. Fewer clients were grateful, but now and then one was too thankful by half. It is now many years since I have told women thus applying that I would not prescribe for them if there were any reason to suspect pregnancy. If you give medicine to a woman who thinks she is pregnant — and her period returns — nothing will convince her that she was not *ençainte*, that your recipe has not done the work and relieved her of her burden, and she will tell her friends how you have helped her. Who has not been told — when he declined to interfere — that other doctors do it; and the patient will give names of good repute to fortify her statement,

which is born of some such practise as I have noticed. Nothing but a point-blank refusal to have anything to do with the case will produce the desired effect. And it is best to add when they threaten to go to an abortionist that they must not send for you to supplement his work. They seldom do go if probable consequences, physical, moral, and legal, are forcibly presented. But if you do so present them, you may consider your own hands aseptic, even if you have to eat your words and attend the patient after all you have said.

I know of a case, not in this neighborhood, where a physician was applied to by a young lady in one of his choice families who had the best of reasons for believing herself to be in the family way. After recovering from the shock, he deeply lamented the situation, and that professional reasons and legal requirements forbade him to help her out of her dilemma. She then declared that she knew where to go for help. Just how it was arranged I know not; but I do know that she went to the abortionist, that the family doctor engaged a nurse who received her on her return from town, and who, it was given out, was Cousin Minnie from Buffalo, on a visit. The doctor was sent for, assisted in the expulsion of the ovum, everything went off well, no one was the wiser, and miss soon recovered from the grip. I hold, and I hope all here hold, that the doctor, if the story be correctly told, was accessory and accomplice in the abortion. I say I hope; for I regret to add that some of his friends maintain that he did nothing professionally or morally questionable.

A friend of mine found himself wondering how it was that so many cases of miscarriage fell to his lot. He learned later that a well-known abortionist of the day had operated on a woman who had been obliged subsequently to send for my friend. He did his work so well, that the miscreant was pleased to approve, and recommended all his victims to send for him if they needed a doctor. Thus my friend — one of the straightest of our sect — found himself, to his dismay, in association with a man whose neck he would willingly have broken. The partnership was dissolved, I believe, by the death of the senior member.

By such methods are we made the accomplices of the abortionist; and it is not easy always to avoid the complication. As I have said, some physicians declare that if they find their patient to be the victim of a criminal abortion, they leave the house at once. That is virtuous and noble on their part, but what is to become of the patient? Is she to be left to hands that may be less deft and experienced? "Oh, well!" they say, "she has made her bed, and must lie in it; she shall take her chance." I argue this stand to be wrong. We find a woman suffering and in danger; our professional honor requires us to succor her or provide a trusty substitute. We are not the judges of her morals, nor are we to execute punishment of her sins. Such refusal only unloads the work, the anxiety, the responsibility, on shoulders which may be less broad, and quite as reluctant, if more sturdy than our own. Because the poor girl has got herself into a scrape, and in her bewilderment or her ignorance — for all such patients have not been warned of consequences — she is not to be left to die, as Dean Swift said he was, like a poisoned rat in a hole, because all skilled men and women will not go near her by reason of their superior virtue. This reasoning does not ap-

ply to our friend above mentioned who engaged the nurse, for he was not called in to confront a surprising and unwelcome condition, but had made the road smooth for the abortionist. Nor need it prevent our threatening the patient that we will not attend her, for menace is usually potent enough to prevent the crime. A few more leads in this direction would land us in the position of declining cases of specific disease because of their origin in lapses of virtue, which would be a regrettable loss to science and to our bloated bank accounts, besides delivering the victims into the hands of the advertising hobgoblins.

I do not blame some women for going wild when they find themselves pregnant. A large family, narrow means, a drunken or stingy or surly husband, ill health, may — all or some — make the burden too hard to bear. But though some seem to be almost irresponsible at the time, nearly all are amenable to reason. More than once have I asked a happy mother, who in the first months of her gestation, had begged and prayed to be rid of her load, what she would take for that baby now. The flash of gladness and the hug of maternal love were answer enough.

If there are any here who have not ignorantly procured an abortion, I congratulate him or her. Twenty-odd years ago I attended a young matron for amenorrhea. I was particularly careful about vaginal examinations, fearing to do harm if she were in the family way. As she did not gain fast, I sent her into the country. The change of air and scene, and the absence of household care and worry, did wonders. A monthly period returned, and she came home in renewed health and beauty. Soon afterwards she fell ill again; and in two or three months I was called once more, to find her again amenorrhic. I blamed myself for neglecting thorough examination, and instituted one that afforded me the information that the uterus was four inches long internally. The next morning I was joyfully told that she had miscarried in the night. The case was plain. The country air, and freedom from anxiety had cured the amenorrhea; nature responded by immediate conception; and I spoiled her work by my meddling. The lady was immensely grateful for my services; and to this day I have no more devoted friend, because she was convinced, in spite of all said to the contrary, that the result was owing to my sagacity and friendship — instead of gross ignorance.

The possibility of early and artificial termination of pregnancy seems to be known in other countries in no such degree as in this. This is partly owing to our prudery in regard to the marriage relation and the lack of proper teaching about it by our rulers and governors, doctors, spiritual pastors and masters. I have often wondered how much of the infrequency of criminal abortion in England was due to the comprehension of the nature of wedlock, as set forth in the marriage service of the Established Church, which gives no uncertain sound in its teachings about matrimony. Every woman who is wedded in that country from the queen to the poorest peasant is told (or was told till within a few years) before the altar what the object of marriage is, in language which admits of no mistake. Let me read you a few sentences. The opening address ends with duly considering the causes for which matrimony was ordained. First, it was ordained for the procreation of children to be brought up, etc. Second, it was ordained for a

remedy against sin and to avoid fornication; that such persons as have not the gift of continency might marry, etc. Then they sing the psalm about thy wife shall be as the fruitful vine and thy children like the olive branches round about thy table. And next the parson prays that they may both be fruitful in the procreation of children, that they may see their children Christianly and virtuously brought up. Not much sickly sentimentality about that. Fancy the pastor of the First Church or of the Old South or the rector of Trinity lecturing a fashionable bride in that strain. How long would he hold his position? All these dreadful things are cut out of the American prayer-book. No Protestant clergyman in this country would refer to the indecent subject of children at a wedding. We all know how the Church of Rome enjoins on its laity to increase and multiply, and what safeguards she throws around the fetus; and to my untutored mind it seems as if the Roman and the Anglican teachings would not be wholly amiss in our own beloved land.

In "Ostre Mer," Paul Bourget recalls the story of the fashionable lady in New York, who, when told that her friend, married last year, had presented her husband with twins, exclaimed "How vulgar!"

A parish priest, known to many of us by his piety, learning, and humor, was applied to by a man whom he had very often relieved, for further alms, and asked him, "How many children have you now, Dennis?" — "Elivin, father," he replied. "You'll always be poor at that rate; why do you have so large a family?" — "Sure," retorted the beggar, "your riverence isn't the man that 'ud interfere with the will o' God."

But to return to our facts. We have seen how the abortionists can make us their accomplices — that some of us give or have given to patients, tonics or placebos, after which some women, be they few or many, abort, and that through wrong treatment some may unintentionally induce miscarriage. We consider, too, that few people reflect or reason (only those naturally bright or those who have been trained to think, really reason); and we see how what is called the Public forms the opinion that not a few of us practice the Black Art.

Another thing people cannot understand is that we ban and deride and ill-treat the homeopaths. Now this is really unkind. We have done all we could to set them up. I may be wrong, but there is no law compelling any one to adopt my views. Though I have friends among them, no one can be less in sympathy with their tenets and with the practises of some of their fraternity than he who addresses you. Therefore, he could never see why we should do anything to help them. Now, in 1873, there were in the Massachusetts Medical Society a few men, mostly having the degree of M.D., Harvard, who had renounced the errors of the Old School to embrace those of homeopathy. They were quiet; sought no office; some of them had scholarly tastes; and their characters were, I presume, quite as good as the average. But their presence in the Society was regarded as a rodent ulcer gnawing its vitals. Accordingly, a by-law aimed at them was submitted to the Council. The only councillors voting against the by-law were Bowditch, Cushing and Faulkner. The reason one distinguished councillor gave for not voting against it was, in effect, this: — There are a certain number of

men who will never be easy until they learn wisdom by experience. They have already cost the Society considerable money by similar follies, and it were better to give them rope enough to hang themselves.

At a meeting of the Norfolk District Medical Society held in Dedham shortly after this, a councillor was asked about the above vote. He answered the question, and added that the action reminded him of the Farmer who had a Dog addicted to the killing of Sheep. So he shut him up in the yard with a hitherto peaceable but healthy and vigorous old Ram. On the first overt offensive act of the Dog, the Ram went for the Dog and incontinently butted the life out of him. But the Ram was so elated with his new-found ability that he soon became a greater nuisance than the late Dog, attacking every one who ventured on his premises; and it was obviously necessary to teach him a lesson. So a Hat was provided for him to wreak his vengeance upon; but without the owner's knowledge, it was hung on the point of a new crowbar cunningly disposed in horizontal position, and the Ram having been patted and encouraged by his backer was let loose upon it. The Hat was not valuable and sustained little injury, but the energetic rush of the poor, dear, old Ram caused him to be spitted on the crowbar like a haunch of his kindred mutton.

Well, a trial was had, to the intense delight of the public, and the homeopaths were thrust out of the Society, for conduct unbecoming and unworthy of honorable physicians and of members of this Society, and for practising an exclusive theory or dogma. They lost no time in proclaiming how wofully they were persecuted. The newspapers took up their cause; subscriptions flowed in to the hospital fund; their college was built and endowed; and they were advertised in a fashion which no money they could have raised could possibly have effected. And in spite of all this, there are those who continue to uphold that we have evil-entreated the homeopaths.

One is often told by patients or others that medical etiquette is beyond comprehension of the vulgar, and that doctors are most touchy. If the voluminous rules of ethics submitted for our guidance — a sort of medical Bible — were referred to, the captious would have a basis of criticism. But what people cannot understand is the refusal or reluctance of physicians to supplant a good fellow, or to criticise his diagnosis or treatment, or to decline to continue attendance in a case where one has been called in an emergency; or why one should not make friendly visits when another doctor is in attendance. Nor can they see any reason why they should not send for any doctor they choose, or why he should hesitate to come because they had formerly employed some one else. They do not reflect that when we have served a family for some time, and seen its members over some rough places, we cherish a fancy that we are liked for ourselves as well as for our skill, and are led to believe that we have a sort of property in the family. The fact is that we cannot divest ourselves of the idea of the "family" physician. I can hardly do our youngsters better service than by pointing out that the family doctor is dead and buried. The specialists have squeezed him out as the vines do the big trees. Christian Science cannot resurrect him. A man told me at the club the other day, that when he quit his house that morning he left there three doctors; one was seeing his wife, one was dressing a sprained ankle, and the third was

poking things into a boy's ear. It was all right — they were all three first-rate fellows, and he was glad to see them; but he sometimes wondered if the old institution of the family doctor — who did all those things well, if not elegantly — were not preferable, as it was certainly less expensive. On this, another gentleman, with grown children, said that he never meant to have a family doctor; he held himself free to call in any one he pleased. Some time since, on the occasion of illness at home, he sent for Dr. B, instead of Dr. A, the man whom he usually consulted — not for any particular reason, but because he wanted to. He was surprised to learn, later, that Dr. A had sent for Dr. B, and taken him soundly to task for answering the call. To the gentleman's question if he had done any wrong, I replied that he had a perfect right to send for any one he chose, that Dr. B was perfectly right in responding to the summons, and that Dr. A was not unreasonable in feeling hurt, that, after his services in the family, he had to realize that he was not indispensable, but he was wrong in scolding Dr. B. Moreover, he should have reflected that if Dr. B had not answered the message, the patient would have been vexed with both, and called in Dr. C, who would have been only too glad of the chance to oust either or both of them.

I make, no doubt, that as a race we are touchy. You are touchy; I am touchy. I know I am sad when I see another man's carriage at the door of an old patient whom I know I have served well. To be sure, it is a balm to my *amour propre* when I learn afterwards that the backslider is now attended for two dollars a visit, when he used, with cheerfulness (which was indeed perchance forced), to pay me three. It is also a source of melancholy when on account of illness you send or recommend a substitute, and the patient is so lacking in taste as to prefer and cling to the newcomer. It is trying to the unregenerate mind to recommend a certain course to a patient, which he dislikes, and have him send for another man and adopt, on the new doctor's advice, substantially the same regimen the old one advised. It is indispensable, however difficult, to cultivate a cheerful smile when one hears of these things; to be thankful if the sufferers have fallen into hands as clever as your own, if not superior. My young friends must begin by telling themselves that patients will change doctors from whim, from ignorance, from indifference, from neighborhood, from false report, for no reason. When one is young he is too boyish, too inexperienced, too hasty. When you grow old you are cross, forgetful, hardhearted, or what not. You are surprised to learn that you no longer go out o' nights, that you take no new patients, that you have turned all your old ones over to Dr. Tallboy, that you have retired from practice with an ample competence; and you are lucky if the local *Weekly Bug Light* does not print, as fashionable intelligence, the news that you are under restraint for softening of the brain. In this connection it is good to ask ourselves for just what reasons we change our dentist, our lawyer, our architect or our broker — the butcher, the grocer or the milkman. Some of them are as sensitive as we are, and it would require long and close argument to make them see the difference between the two cases.

We must also remember that in the face of medical etiquette most patients are cowards. I don't use the word in an invidious sense. They are not so bad as

our public men, so-called statesmen, for when we find a politician possessing a vertebral column with well set up *erectores spinæ*, we are lost in wonder, love and praise. To illustrate by a familiar case: An old lady in a family which I counted most attached to me, fell and broke her radius. In the fright and hurry a neighboring surgeon was called in. He was — not of our kind. He did not gallantly suggest, as any of you would have done, that the usual attendant of the family be sent for, after the emergency was passed. The family wanted me, but feared to offend him. I pointed out that they had only to say that their family doctor would assume charge, and he could take no umbrage. But they were afraid. I thought it unkind to suggest that while they dreaded to hurt his feelings, they showed how strongly they relied on my friendship, in their confidence that I should take no offence. Again, when we mean to walk straightest we ourselves not seldom offend. I know that in the innocence of my heart, I have clumsily trampled on my friends' toes. Sometimes I have heard of it long afterwards. It is to be recollected, that, whenever another doctor is concerned, you will almost never get a proper account from the patient or his friends. I have had the best people tell me fibs calculated to make trouble between friendly physicians. The only way for us, when there is a difference, is to go directly to the doctor; never let a variance simmer; let it come to a boil and take it off; but ninety-nine times out of a hundred it will be found that it is a mere flash which never should have glowed into flame, a simple misunderstanding that three words clear up.

A fruitful topic for cheap orators is the ignorance of doctors. The most blatant talker cannot know how deeply we are sometimes made to feel our want of knowledge. Nor do they know that it is the most experienced man who feels it the most. If we assume that we know all that is or can be known, then we cannot blame those who take us at our word. And it is consoling to know, when we are abused for want of knowledge and success, that we receive much praise that is not deserved. Only the best informed of our patients are conversant with the facts of self-limited disease — and very much of the old *post hoc, propter hoc* argument remains in force. I rejoice in the possession of a family brought up by one of our most skilful men, who was able to impress his personality so strongly on all those whom he attended that they almost worshipped him. These people, though educated and highly intelligent, still believe that if the doctor is called in early enough, he will “break up” any “threatened” disease; that each symptom has its remedy; and that Nature left to her own devices would make but a poor showing of it. Such calamities as have happened to them have been sudden and unavoidable. Accordingly, one is highly prized for his attention and services, and any remarks about these newer views are not digested. There is no one of us who has not been happily surprised by the favorable turn of what looked like imminent disaster, and few who have wished it have been able to disown the praise and gratitude which followed.

The confident man, who is always sure of his diagnosis and certain that his treatment is going to succeed, is the man who oftenest comes to grief. It is greatly a matter of temperament, and temperament is a larger factor in character than is known or admitted. I have heard of a great surgeon, that he always promised his

patients relief or cure when an operation was contemplated, but if it failed, he lost all interest in the case and could not be prevailed on to go near it again. Some are so timid that they let pass the most favorable moment for operation or other relief. Others do not recollect the best points in diagnosis or treatment till they have had hours to think it over. A few seem to blunder all their lives long. No man knows everything, and the law only requires ordinary skill in the recognition and treatment of injury or disease. There are many who know a great deal and can apply their knowledge at the right time.

It is the same in all occupations. Not all preachers, if I recollect rightly, can be listened to with edification and delight. I have heard of lawyers who could not agree about what the law was, and who failed to make the judge and jury see it in their light. I have known of engineers and architects who made mistakes, and of men of business whose speculations and operations failed. No one should be surer than doctors that most of horses' work is done by the slow and the unsound. Likewise most of the world's work is done by those who are far from being athletes or geniuses. From a long and pretty close observation of the manual and mental labor of those to whose livelihood I contribute, it seems to me that there are few workmen who do their tasks for anything else than the wage they bring — do it somehow and draw the pay. Seldom do we encounter one who works in the spirit of a legend I saw, twenty years ago, pinned above a marble-cutter's bench, “Study to show thyself a workman which needeth not to be ashamed.”

I believe there are none whose work is of better quality or more conscientiously done than that of the general practitioner, who represents the body of the profession. It ill becomes those whom they serve, to doubt their capacity or to depreciate their work. The doctor may scold, he may even swear when he turns out of his warm bed of a cold night; but he turns out, he plods or drives through the snow and the mud and the cold — too often for no other remuneration than the glow of satisfaction if a knotty diagnosis be cleared up, or if remedies have steered Nature into a safe port. All over the world are men in laboratories, in the dead-house, in the hospitals, in the hovel, striving to wrest her secrets from Nature, satisfied if after days and nights of toil they may elucidate one point — forge one link in the chain of evidence that shall establish a truth or expose an error. They live among the dead and dying, in an atmosphere charged with disease and death; and, as Dr. Holmes says, “They have tasks to perform which the chambermaid and the stable boy would shrink from undertaking.”

Yes, we are ignorant; but it is not because the way to knowledge is closed or unfrequented. The old roads are thronged with travellers; and new ones are opened every day, in which one timidly steps at first, another enters and goes farther on the path, more join them and soon there is a crowd which thickens and presses on. Nature hides her jewels deep; and we must sweat and dig and bore and wash before she will yield her treasure. Much can be told of what has been done, but that is just the line of thought which we avoid to-day.

I had planned to speak of many other taunts that are shot in our faces; but I have already tried your patience.

To sum up — needless though it be to say it to this

company — let us reflect that it is easy to give offence even when we least intend it; that even on the low ground of self-interest we prosper when we keep to the straight path; that in dealing with those not of our own communion, whatever they may do, no one of us can afford for one moment to forget that he is a gentleman. If we are told we do not know much, we confess it with shame and confusion of face; but we know as much, if not more, than those whom we pay for working for us; we do our best work when no one is watching us; and — thank God! — ours is the only profession that at any time does its work for nothing.

Original Article.

CASTRATION FOR HYPERTROPHY OF THE PROSTATE.¹

BY F. C. THAYER, M.D.,

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THE prostate gland is generally described as resembling a large chestnut, being one and one-half inches in its vertical aspect, one and one-quarter inches in the direction of the urethra, and one-half of an inch in thickness. There are two lateral lobes and an isthmus, or the so-called middle lobe; this latter is said to correspond to the uvula in its position upon the vesical surface. It should be understood that in its normal condition, this so-called middle lobe is a connecting band between the lateral lobes, and can only be called such when hypertrophied or enlarged by disease. When thus enlarged, it may and often does obstruct the flow of urine through the vesical orifice of the urethra.

Not all hypertrophied prostates disturb their possessors, for I have frequently found patients with large rounded prostates who made no complaint of frequency or other disturbances of urination. But when the enlargement encroaches upon and occludes the urethra, the annoyance may be very great and oftentimes the suffering intense.

Any procedure which will bring relief to men suffering from the conditions consequent to and dependent upon hypertrophy of the prostate gland must be hailed with delight by the surgeon as well as by the sufferer, for such cases have long been a *bête noir* to the medical practitioner.

That these cases are of extreme frequency is shown by the statement of Sir Henry Thompson, who tells us that one man of every three, over fifty-five years of age, has some degree of prostatic enlargement; one of every seven some obstruction as a result, and one of every ten has enough hypertrophy of this gland to demand some sort of treatment. Thus it will be seen that a vast number of men in this country to-day are suffering from this senile change.

When the outflow of urine is interfered with, as a result of hypertrophy of this gland, its effects are very serious. Retention of urine, cystitis, ascending pyelitis, disease of the kidneys, sleepless nights, wretched days, dribbling urine, — all serve to make this condition one of the most distressing that we have to meet.

Upon theoretical grounds, Dr. J. William White,

¹ Read at the Annual Meeting of the Maine Medical Association in June, 1895.

of Philadelphia, first suggested in a paper read before the American Surgical Association, at its meeting in Buffalo, May, 1893, the operation of double castration for the relief of the symptoms consequent upon hypertrophy of the prostate. This theory had its basis upon the believed analogy existing between uterine fibro-myomata and prostatic overgrowth, for histologically considered they are very similar; and that if removal of the ovaries in the female would reduce and dispel fibro-myomatous growths of the uterus, ablation of the testicles in the male might reduce and dispel hypertrophy of the prostate gland.

This was supplemented by the fact that in eunuchs and geldings the prostate becomes atrophied. By a series of carefully conducted experiments made upon dogs, Dr. White demonstrated that castration is surely and quickly followed by prostatic atrophy.

From the conclusions drawn from the analogy and the facts presented, Dr. White evolved the procedure which should rightfully bear his name. The operation itself is exceedingly simple, and in proper hands devoid of danger. Sentimental objections, to a man suffering from the results of prostatic hypertrophy, can have but little weight, particularly when he realizes that these glands are or soon will be functionless.

Since the publication of this paper by Dr. White, many cases have been reported, with almost universally favorable results. And did time permit, it would be interesting and instructive to review the various phases of these cases. I shall content myself, however, by referring you to the various authors consulted in the preparation of this paper, and giving you a few conclusions drawn mainly from their experience.

I have but one case to report, and I regret that more time has not elapsed since the operation, so that its results might be more pronounced. But while I am not able in my case to report some of the almost miraculous results which have attended operations in other hands, yet sufficient cause is already evident to convince me of the good effects of the procedure in this particular instance.

Mr. R. C., age seventy-four, has always led rather an active life; not now engaged in business; always temperate in his habits; with the exception of chronic diarrhea — which lasted him several years — has enjoyed good health. In 1886, he developed, without apparent cause, an attack of acute cystitis, from which he entirely recovered. In 1887, he discovered that he was compelled to rise two or three times during the night to urinate. From that time until the winter of 1892, this symptom slightly increased. At this time he had complete retention of urine. It was then that I first saw him. The retention was relieved by the use of the catheter, a silver one with a large curve — it being impossible to use any other at that time. The use of the catheter was attended with a good deal of pain. There was a good deal of pus in the urine, and the bladder was washed daily with a half-saturated solution of boracic acid. Since then he has been drawing his urine with a No. 8, English scale, soft-rubber catheter. Rather more than thirty-six ounces are passed in the twenty-four hours, and all by the catheter — he not having passed a drop naturally for nearly three years. The catheter is used about every four hours, its introduction being attended with more or less pain, its withdrawal occasioning still more.