his report there were treated 707,058 patients during the year, who made about 2,026,360 visits, and for whom 1,039,632 prescriptions were filled. He calls attention to the fact that this is but a partial list, as it does not include private and special dispensaries. One of these institutions made it a matter of record that the per capita cost of treating over 23,000 patients was less than one-half cent. He can call to mind only one institution which gave the number of patients refused treatment because of their ability to pay. He was told that on a conservative estimate at least forty per cent. of those treated were able to pay a doctor. Attention is called to the fact that many are able to pay car fares to and from the dispensaries, and to wait a long time for advice, thereby losing time and pay for absence from work, and deluding themselves, for they are really expending more than it would cost to pay a private doctor. He blames the institutions themselves and the doctors for the evil, and claims that "the object for which most of our charitable works was founded, namely, the relief of the worthy sick poor, has been lost sight of, so that to-day all are admitted alike." He suggests as a remedy that all institutions inaugurate a thorough and systematic effort to separate the worthy from the unworthy, and gives an outline of a very feasible plan for such work, claiming that if it were followed out it would, amongst other things, minimize the baneful effects on the masses who are led into the temptation of accepting what is not lawfully theirs, it would substitute thrift for indolence, independence for dependence, honesty for dishonesty. And, lastly, it would make possible what is now for many New York physicians an impossibility, viz., a comfortable livelihood, derived from the "Simon pure" old-fashioned "time honored private practice."

We would ask our readers to consider some of these questions as affecting the members of the medical profession here in Toronto and in other places in this country. Are not we drifting into the same sluggish stream? Are we doing what is best for the masses, for some of the less fortunate members of our profession, or for ourselves? Do we scrutinize closely enough into the condition and financial ability of the patients who apply at our dispensaries and hospitals for a share of the relief that is paid for out of the funds collected from us by taxes, and given by charitably disposed persons for the relief of the sick poor? Are we careful enough ourselves in the way in which we give our services to those presenting themselves at the various institutions for a share of our time? We trow not. We are too easy going, or in too much hurry, or the case may be a good one from a clinical point of view, and it would not do