Doctor and Patient

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Doctor and Patient.

By

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Introductory.
The Physician.
Convalescence.
Pain and its Consequences.
The Moral Management of Sick or Invalid Children.
Nervousness and its Influence on Character.
Out-Door and Camp-Life for Women.

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INTRODUCTORY.

THE essays which compose this volume deal chiefly with a variety of subjects to which every physician must have given more or less thought. Some of them touch on matters concerning the mutual relation of physician and patient, but are meant to interest and instruct the laity rather than the medical attendant. The larger number have from their nature a closer relation to the needs of women than of men.

It has been my fate of late years to have in my medical care very many women who, from one or another cause, were what is called nervous. Few of them were so happily constituted as to need from me neither counsel nor warnings. Very often such were desired, more commonly they were given unsought, as but a part of that duty which the physician feels, a duty which is but half fulfilled when we think of the body as our only province.
Many times I have been asked if there were no book that helpfully dealt with some of the questions which a weak or nervous woman, or a woman who has been these, would wish to have answered. I knew of none, nor can I flatter myself that the parts of this present little volume, in which I have sought to aid this class of patients, are fully adequate to the purpose.

I was tempted when I wrote these essays to call them lay sermons, so serious did some of their subjects seem to me. They touch, indeed, on matters involving certain of the most difficult problems in human life, and involve so much that goes to mar or make character, that no man could too gravely approach such a task. Not all, however, of these chapters are of this nature, and I have, therefore, contented myself with a title which does not so clearly suggest the preacher.

It would be scarcely correct to state that their substance or advice was personally addressed to those still actually nervous. To them a word or two of sustaining approval, a smiling remonstrance, or a few phrases of definite explanation, are all that the wise and patient doctor should then wish to use. Constant inquiries and a too
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great appearance of what must be at times merely acted interest, are harmful.

When I was a small boy, my father watched me one day hoeing in my little garden. In reply to a question, I said I was digging up my potatoes to see if they were growing. He laughed, and returned, "When you are a man, you will find it unwise to dig up your potatoes every day to see if they are growing." Nor has the moral of his remark been lost on me. It is as useless to be constantly digging up a person's symptoms to see if they are better, and still greater folly to preach long sermons of advice to such as are under the despotism of ungoverned emotion, or whirled on the wayward currents of hysteria. To read the riot act to a mob of emotions is valueless, and he who is wise will choose a more wholesome hour for his exhortations. Before and after are the preacher's hopeful occasions, not the moment when excitement is at its highest, and the self-control we seek to get help from at its lowest ebb.

There are, as I have said, two periods when such an effort is wise,—the days of health, or of the small beginnings of nervousness, and of the uncontrol which is born of it, and the time when,
after months or years of sickness, you have given back to the patient physical vigor, and with it a growing capacity to cultivate anew those lesser morals which fatally wither before the weariness of pain and bodily weakness.

When you sit beside a woman you have saved from mournful years of feebleness, and set afoot to taste anew the joy of wholesome life, nothing seems easier than with hope at your side, and a chorus of gratitude in the woman’s soul, to show her how she has failed, and to make clear to her how she is to regain and preserve domination over her emotions; nor is it then less easy to point out how the moral failures, which were the outcome of sickness, may be atoned for in the future, now that she has been taught to see their meaning, their evils for herself, and their sad influence on the lives of others.

To preach to a mass of unseen people is quite another and a less easy matter. I approach it with a strong sense that it may have far less certain utility than the advice and exhortation addressed to the individual with such force as personal presence, backed by a knowledge of their peculiar needs, may give. I am now, then, for the first time, in the position of the higher
class of teachers, who lay before a multitude what will be usefully assimilated by the few.

If my power to say what is best fitted to help my readers were as large as the experience that guides my speech, I should feel more assured of its value. But sometimes the very excess of the material from which one is to deduce formulas and to draw remembrances is an embarrassment, for I think I may say without lack of modesty in statement, that perhaps scarce any one can have seen more of women who have been made by disease, disorder, outward circumstance, temperament, or some combination of these, morbid in mind, or been tormented out of just relation to the world about them.

The position of the physician who deals with this class of ailments, with the nervous and feeble, the painworn, the hysterical, is one of the utmost gravity. It demands the kindliest charity. It exacts the most temperate judgments. It requires active, good temper. Patience, firmness, and discretion are among its necessities. Above all, the man who is to deal with such cases must carry with him that earnestness which wins confidence. None other can learn all that should be learned by a physician of
the lives, habits, and symptoms of the different people whose cases he has to treat. From the rack of sickness sad confessions come to him, more, indeed, than he may care to hear. To confess is, for mysterious reasons, most profoundly human, and in weak and nervous women this tendency is sometimes exaggerated to the actual distortion of facts. The priest hears the crime or folly of the hour, but to the physician are oftener told the long, sad tales of a whole life, its far-away mistakes, its failures, and its faults. None may be quite foreign to his purpose or needs. The causes of breakdowns and nervous disaster, and consequent emotional disturbances and their bitter fruit, are often to be sought in the remote past. He may dislike the quest, but he cannot avoid it. If he be a student of character, it will have for him a personal interest as well as the relative value of its applicative side. The moral world of the sick-bed explains in a measure some of the things that are strange in daily life, and the man who does not know sick women does not know women.

I have been often asked by ill women if my contact with the nervous weaknesses, the petty