The various departments in the German hospitals are well manned with resident medical officers. These men are on salary. They serve three and four years. In some of the hospitals even the chiefs of the departments are resident and paid.

The only hospital in America where I have seen this German method of organization is in the Johns Hospkins Hospital at Baltimore; and, I believe, the work done in that institution during the past fifteen or twenty years has been made possible, to a large extent, by the type of organization, and amply justifies its adoption.

In Great Britain and America the chief interest generally of the head of a hospital service, and of his assistants, is their private practises; hospital work is secondary. In Germany, it is largely the reverse. In America, under present conditions, we cannot expect ideal results. Where a hospital is dependent for its maintenance on vountary contributions, it has been found prudent for it to have as many friends among the resident medical men of the town or city in which it is located, as possible. The larger number of competent medical men that are appointed on its staff, the more private paying patients it will receive, and the easier it will be to keep its revenue on a level with its expenditure. This point was well brought out by Dr. Kavannagh in his paper at the Toronto meeting of this Association.

This is one of the points to be thought of in considering the idea of trying to introduce German methods of medical organization into our American hospitals.

To work out the problems connected with the study of disease and cure, or to supervise their working out, the chief of clinic and his assistants require more time at their disposal than the men in the average American hospital give—more time than they can afford to give. To do this work properly means hours of hard daily labor. Too often, the visit of the hospital physician is a hurried one, and the work of investigating his cases and their management is left in the hands of inexperienced house officers.