

The visiting chiefs in all departments should be familiar with all the more recent methods of inquiry and research; and should have a practical knowledge of the technique of all the more common apparatus used in diagnosis and treatment. This is a great strength to a man, particularly if he be a teacher. If he can with facility make a differential blood count, "do a Wasserman, or widal," make a lumbar puncture and intelligibly examine the fluid withdrawn, analyze stomach contents, determine the significance of a gross or minute pathological section, use the sphygmomanometer, test electrical reactions, know what he sees through the fluoroscope and has the time and inclination to roll up his sleeves and do them, he is the man who will be of great value to a hospital. That this sort of work is not done in hospitals may not be the fault of the visiting staff. The administration has its part to do: All necessary apparatus for such investigations should be provided; enough skilled assistants and servants should be engaged to do the purely routine, mechanical and clerical work.

These ideal conditions are approached in Germany; but to realize them more nearly in America and Great Britain, I am of opinion that the unitary system of organization should be introduced, providing the hospital has sufficient financial strength to be independent of the favor of its visiting staff.

The best man available should be sought for to direct each of the several services, medical, surgical, gynaecological, etc. He should be given or allowed to select first-class assistants. There should be plenty of resident officers, the chiefs of which should be retained at least three years. Men who would be willing to serve in such work should be allowed a good salary, and permitted, perhaps, to do a certain amount of purely consultant work.

This would raise the status of medical education, the sick would receive much more consideration of their condition, and the people at large would be the benefactors.