

tance. In the first instance the consultant should do what is needed, and in the second should do no more than make an examination of the patient and leave a written opinion, under seal, to be delivered to the attending physician.

16. DISCUSSIONS AND DIFFERENCES OF OPINION.

All discussions in consultation should be held as confidential. Neither by word or manner should any of the participants in a consultation assert or intimate that any part of the treatment pursued did not receive his assent. In the event of a conflict of opinion as to the nature of a case and the treatment to be pursued a third physician should, if practicable, be called in. None but the rarest and most exceptional circumstances would justify the consultant in taking charge of the case. He ought not to do so merely on the solicitation of the patient or friends.

17. RIGHTS OF THE ATTENDING PHYSICIAN.

A physician who is in consultation should observe the most honorable and scrupulous regard for the character and standing of the attending physician, whose conduct of the case should be justified, as far as can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which would impair the confidence reposed in the attending physician.

18. INTERFERENCE WITH PATIENTS OF OTHER PHYSICIANS.

The physician, in his intercourse with a patient under the care of another physician, should observe