

too often has the Ontario Medical Association convened in Toronto. It tended to make the Association altogether too local. Even if, when the Association has met in other places than Toronto, the attendance was not quite so large—what mattered it? No doubt there was just as good a meeting from a scientific standpoint, just as good from a social standpoint. It seems to us the only way to make the Association representative of the Province. At any rate the experiment of meeting in different cities in Ontario should be tried for a few years, and the various city and county societies kept stimulated. Another year London, Ottawa, Windsor, Niagara Falls, Guelph, etc., might be tried with good success.

The popularity of the present President will be sure to be a good drawing card to Hamilton.

On another page we print a preliminary programme which speaks for itself.

One Thousand and Ninety-Eight City Order Patients were treated in the Toronto General Hospital in 1907; 719 in St. Michael's; 231 in Grace; 253 in the Western. The maintenance of these patients was paid by Toronto and came out of the pockets of the taxpayer. Everything for them was paid for except the treatment they received at the hands of the physicians and surgeons of the staffs. The question is—if a municipality is able to pay for the maintenance of these patients, why is it not able to pay as well for their treatment? Surely the medical profession does enough of individual charity work outside of hospitals without municipalities—which could very readily by a fraction of a mill, pay for the treatment of these pauper patients—getting this good something for nothing. Here are practically 2,500 patients treated in the hospitals of Toronto—to say nothing of outdoor work—annually, without a single dollar of increment to any practitioner. Does it not appeal to the profession of medicine that it is high time municipalities should pay for this treatment? Attached to the health departments of municipalities should be physicians and surgeons who were capable of properly treating municipal patients; and their services should be paid for by those whose charges they are. Amongst many people there is harbored the idea that these surgeons and physicians on the staffs of hospitals, are paid for their services by the hospitals or the Government or somebody. Why should it not be so in reality? Would there be much opposition from the taxpayer. If a viaduct, a power scheme or a filtration plant is projected, as a great public work, the people expect to pay for it. Is there any greater public