

the case. The ethics of the operating-room imperatively demand that the interests of the patient must alone decide the question of operation. Flagrant violations of ethical laws may, and sometimes do, occur after the operation. Dr. A. is asked by Dr. B. to operate on his patient. Some months after Dr. B. finds that his patient, instead of coming back to him, goes to Dr. A. with his minor ailments. Dr. A. ignores Dr. B.'s claims altogether and treats the patient, and by so doing begins a life-long feud between Dr. B. and himself. Dr. A.'s conduct only becomes ethical when he has arranged with Dr. B. as to who the attendant should be.

The question of fees is often a much-mooted point. When the patient's means are limited and when there has been need for lengthened attendance before the operation, if the surgeon charges a high fee, the attending physician is deprived of a large share of his just reward. In all such cases ethics demand that in regard to remuneration the interests of both physician and surgeon be duly respected. Fees again come up as a factor in the relationship of the surgeon to the anesthetist. Is an inexperienced man ever chosen to save to the surgeon the fees that would otherwise go to an expert anesthetist? Ethical laws would hold that the safety of the patient is never to be jeopardized by the mercenary interests of the surgeon.

The importance of surgical work, as compared with the medical care and treatment of a case, involves an ethical question. The surgeon may not say so in words, but he may be quite willing to have the patient imagine that his work is of considerably more importance than that of the physician. In fact, it is not at all uncommon for the physician to find that his status is never quite the same with the patient or family as it was before the operation. In these cases the surgeon's ethical sin is one of omission in that he has failed to correct an erroneous impression that militates against his medical confrere.

The list of ethical problems that project themselves into the operating-room might be very much extended, but time will only permit of the discussion of one more, and it probably the most debatable one that confronts the surgeon in his work,—viz., who should do the operation? In isolated districts the one man must be both physician and surgeon, but the erection of hospitals in towns and cities has caused some division of labor, one section of the profession becoming better known as surgeons and the other as physicians. This division enables men to obtain a larger experience, and other things being equal,