

Every year physicians drop regular work for financial reasons. Someone has recently estimated the annual income of physicians at less than \$900 per annum, which is certainly very discouraging after having spent from \$2,000 to \$5,000 on medical education. This remuneration is that of a clerk or a carpenter.

Then, too, standards are being raised, education longer and more expensive. A literary education, a university degree, a year's hospital training becoming to be required adds to the cost. When he goes into practice, what with bad accounts, competition with unlicensed practitioners, he can scarcely make ends meet.

And it sounds strange that as receipts from practice grow less standards are to be increased and the cost of obtaining a medical education advanced.

The incompetent rival often does better than the high-grade graduate. When quacks and irregulars are permitted to do medical work no wonder that practice occupies a very uncertain position.

There are two classes of medical colleges, the university with its hospital and laboratory attachments, and those with limited facilities, the proprietary schools, the money-makers for their shareholders. It is not always from the former that the successful ones come. In fact it appears to be more otherwise, the graduate from the inferior school equalling if not surpassing the graduate from the properly-equipped university school.

What is wanting? The graduate of the inferior school in his own interests is forced to become active, whilst the other becomes self-satisfied and contented.

The highly-trained medical student has not the same stimulus to work that his less fortunate brother has, who continues to be a student all his life.

Is the small college to be driven out? Must an expensive course be the road to a diploma? Must the profession take legal steps to prevent the irregular and untrained man from practising? Shall we advocate the man to practise medicine above 'pathies and schools?

One fault lies in the lack of determination of capacity. There are teachers out of their spheres. There are surgeons who should not be operating. Even there are specialists out of their spheres.

A new range of practice is looming on the horizon—preventive and scientific medicine—and the physician of the future will be retained the same as a lawyer. His work will be advising and consulting; he will be paid for as such. He will make regular visits