

to Edinburgh, as compared with the small proportion to London, to the examinations in London, which were so complicated that the examiners even could not answer some of the questions. No honest, straightforward reading would ensure a student success; his only chance was that he might have the good luck to fluke through. Such a thing did not occur in the Edinburgh University. It was a good plan to have a resident physician in hospitals, but if kept for more than five years he became a nuisance. He should be a paid officer—not a member of the staff, and not under the control of the staff. As regarded the nursing, both day and night, in the wards of the London Hospital, which he controlled, it was as nearly perfect as he could expect to get in any institution. He was most strongly in favour of general hospitals with schools, as opposed to special hospitals, of which he had painful experience in regard to the conduct of those who officered them. He had no desire to cast reflections upon anybody, but his first objection was that they magnified the complaints with which they had to deal. If there were a hospital for the great toe, the discoveries of diseases connected with the great toe and the literature that would be published on the subject would be most appalling; but if this work were done in a special department of a general hospital you would have security for the trueness and thoroughness of it. He would except the Cancer Hospital and the Moorfields Hospital. He thought cases of consumption should either be treated in a special ward attached to a general hospital or scattered through the wards.