

last few years. In some cases he will find that the disease was imported by a pretty, blue-eyed, white-skinned nurse girl, who before coming to them had been nursing her sister who died of consumption; in other cases it will be found to have been caught from a consumptive husband or wife; in some cases even it has been contracted from a fellow lodger, whose name perhaps the patient does not know. Many examples of the above means of contagion have come to our knowledge, and we believe that it is the duty of the profession to put those who look to us for guidance on their guard against contracting this terrible disease.

CANADIAN MEDICAL ASSOCIATION.

The following papers have been promised for the meeting of the Canadian Medical Association, which will be held in Ottawa, on the 12th, 13th and 14th of September:

1. Face Presentations—Dr. W. M. MacKay, Woodstock.
2. The Mortality of Pneumonia—Dr. Wm. Osler, Philadelphia.
3. The Duty of the Medical Profession under the Public Health Act of Ontario—Dr. Wm. Canniff, Toronto.
4. On some Minute but important Details in the Management of the Continuous Current in the Treatment of Fibroid and other Diseases of the Uterus—Dr. A. L. Smith, Montreal.
5. A Case of Resilient Stricture of the Urethra Cured by Electricity—Dr. A. L. Smith, Montreal.
6. On the Treatment of Varicocele and Orchitis by the Electrical Current—Dr. A. L. Smith, Montreal.

Papers have also been promised by Drs. Fenwick, Shepherd, Alloway, Blackader, and Bell, of Montreal, and many others.

THE CODE OF ETHICS OF THE AMERICAN MEDICAL ASSOCIATION.

ART. IV.—*Of the duties of physicians in regard to consultations.*

1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respect-

ability, recognized by this Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry.

2. In consultations, no rivalry or jealousy should be indulged; candor, probity and all due respect should be exercised toward the physician having charge of the case.

3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions or prognostications* should be delivered which are not the result of previous deliberation and concurrence.

4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultations together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will, of