

attending practitioner, who, too often, demurs or unwillingly assents under the erroneous impression that a consultation detracts from his professional status; whereas it should be regarded simply as the very natural desire on the part of the relatives to leave nothing undone that might tend to restore the health, or save the life, of the loved one, cost what it may. But, even were it otherwise, it must not be forgotten that the patient has an indisputable right to further advice if he wishes it, and the family attendant will do well, for his own sake as well as that of the patient, to let the responsibility be shared by that of a second practitioner.

It is customary for the family doctor to intimate to the patient, where necessary, what the consultant's usual or expected fee is, and, as far as possible, to see that it be paid at the time, unless there be good reason for deferred payment. However, there is no professional obligation whatever on the family doctor to do so out of his own pocket.

Should the practitioner, who was called in consultation, be subsequently requested to take sole charge of the patient, he should courteously but firmly decline.

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

7. *Interference.* A physician, in his intercourse with a patient under another practitioner, should observe the strictest caution and reserve. No meddling enquiries should be made and no hints given. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer required.

When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be required, resign the care of the patient to the latter, immediately on his arrival. It often happens that in cases of sudden illness or accident that a number of physicians are sent for: courtesy should assign the patient to the first who arrived, who shall select from those present any additional assistance that he shall deem necessary. He should request the family physician, if there be one, to be called and resign the case to him on his arrival. If a physician is called to the patient of a fellow practitioner in consequence of the sickness or absence of the latter, he should resign the case to him upon his return.

When a physician, who had been engaged to attend a case of midwifery, is absent and another is sent for, if delivery is accomplished during the attendance of the latter he is entitled to the fee, but should resign the further care of the patient to the practitioner first engaged.

8. *Differences between physicians.* These should be submitted to arbitration of several practitioners.