

or honour of our profession that I feel driven to state some objections to any such rule as is suggested being laid down or sanctioned.

When called to attend a suffering fellow-creature, the first, and I take it the only consideration as to treatment, should be as to what will be the best for the patient, and I am certain that not a thought of the consequences to the art and science of surgery should be allowed to weigh as against such a consideration, or turn us a hairbreadth from what we feel to be best in our patient's interest.

I may be met with the objection that in many cases failure might be attributed to want of skill, and that as a doctor's very existence depends upon his reputation, he cannot afford to risk it even for his patient's sake. Well, such an argument would prove too much, for if it be valid when the patient is moribund, what shall be said when some operation of expediency being undertaken in a healthy and vigorous subject, there follows, as is, alas! not unknown, some unavoidable surgical accident.

If it be said that a general refusal to operate in the "too late" class of cases would lead to an earlier call for surgical aid, I answer that such a question can only arise in any case when we are actually at the bedside, and then, as I insist, our thought should solely be for the patient then before us, and not of any fancied general benefit to be derived from a deviation from such a course.

A patient suffering from acute intestinal obstruction is, I believe, if unrelieved by operation, practically doomed to certain and speedy death, so that in a hundred such cases where operations have been performed, if there be but one success, I hold that that single human life would be justification ample and complete; and since unsuccessful though the procedure may be, its results are greatly better, happily, than suggested, the argument is proportionately more unanswerable.

These arguments may be held to apply to all "hopeless" cases, and I am content that it should be so; my single contention is that in every case our patient should be our only care, and not a thought should be allowed to wander to any "table of results." Surely success in only 5 per cent. of cases is vastly more honourable when each case is thus honestly dealt with than the more brilliant fifty, sixty, or it may be even higher percentage of another surgeon, when in the background of which we see and know nothing, there have been a ghastly company allowed to die miserably, some at least of whom might have benefited by operation had that aid not been refused from the dread of "spoiling a percentage."

In conclusion I would say I do not advocate indiscriminate nor adventurous surgery, I only plead that each case merits and demands attention from a standpoint peculiar to it and separate from any outside consideration. Neither do I insinuate that the feeling mentioned in my last paragraph is consciously admitted by anyone; but I contend that any "benefit to surgery" being permitted to obtrude amongst the deciding factors in any case lead insensibly perhaps, but directly in that direction. Which amongst us would venture to give it as a reason to a relation or friend of the sufferer for holding our hand and refusing the "only chance?"

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