

physician, or a fit associate in consultation, whose practice is based on an exclusive dogma such as homœopathy, *et hoc genus omne*. For a legitimate practitioner to meet a homœopath he must ignore the all important fact that their respective principles, in regard to the treatment of disease, are so diametrically opposite as to render an honest consultation, with real benefit to the patient impossible. He should retire from a case rather than act disingenuously to the patient, collusively with the homœopath, and dishonestly towards his legitimate professional brethren.

It may be worth noting that an apt response to the irrational "consultation" outcry, so invidiously raised at times in behalf of the abettors of the principles enunciated in the homœopathic dogma of "*similia similibus curantur*" may be found in the legitimate retort of "*thrasyllus a thrasyllo consilium petat*:" which, freely translated, may be rendered thus "Like should consult with Like."

In consultations the most honorable and scrupulous respect for the standing and character of the practitioner in charge of the case should be observed, the treatment employed by the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for the truth, and no hint or insinuation thrown out which can impair the confidence reposed in him or in any otherwise affect his reputation.

In consultation it is the rule and custom for the consultant, after the usual preliminaries of the conference relative to the history and facts of the case, to take precedence of the family doctor in the necessary physical and questionary examination of the patient. Under exceptional circumstances, however, it will be well that the family attendant should, as an act of confidence and courtesy, be the first to propose the necessary questions, after which the consultant may make such further inquiries as he may deem necessary.

Nothing should be said, by the consultant, indicating an opinion as to the nature of the malady, treatment or proposed issue, in the hearing of the patients or friends, until the consultation is concluded. Both practitioners should then retire to a private room for deliberation. After finishing the consultation, the consultant should communicate to the patient, or his friends, the directions agreed upon, together with any honest opinion which may have been decided upon, and no opinions or prognostications other than those mutually consented to after due deliberation, should be given.

When more than two practitioners have met in consultation an irreconcilable diversity of opinion unfortunately may occur; that of the majority should be acted upon. If the numbers on either side be equal then the decision should rest with the family attendant. It may happen that in an ordinary dual consultation two practitioners fail to agree, an accident much to be regretted and if possible avoided by such mutual concessions as are consistent with the dictates of judgment. If, nevertheless, a difference of opinion exists it would be well to call in a third practitioner and, if that be impracticable, it must be left to the patient the one in whom he would wish to confide.

Whenever a second opinion is desired or suggested by a patient or his relatives, it should, as a rule, be at once courteously acceded to by the