

than at present, and we can confidently depend upon the Ontario Medical Council keeping up the standard required to meet the exigencies of the time.

We can also trust the efficient staff of each of our medical colleges to make the clinical teaching keep pace with the large amount of work now required in the laboratory, so that our graduates may be as skilled in their observation of symptoms as they are in chemical and microscopic analysis.

We are glad to note the ever increasing number of our practitioners who are spending a greater or lesser amount of time in post-graduate work.

Has not the time arrived for the establishment of a post-graduate course in Toronto?

We have physicians as well instructed in scientific medicine, and surgeons who operate as skilfully as can be found anywhere. Our hospitals, too, have increased in number and importance, so that plenty of material could be at hand.

A staff formed by the union of our best men to give a post-graduate course could not fail to be of benefit to the Province, and afford opportunities of advanced study to many who could not, and to many who should not be allowed to go elsewhere.

We are glad to notice the increased number of hospitals throughout Ontario. It means a great deal to the afflicted, and particularly to those of limited means. It will give our local surgeons and practitioners a chance to do better work and to obtain vastly better results from the improved *regime* possible in a more general use of the hospital. We trust it will not be many years until every town in Ontario will have its hospital.

We congratulate Lady Minto on her success in the establishment of Cottage Hospitals, and feel sure she will be rewarded for her labors in this direction by the benefit obtained by those afflicted ones who will receive care and treatment therein.

In our city hospitals I would endorse what our immediate past president, Dr. Powell, proposed last year, that the term of the house surgeon should be extended to at least eighteen months and so arranged that only half the staff be relieved at one time, so that skilled and expert men may be always in attendance. In this way a new appointee would not occupy a responsible position until trained for it and a skilled anesthetist would always be available.

In Provincial legislation the only matter of special note is the regulation adopted by the Provincial Board of Health on February 12th last *re* scarlet fever. It has occasioned a great deal of adverse criticism and it is questionable if the order for removal to either isolation hospital or tent is practicable at all seasons of the year either in congested communities or rural districts, and unless the attending physician has some voice in the matter it is not likely this law will be productive of good.