The adoption of a principle, nevertheless, which would place the education of medical students, especially in the clinical branches, exclusively or largely, in the hands of men deprived of the invaluable experience of consulting or private practice must be viewed with grave misgiving by those who appreciate the responsibilities placed upon those whose duty it is to minister to the sick, and who know the necessity for not only a *thorough,* but a *thoroughly practical training.*

The exclusion of men doing private work from clinical appointments, moreover, would appear a needless limitation of the power of our universities to select the most competent man, regardless of any arbitrary restriction of the field of choice; it would deprive those responsible for the treatment of private patients of important opportunities for keeping abreast with professional progress, and would tend to the development of a medical hierarchy, capable of maintaining their positions and status by controlling the facilities for advancement (provided at the public expense) instead of by the amount and character of work accomplished, under conditions wherein active competition is not only permitted, but encouraged as far as possible.

In advising against the adoption of this principle, the Royal Commission on Medical Education in London points out "the grave danger against which practice is the best protection, the danger of forgetting the individual in the interest aroused by his disease." The financial burden involved by the limitation of clinical teaching to a class devoting itself entirely to this and research, however, makes the proposition at present impracticable and therefore of only academic interest, except in institutions where money has been specially provided for the purpose.

A glance at the hospital field reveals a similar activity, aimed at bringing these institutions up to the requirements for modern clinical investigation, diagnosis and treatment. In no place has evolution along these lines, especially in the provision of excellent accommodation for both private and charity patients, been more active than in our own city, where we now have buildings which compare favorably with those of any great medical centre in the world. In America and Great Britain there has been a recognition of the necessity for radical changes in the organization of clinical departments in order to render effort more productive and to make provision for the practical application of recent scientific discoveries to diagnosis and treatment.

In some features of hospital work, we are still far behind the best continental institutions. This applies especially to the organization of self-contained and independent clinics, each with its own wards, doctors, nurses and servants; with its own theatres, library, laboratories and equipment. These distinctive features of the continental system, as contrasted with the British, comes naturally with the former from the