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Whither, Ethics in Medicine?

Cover Page Footnote

To be continued.

WHITHER, ETHICS IN MEDICINE?

BY JOHN F. QUINLAN, M.D.

SAN FRANCISCO, CALIFORNIA

History runs as the growth of a man, slowly, persistently, imperceptibly. Its course can be appraised through the run of ages as a man's in infancy, youth, adolescence, maturity. It runs with all its parts. Let us examine the course of medicine.

From the dawn of its scientific era the sociological ramifications of Medicine were well appreciated; so well appreciated that the applicant to practice was required to subscribe to a formula of conduct before being admitted to apprenticeship.^{1, 2} And sanction for this subscription was had in recourse to the deity with a prayer of benediction for compliance and a curse for its transgression. He called upon the deity as the witnesses for his earnestness; for his piety and devotion to his teachers; for his honorableness in practice specifically withholding himself from the malpractice of abortion; for the uprightness of his life; for the secrecy of information entrusted to him in the performance of his duties; for his deference to the more skillful in times of difficulty.

But all this is by way of tradition. The earliest recorded version of a Hippocratic oath is the cruciform Christian Oath of the X or XI century.² Its only essential difference from the so-called Pagan Oath is that the Witness for the Christian is the Trinity. The bodies of the oaths are

otherwise similar in their brevity of form, and substance. From these features we may judge that much was left, because it could be on account of a common Faith or Religion, to the conscience of the individual.

But it is not so with us. The religious upheaval of the 16th century wrested from Christendom its unity of Belief, the common ground upon which all matters of ethics must be judged. For, as Chesterson says, speaking of standards: "If I would measure the distance between the earth and the moon my reed must not be in a pot."

And what has been the result? Out of deference to the amoral and unbelieving segments among us, our principles have degenerated into mere codes which require frequent recodifications, amplifications, deletions, to allow for the changing conventions of the times. In its own short history American medicine has modified its principles of ethics several times. It has become so wanting in logic and the meaning of terms that "Principles" is substituted for "Code" with the ease and flaccidity of an alcoholic's gesture. Its Principles of Medical Ethics is but a sad prototype for any book on etiquette.

The Christian Age gave man much. Though it was ignorant of Science (as we know it) it showed

him the meaning of life, demonstrated its purposiveness and intelligibility, and rediscovered for him the principles upon which it could be directed to its end. While these principles were yet virile as the inspiration of man's activity, Sydenham could say: "Whoever takes up medicine should seriously consider the following points, firstly, that he must one day render to the Supreme Judge an account of the lives of those sick men who have been entrusted to his care. Secondly, that such skill and science as, by the blessing of Almighty God, he has attained, are to be specially directed towards the honor of his Maker and the welfare of his fellow creatures: since it is a base thing for the great gifts of Heaven to become the servants of avarice and ambition. Thirdly he must remember that it is no mean or ignoble animal that he deals with. Lastly he must remember that he himself hath no exemption from the common lot, but that he is bound by the same laws of mortality and liable to the same ailments and afflictions with his fellows. For these and like reasons let him strive to render to the distressed with the greater care, with the kindlier spirit, and with the stronger fellow feeling."

More than three hundred years have passed since Sydenham's day. The principles by which his conduct was motivated, the heritage of a more Christian age, have become diluted with the sophistries of the Industrial Age in which we

live. They no longer move man's life or regulate his conduct. The modern physician has his own code, appraises his own actions, and is accountable only to himself—except he fall afoul of the law. He is in the service of Humanity and Humanity cannot exact an account of what he does. He has become so engrossed in Humanity that he is forgetting his patients are human; forgetting that man is body-soul and not body alone.

And what is the result? Having lost sight of fundamental principles we have had recourse to conventional rules or codes to which we can give but nominal assent. Where there is no common conviction there can be no conformity. And, in our bewilderment, we cry out for a "guild", forgetful again of the one thing that gave the guilds sustenance and made them practicable.

An instance of our present state of confusion is the cry that goes up for the general practitioner. We have forgotten the service for which our profession has been renowned and have thought primarily of remuneration. That is the primary reason for the glut in specialism. In consequence we have had to emphasize our service to the public. We have done it so well that our astute politicians would make us truly the public's servants. And, now that the remuneration of specialism is rapidly lessening, and specialists are widening the fields of their activity, and realizing the thing called "extenuating circumstances" and

making allowances for it, the little fellow over the drug store is coming into his own again and is having a halo placed over his head.

In his comment upon the Majority Opinion concerning the Study of the Cost of Medical Care, Cushing⁴ well illustrated our present dilemma as regards the dearth of general practitioners in his parable of the knife-maker. He wails the loss of the family doctor who was the family adviser as well. He pleads for more men to engage in general practice because the nation needs more old-time family physicians.

But, to engage in general practice and be a general practitioner, as Cushing implies, is not the same thing. The general practitioner was the family adviser and counselor. To be a counselor presupposes convictions; convictions follow from principles; and principles are established upon a philosophy of life. Ours seem to be naught but the transigence of Pragmatism. Until our profession is infused with an immutable philosophy it cannot expect to fill the need of the general practitioner.

Let us go on! The aspirant to medical practice during four long years is filled with the glory of Medicine, is steeped in its noble traditions, and absorbs its high idealism. The while, he is exposed to the stress laid upon the economics of medicine and the propaganda for the inclusion of courses related to it in the medical curriculum. He is taught indications

for abortion which are limned with a gravity that leaves him impressed only with its questionable necessity. Then, in glorious procession, in cap and gown, following the file of an awesome professorate in the beautiful multicolored velvet capes of their various distinctions and schools, to the assembly hall to receive the reward of his labors. With cap in hand, shielding his heart and the precious parchment he has won, and head erect he intones, in silly solemnity, the pagan Hippocratic oath, swearing before gods that are not, for principles the existence of which he can only question but, nevertheless, impressing him with the idealism of his brothers of a former day.

He engages in practice. He calls upon his elders, sometimes his old teachers, in his difficulties only to find that problem and patient, as well as his meagre sustenance are deftly maneuvered from his control into their own. And they have with them young men who are nurtured to continue and extend the pernicious practice. He hears of exorbitant fees and the exaction of fees before service is rendered. He observes their bitter jealousies; often, malicious slanders. He notices with what dexterity the laws regulating the practice of therapeutic abortion are circumvented. He observes with what noble consistency his colleagues in public life fight for honesty in the food and drug traffic and its advertising while, at the same time, they sponsor, on the

radio, proprietary medicines whose only merit is a price several times that of an equivalent article not bearing the copyrighted name; a member of our esteemed College of Surgeons founded to end the pernicious practice of fee-splitting, conducting a program for Lysol. These men, as often as not, hold high places in academic circles and in the councils of our societies. There he has heard their effusions for better ethics. He wonders, and logically concludes: Ethics, for our saps and saplings!

He falters in his adherence to professional idealism and ethics. Often he fails; the pressure against them has been too persuasive. But he is made of weak stuff and is unworthy of his high calling who would find excuse for failure in the example of these perfidious brothers. He is unworthy of the trust of the secrets of other men's tribulations and sometimes their very lives. But how can he show that devotion to his teachers, that deference to the more skillful, when they prove themselves so unworthy of it?

In these considerations I have shown how the lack of ethical principles has affected our conduct towards each other. In what follows, it is my purpose to show how it affects our conduct towards our patients, the peerage of medicine, and the commonweal.

We are all teachers, some formally by choice, all by circumstance. Though we may not be professors of medicine we are all instructors in the fields of sociol-

ogy. We teach in the class-room, at conventions, at the bedside, in the sancta of our offices, over tea-cups. What we advance and support in the name of Science will have more weight in molding Public Opinion than reams of polemics. Questions to the fore at present, upon which we should declare ourselves because of their medico-sociological importance are: sterilization of defectives; disposal of the incurably affected; abortion; and contraception. So far, from us there has been only an ominous silence; or, what is worse—officially—an attitude of unconcern or “scientific detachment,” as it is called in the *J. A. M. A.*⁶

STERILIZATION

The object of our ministrations is a human being. For, if he be not human, we are not physicians but veterinarians. He is free. He has rights which are prior to the State. There is a law of nature written in the heart of man confirmed by religion, and which forms a part of the basic philosophy of our American State: “All men are created equal. They are endowed by their Creator with certain inalienable rights, that among these are Life, Liberty, and the Pursuit of Happiness. That to secure these rights Governments are instituted among men.” These rights are inalienable; they may not be relinquished though they can be forfeited; nor are they dispossessable. As the State, anticipating a crime, may not punish a man, much less may it

punish him in anticipation of an inconvenience. But, in view of its foreknowledge, it has the duty of protecting the community against any possible attack. A frankly insane person cannot commit a crime, and, the State recognizing this, rightly segregates him from the rest, preventing him from abusing the faculties the proper use of which he is incapable of realizing. The idiot, the imbecile, and the feeble-minded, in a measure, are insane. To the extent that they are incapable of crime, the State has no authority over their persons; but it has the duty of securing for them the possession of their faculties while it safeguards the community from the inconveniences which are the result of their irrationality; poverty, squalor, social diseases, enfeebled offspring.

And, here we come to the consideration of heredity. It is a long jump from peas and rats and flies under absolutely controllable conditions to the gregarious human. Regardless. There are two kinds of heredity, the one, intrinsic, absolutely independent of environment; the other extrinsic, conditioned thereon. If I have a defect that is intrinsically heritable it must have been a blossom on my genealogical tree; it is characterized by recessiveness; if it is obvious it must have existed in the chromosomes of both my parents—and in the same order; and the instances of its occurrence were more numerous the farther back my genealogy is traced. The

obvious conclusions for this kind of defective heredity are: Since it has a tendency to perpetuate itself only in purity, its elimination can most effectively be accelerated by mixed breeding. Albinism remains dominant in a colony of Central American Indians because of inbreeding. It has been dissipated from a colony in Western Canada by the infusion of unaffected stock. And polydactylism disappeared from a colony in Brittany by the same means. The same result⁷ will follow in cases of hereditary blindness, otosclerosis, the abiotrophys or any other intrinsically heritable disease.

The instances of the occurrence of this kind of heredity as a recessive characteristic are discoverable only through the offspring. Sterilization, because of the complex and unpredictable character of hereditary transmissibility, and the unwholesome results for the community (to be discussed later), is but a futile gesture.

The Eastern seaboard Indians, seeing in what a maze the colonists were with the maize-seed they had given them, in stunted stock and sparse yield, advised them to put rotted fish in the soil when the seed was being planted. The rotten fish applied when the seed was planted was responsible for a luxuriant growth and prolific yield; when applied after the stalks were half-grown it had to be used more generously and, as often as not, the yield was disappointing; when applied after the stalks were full-grown the results were fruitless.

The quality and abundance of the corn was as much, if not more, dependent upon the character of the soil as it was upon the factors inherent in the seed. This is the type of conditioned heredity. The stock is man, the seed his character, the soil the conditions in which we live, and the rotten fish the irksome restrictions with which civilization surrounds us that our best characters may be produced. And we are in a maze. Our eugenicists and geneticists would have us destroy the seed by sterilization rather than apply the needed fertilizer.

The present generation of Japanese, on the average, is taller by one inch than the generations preceding it. It has been brought about by the institution of a Western dietary. Before a recent medical conference at the University of California a boy of nineteen was presented as a case of constitutional psychopathic personality. In the discussion it was stated, almost as an irrelevancy, that he had indulgent parents, and that all his desires were acceded to from early infancy. A few years ago at the San Francisco State Teachers College, Behaviorism held forte; let the child express itself; it should not be hampered with restrictions; they tend to form only shut-in characters and to warp the personality. How soon its force was dissipated! And now, from the University of California, we hear over the radio, in a series of lectures on Education to Character, that the child must

be taught to say "no." Self-restraint as the cardinal principle in character formation is again being asserted and the biblical adage of sparing the rod and spoiling the child is being proven daily with increasing emphasis.

We little realize that for years, long before the days of Jung and Freud, Catholic sociologists have been carrying on this work of character reclamation. The Sisters of the Good Shepherd and others have been taking girls before they were confirmed in their Behavioristic tendencies and, after years of patient and relentless guidance, have returned them to the community as useful citizens. Were many of them allowed to continue in the path of least resistance they would, no doubt, reach the stage that would entitle them to the label "constitutional psychopath."

The crime wave is assuming tidal proportions. We hear much of its causes and of committees investigating them. In our confusion we cry out: "Something must be done." It is only "something." We do not know what. We remain unimpressed when it has been discovered that the teachers in our schools have been bought by big business or communistic groups, or subserve other selfish projects. Their interest is not the child or its welfare which, in the end, is the welfare of the State. How timely it is that out of the city that might be called the "nation's shooting gallery" should rise the Catholic Youth Organization, a

movement whose purpose it is, under competent religious guidance and leadership, to direct the mind of youth into channels which will lead to the formation of wholesome characters. In a few years we may look for the trough to appear in the tidal wave of crime through the instrumentality of just such organizations.

Insanity is on the increase. Some authorities claim the increase is out of proportion to the increase in population. Psychiatrists tell us that it is due, in great measure, to the complex civilization in which we live, to the strain incidental to making a living. Temperaments which would bear up well in a simpler environment crack under the strain in our own. Schizophrenia is given as an illustration. Doesn't it strike you that much of life's complexity is needless? Why this obeisance to wealth, to position, to learning? These futile goals which men have set for which they goad themselves beyond their endurance are, in greatest measure, responsible for this rupture.

EUTHANASIA

Human life is sacred. Its inviolability is engraven in the heart of man and is confirmed in the Commandment of the Decalogue: "Thou shalt not kill." The Fathers of our country thought so highly of it that they named it first of the gifts of man's Creator for which they were ready to sacrifice their lives. We are its custodians. We are not free to abuse

it. The physician who is a Christian, recognizing this law and its confirmation in the Fifth Commandment, is deterred from any inclination to stifle it no matter what course expediency may dictate.

However, many of our fraternity are not so minded. With them the sentimental novelist has his way. Their imaginations are so possessed that their reason is clouded and the normal relationship of man-to-man is lost sight of. Under a mask of sympathy and compassion for the enfeebled aged—the crippled old father, the paralytic old mother—the duty of filial piety is discarded, and Nirvana, in the form of painless death by poisoning, is substituted. Some of these exponents of a New Medicine, insecure in the possession of the license which shields their ignoble acts, or sheepishly aware of an "antiquated code" which they cannot ignore, content themselves with proffering the fatal hemlock. Euphemism has the day. Under the guise of Euthanasia murder is committed or the stage is set for the suicide.

Is there nothing for us in the selfless devotion of father and mother, of sister and brother, or the disinterested service of religious to what modern man may call "these animated gangling hulks"? By what then does civilization advance? Osler answers for us:⁸ "The spirit of Love only received its incarnation with the ever memorable reply to the ever memorable question—Who is thy neighbor?"

—a reply which has changed the attitude of the world.” But if we should not have these incurables where would Medicine be? Yesterday’s impossibilities are Today’s realities; To-day’s problems are To-morrow’s discoveries. There is a meaning in Life. There is a plan in the universe. Who am I that I should constitute myself competent to judge the part that you should play, and how, and how long you should play it? We are here to heal or assuage suffering humanity not to snuff it out. “I will give no poison” applies as well to us as it did to the pagan or the medieval Christian.

ABORTION

There is another phase of this materialistic philosophy by which man is degraded to the level of the beast and which accounts for the levity with which man’s life is taken. A unity of identity is recognized in the seed in the pod, the seed in the sod, the tender sprout, and the flowering vine. And, yet with human nature we would make distinctions; we will not see a unity running through the unformed embryo, the foetus, and the infant. Though it would be abhorrent to us to take an infant’s life we do not falter in the commission of a foeticide. The therapeutic abortionist differs little from the radical eugenicist. Both stand on the untenable ground of expediency. Make of this what you will; it is the reply of Dr. W. J. Robinson⁹ in the *J. A. M. A.* to the review of his

book, *The Law Against Abortion*, in an earlier issue: “Your reviewer places foeticide, infanticide, and homicide on exactly the same level. . . . when I initiated the propaganda for birth control thirty years ago, the same thing exactly was said about the prevention of conception that is now being said about abortion. . . . Perhaps twenty-five years from now the views on abortion, in certain cases, will also undergo a radical change. . . .”

The obstetrician who would do an abortion, in a sober moment, uninfluenced by the stress of circumstance will, more often than not, admit that the course is little changed by abortion in the cases in which it is considered indicated. Yet, in these particular circumstances, because of the tense atmosphere—the tearful cry of the patient for help, the anguished pleading of husband and family, and his own welling compassion for the patient’s sorry lot—because he lacks that disposition of soul which Osler so highly prized as the possession of the true physician—equanimity—and because he cannot realize the courage that is required of him in “standing by,” he falteringly advises abortion or foeticide.

But many of our fraternity are not swayed by argument from natural ethics. Statistics is their god so we must make him speak. The most frequent indications for abortion are convenience, pernicious vomiting, nephritis, eclamp-

sia, heart disease, and tuberculosis.

The toxemias of pregnancy include hyperemesis gravidarum, eclampsia, and nephritic toxemia. Straus and McDonald state:¹⁰ "As yet not one of the toxins allegedly responsible for the anemias of pregnancy, the polyneuritis of pregnancy, for hyperemesis gravidarum, or for eclampsia has been identified, isolated, or recovered in any form." Their presence, though not of other abnormal substances, in eclampsia and other severe toxemias, is rendered questionable by the work of Macht and Losee¹¹ on the blood of women affected with these conditions. They have found nothing in the serum of their bloods which is detrimental to the growth of seedlings of *Lupinus Albus*. Eden,¹² in a study of 2,005 cases of eclampsia, reports a death rate of 10.29% for Ireland, where conservatism reigns, and of 25.0% and 23.8% for Scotland and England, respectively, where intervention is the rule.

MATERNAL MORTALITY IN ECLAMPSIA
2005 Cases

Locality	Cases	% Mortality
Edinburgh	148	25.0
Dublin	204	10.29
England, North of	804	24.43
Midland	302	25.10
London	547	21.90

Wilson¹³ (1929), publishing observations of the Johns Hopkins Hospital, found for the period (1894-1912), including cases treated by early and forced evacuation, a maternal mortality of

24.8%. For the period (1912-1924) for cases treated by the conservative method, the mortality was 12.8%.

Statistics from personal experiences in regard to the effectiveness of abortion staying the course of coincidental maternal diseases are extremely unreliable. They are too often affected by the author's attitude towards the subject we are considering—abortion. If he is by habit an interventionist his mortality rate will be low; if conservative, it will be high.

Vollman¹⁴ admits the total mortality for abortion is seven times greater than that of deliveries at term. In Berlin (1922-1924) there were 1,348 deaths from puerperal fever following abortion against 312 after births at term. In 1928, at the Rotunda in Dublin, for the extern service, the maternal mortality was 0.5% in 1,979 cases. When the intern service was included the mortality was 0.32%. In California in 1928,¹⁵ there were 493 deaths attributable to puerperal causes. Abortion preceded 102 (50%) of 206 deaths from septicemia. It preceded the deaths of 134 women. Of these 15 (11%) were therapeutic and 70 (50%) were induced. And 164 had been "delivered of previable children." These too are abortions, presumably therapeutic, as criminal or self-induced abortions are never designated as "deliveries of the previable." Therapeutic abortion, therefore, presumably accounted

for 37% of California's maternal mortality in 1928. In Marys Help Hospital,¹⁶ in the last 2,616 cases, the mortality was 0.23%. The deaths from puerperal causes per 1,000 live births in the registration area in 1928 were 6.9, almost 0.7%. The comment in Mortality Statistics for 1928¹⁷ is significant: Special attention is called to the fact that for both white and colored, rates from all puerperal causes and puerperal septicemia were, without exception, lower for the rural part of the birth registration area than for the urban:

	Urban	Rural
White	7.2	5.4
Colored	13.9	11.2

In Russia,¹⁸ in 1,815 cases therapeutically aborted for social reasons the mortality was 0.7%. The obvious conclusions to be drawn from these figures are: since abortions performed under "ideal" conditions (social reasons) are fraught with greater danger to the life of the abortee than delivery at term is to the normal parturient, it is unlikely that therapeutic abortion should diminish the hazard to the sick mother; it is more likely to increase it. The death rate is lower under conditions which do not permit intervention—Ireland, Catholic hospitals, rural communities—than it is under those that do. Herein may lie an answer to our concern over the national maternal mortality.

Disregarding these considerations the obstetrician differs from the physician in ordinary circum-

stances of sickness in that he is concerned with the well-being of two persons. If he cannot help the one without jeopardizing the chances of the other he may help neither. He is not judge but physician. Women die at home and in the streets. Must we close the one and barricade the other against them? There are dangers imminent in every vocation; a certain per cent of them will be fatal. "I will not give treatment to women to cause abortion. . . . I will use treatment to *help* the sick according to my ability of judgment"^{1, 2} applies as much to us as it did to the ancients, Pagan or Christian.

Convenience.¹⁹ How absurd! Yet it is the most widespread cause for abortion. Society's tacit acknowledgment of the moral law that imposes mutual fidelity upon married couples and chastity upon the unwed is responsible for the great trek to the abortionists. The desire of self-expression and independence, greater participation in social activities, education and the quest of wealth send the legitimately pregnant to them. And the regular practitioner finds sufficient reason in squalor, poverty, and sizable families as though all of us should and could be cast in one mould.

Fortunately for us, but unhappily for Russia, we do not need to speculate upon the results of such an unwholesome policy. "Russian experiences with legalized abortion as reflected in the First All-Ukrainian Congress of Gynecologists and Obstetricians meeting in

Kiev from May 23-28, 1927, do not seem to have refuted or challenged by more recent reports emanating from the same sources," reads an editorial in the *J. A. M. A.*¹⁸ "The unbiased and objectively scientific attitude of the congress towards the question seems apparent," it states, and continues to enumerate a number of these experiences: 13.5% of adnexal complications in 1,242 abortions; uterine perforations in 0.04% of cases of which 75% recovered with conservative treatment; 0.7% mortality in 1,815 cases, the principle being infection; the incidence of general sepsis four times, and of adnexal inflammation two times as frequent after repeated abortion than after one; as a result of the replacement of normal mucosa by scar tissue oligomenorrhea in 74%, amenorrhoea 10%, secondary sterility 5.4% and habitual abortion; from the effects of the sudden loss of decidual secretions on the ovaries and uterus disturbed follicular formation, cystic degeneration, perenchymatous atrophy, thickening of the tunica albuginea, uterine atrophy and hyperplasia; the incidence of tubal pregnancy 1.3% in 3,790 cases following abortion; of the effects upon succeeding pregnancies 32% post-partum fever as of 9.5% in them not previously aborted, prolongation of labor, increased incidence of placenta praevia and necessity of manual removal because of retention of placenta, post-partum hemorrhage five to six times, sub-

involution three times, and stillbirths; from the interference with the attainment of complete sexual characteristics caused by the first pregnancy psychic disturbances—depression, hysteria, frigidity, dyspareunia, and discord; and some of the conclusions arrived at by men of the Congress: "Chronic inflammation of the uterus and adnexa, as well as abortions without end, is the heritage of these years." "There is no disease of the female in the causation of which abortion does not play an important role." "When we report 140,000 abortions a year we report just that many women on the road to invalidism."

Already our English colleagues are widely sponsoring social reasons for abortion. And, lest we appear too sanguine, let us revert to Dr. Robinson's letter: "May I remind your readers that when I initiated the propaganda for birth control thirty years ago the same thing exactly was said about the prevention of conception that is now being said about abortion. . . . Perhaps twenty-five years from now the views on abortion, in certain cases, will undergo a radical change. . . . And if a modification of the abortion law is desired it is necessary to enlist the cooperation of the intelligent laity."

There is a move on to relax the laws against abortion. The intelligent laity is being commended to sponsor the movement. And twenty-five years is given to effect the change. Is it not likely that those regular practitioners

who advance social indications and would perform an abortion for them are unwittingly the dupes of a deliberate social "reform"? The intelligent laity!—the general populace—whose average intelligence is but fourteen years, is to decide the issue in a matter most technically involved and about which it will ever be most abysmally ignorant.

Must the tidal wave be upon us before we will realize that water is wet and that we are in for a drenching? It is not difficult to

foresee the results of this movement should it be allowed to get under way: marriage will be meaningless; the State will totter because home and family will cease to be; and the lot of womankind will beggar description. Will we lie supinely by while these purblind agitators take the reins and drive America through these hellish experiences? Russia has experienced all this and Communism has had to compromise.²⁰ Must we make compromises to it?

[To be concluded]

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Your Patients and You

The Family Doctor, day by day, year after year, becomes as another relative. In close communion, he enjoys confidences, shares pleasures, divides grief. Between his life and his patient's, accurately and closely, a beautiful tapestry is interwoven on a background of black and white—sorrows and joys. Superimposed on this background, and blended into the scheme, are all shades and variations of color and light. Threads of gold and silver, of red and blue, of orange and green, of purple and rose form a pattern as beautiful as it is intricate, as varied and complete as the human emotions it portrays, as sacred as life itself. This is a pattern of life—your patients' and yours.

The doctor's visit is usually the most important event of the day for patients in a hospital. His presence should give new courage to the sick, inspire them

with confidence, and leave them improved. In every visit, the doctor should leave behind a part of the best in himself, revealed in faithful service, kindly care, cheerful thoughts, and comforting words.

In his daily visits, as he goes from room to room, the doctor must conceal many emotions. He will enter a room where an only child is dying, and will know only too well the signs of the impending end. * * * Pity will surge through him, but he must suppress it, for he must lend courage to the stricken child's parents. When he leaves them, their frantic pleadings may sound in his ears. He must force himself to forget. The patient in the next room is well on the road to recovery, and he, unaware of the tragedy of his neighbor, expects a cheerful greeting from a smiling, well-pleased physician.—From "A Surgeon Reflects" by James T. Nix, M.D.