to the special subjects, where he will toil daily with patients in a special clinic, mastering the details of examination and diagnosis, and be trained under a master eye in the technique of operations.

5th. Lastly, he must place a coping-stone of a further year at some university where he will obtain postgraduate instruction upon:

(1) Clinical diagnosis and treatment.
(2) Functional tests especially.
(3) Bedside work on surgical cases.
(4) Surgical practice on the cadaver.
(5) Practical treatment and minor operations in the out-patients' ward.
(6) Demonstrations and lectures on normal and pathological anatomy, histology and physiology.
(7) Diagnosis and pathology of labyrinth diseases.

When finally he seeks the suffrage of his fellows of the general profession, he must become attached to a hospital where he can maintain his contact with a public clinic, for otherwise he can never hope to advance, or even to keep abreast of his subject.

I have given you above the qualifications demanded by the American Laryngological, Rhinological and Otological Society, and also of the hospital where I have the honor to control the Oto-Laryngological service.

Am I too ambitious in making these demands? No; if we, as specialists, are to deserve the respect of our confreres, we can demand no less.

Unfortunately, although specialism, with its implicit claim of superior skill in one direction, is now recognized as both efficient and useful, it remains on a very informal basis, and few universities are yet equipped to give adequate preparation for specializing, but a better day is dawning, and this function will be recognized by the universities, and indeed specialization will not be allowed without such university post-graduate training.

As the Carnegie Report says: "Improved medical education will undoubtedly cut the ground from under the independent post-graduate school as we know it. This is not to say that the undergraduate medical curriculum will exhaust the field; on the contrary the undergraduate school curriculum will do only the elementary work; but that it will do, not needing subsequent and more elementary instruction to patch it up. Graduate instruction will be advanced and intensive, the natural prolongation of the elective courses now coming into vogue. For productive investigation and intensive instruction, the medical school will use its own teaching