it and thus preventing their absorption of poisonous products of decomposition.

So also when a patient presents herself with foci of tenderness in the pelvis, with vague symptoms of a pelvic inflammation, the gynæcologist is often able to remove the trouble by thoroughly cleansing out the uterus, rendering it aseptic, and thus stopping the supply of irritating material which is making its way through the lymphatics, to the cellular tissue. Then by attending to the excretions of the body and by stimulating the absorbents, he is often able to materially improve the patient's condition, and often indeed able to absolutely cure her.

If the above views be correct, the moral obviously, is to avoid delay in this simple operation, and not to wait for the pelvic inflammation to be lighted up; but curette the uterus whenever there is reason to suppose that its absorbents are carrying poisonous matter to the surrounding tissues, remembering the force of the adage, *bis dat qui cito dat.*

THE PAY SYSTEM AT HOSPITALS.

Is it not about time that the system in vogue at many hospitals, of the staff attending well-to-do patients in private wards *gratis*, should be discontinued? How often does it happen that wealthy patients elect to go into a private ward, and receive skilled attention from the physician or surgeon who has charge of such ward, with nursing, food, attendance, and medicine, all for from eight to twelve dollars a week. Capital operations may be done, and the surgeon who should receive a fee ranging from one to three or four hundred dollars, has all the work and anxiety of the case for nothing; or the physician goes daily for weeks to attend a case of typhoid, or myelitis, or other form of slow or chronic disease, and for all his time and trouble gets *nil*. And this in the case of patients who are well able to pay, but who, as is usual with humanity, take all they can get for nothing, and often indeed without a "thank you" for all the trouble they have caused, looking upon it as their *right*, because forsooth, they pay, in a hospital, less, for everything, than they would do in their own homes for the services of one trained nurse. It is no wonder so many are ready to seek relief under such circumstances. But it is a positive injustice to the medical men who form the staff of the hospital. Surely the men who attend to the patients in the free wards of a large hospital do enough work for charity, and should not be expected to give their time and exercise their professional skill gratuitously for the benefit of those able to pay, and who would be willing to pay, but for the pauperizing tendency of the system we speak of. This is how, as our contemporary the *Medical Times*, of London, puts it, "Medicine is dragged in the mud and sixpenny dispensaries are manufactured."

It may be said that there are always scores of medical men, who would be willing to go on the staff of the hospital under the conditions now existing. This is true, but they are not the best men of the locality; but rather men who have their way yet to make, and who wish to use the hospital for practice, and in the hope that a hospital connection will improve their position as a medical man. So young men are quite willing to devote hours a day and for two or three days a week at dispensary work. Few men of established reputation find it worth while to remain on the active staff of a hospital, who are not engaged in medical education at some college which sends its students to that hospital. We have known good practitioners give up their hospital appointments as being burdensome and irksome, and as interfering with the practice upon which they had to depend for a livelihood. All things considered, it seems only reasonable then, that patients who can afford to pay for a private ward, should be made to pay for the medical attendance they receive while in the hospital, otherwise an injustice is done to the staff and to the profession in the neighborhood of the hospital. For they, the practitioners, not on the staff, often lose patients, by the great convenience and cheapness of treatment and attendance, offered by the hospital in the same block. To avoid expense, the worry and upsetting of the home, the necessary weary watching of the wife or mother or sister, the sick one says, "I'll go into a private ward. It will cost me much less than staying at home, and I shall be looked after better, having a trained nurse always at my command, as well as a doctor, and the advice of Dr. So-and so"—of the staff.

And so the outside doctor says good-bye to his patient for that illness at any rate. What with