

which of these methods is the best, and not. It would lead to an investigating turn of mind on the part of the student. Then, again, it seems to me that the chief of a small staff such as that with, say, one assistant and two juniors, would daily be brought in contact with these men. They would be working side by side over the same patients, and the chief would have a much better chance of becoming intimately acquainted with the policy of his assistants and juniors than would a single chief with the policy of a large number of juniors. Therefore the chief of a single staff would be in a position to report at once as to any lack of capacity on the part of his assistant. It looks to me as though the two systems might be compared to two different kinds of machines. The one-man system is a large, cumbersome, slow moving institution, whose parts could not be readily adjusted to circumstances. The parallel clinic system, on the other hand, is a small, easily moving system, and the parts capable of rapid adjustment to circumstances and surroundings.

I can readily conceive that the one-man idea must appeal to the business layman, but I would point out that the treatment of disease is by no means and in no sense a business.

CHAIRMAN—Might I say in answer to Dr. Reeve and Professor Mackenzie that of course the question of expense enters into all our problems. Dr. Ross has stated that if we would get rid of private and semi-private wards, and have purely public wards, that would be a very desirable condition, and very much better for education. It is evidently true, but unfortunately we need the money which comes from those other departments. There is this to be borne in mind, that if the conviction comes to this body of men, representing the pick of the professional men of the country, that certain conditions ought to prevail, calling for expenditures of money, at first as moderate as might be, but increasing in volume, this University, and this community served by the hospital, must find the money. Dr. Temple, you are a very old member of this faculty.

DR. TEMPLE—There is no use in my speaking. I would only repeat what has been said by the majority in favor of parallel services.

DR. CHAMBERS—There are two arguments I would like to advance in favor of the multiple service. One is that by it you will get greater scope of initiative. The subject of medicine at the present time is not a simple science, it is a composite science, and a man may be well versed and make a good initiative in one department and not in another. For instance, in the study of metabolism a man may show good initiative, and