

course, see the patient and prescribe ; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

7. All discussion in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive ; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians cannot agree in their views of the nature of a case and the treatment to be pursued ; this is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire ; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion of both time and attention, at least a double honorarium may be reasonably expected.

10. A physician who is called upon to consult should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance ; the practice of the latter, if necessary, should be justified, as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence

reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

#### PERSONALS.

We had the pleasure of a visit from our confrère and former pupil, Dr. W. E. Fairfield, Gold Medalist of Bishop's College, who has been established for some little time at Wequiock, Wisconsin, and where, we are glad to learn, he is proving no exception to the rule that Bishop's College men are never very long in making a reputation for themselves wherever they may cast their lot. He is on a pleasure trip to New York.

Drs. Ross, Roddick, Shepherd, Bell and Lapthorn Smith, the last of whom has been invited to read a paper before the Association of Gynecologists and Obstetricians, intend to leave for Washington on the 16th of Sept. The first four gentlemen will attend the meetings of the American Association of Surgeons and Physicians. They will be absent about a week.

#### REVIEW.

*A treatise on Diphtheria, historically and practically considered, including Croup, Tracheotomy and Intubation*, by A. SAUVÉ, Docteur en Médecine, ancien des Hôpitaux de Paris, etc., etc.; translated, annotated and the surgical anatomy added ; illustrated with a full page colored lithograph and many wood engravings, by Henry Z. Gill, A.M., M.D., LL.D., etc., published by J. H. Chambers & Co., St. Louis, Mo.

The translator, Dr. Gill, must thoroughly understand French idiotinically, and we compliment him on the success of his translation and on the many practical additions made by him, including intubation. We can highly recommend this book to any medical man, who, having to deal much with this so often fatal disease, desires to keep himself abreast of the times, not only in treatment, but with every aspect of it. It is the most exhaustive treatise we have seen dealing alone with this subject, and when we consider that over 600 authors have been consulted including those of every nation, some idea may be formed of the amount of labor expended by the author in its production.