

compassion. In this the medical man is as liable to do harm to charitable enterprise, just as the lay dispenser of charity. If in his own particular field the medical man restricts his charity to that field it may be a safe practice; but often other cases are brought to his notice beyond his own immediate environment. Then he is quite likely to get a "Kingdom comer," until death do them part. He who brings to the doctor this class of patient is a vicarious philanthropist; and medical men very often complacently comply. Dr. Shaw cites a good instance where a medical friend told him it was his custom when approached in this manner to send a small donation to the would-be philanthropist that it might be used to secure for the patient paid medical advice, observing that where the medical man was paid for his trouble the patient would benefit better thereby—(some wiseacres will deny this). Then the medical man is generally neither too flush with money nor too flush with generosity of this character to contribute to the fee of another practitioner. Promiscuous private charity, like promiscuous public charity, is fruitful in causing failure of suitable provident schemes whereby the really poor, whom we have ever with us, may be benefited.

Collective external medical charity is of greater moment to the medical profession, because as the volume increases the greater the harm. This sadly needs reform. Towards that reform there must be concerted action. It is widespread and apparent and needs no special commission to enquire into its extent and its whereabouts.

That the mere excess of the volume of medical charity is a splendid tribute to the qualities of heart of those responsible for it there is no gainsaying. In this our heads are controlled by our hearts; and in the face of individual suffering there is no help for it. But it is just because of this that in our cooler and saner moments we should give consideration to the ultimate results of our actions. The administration of medical charity, however, should be made more orderly, but to do this it is necessary to recognize the limitations of a civilized community. The impulsive philanthropist must be educated to take a wider view and be led to consider possibilities of prevention rather than cure of disease.

But is the imperative call of suffering and impending death the sole cause of the excessive supply of medical charity? Not by any means. Medical charity is cheap, and more of it can be purchased for a given sum compared with other charities. This is fully exemplified in the endowing of a bed in a charitable institution which will carry with it for all time both physician's and