

#3.

ment, and I believe experience in other places in the past would indicate that this is not a good method.

(4) That the Director be placed on a definite salary and should devote his whole time during the teaching terms to the work of the Department and to such private patients as come to the hospital for his attention. The revenue from this private practice to go to the upkeep of the Department and not to the individual. In the vacation period, however, he might be allowed more latitude and such revenue might be given to him, but at no time should he be allowed to practise outside the hospital.

I would be in favour of plans (1) or (4). The salary to the Director (which I have stated in the accompanying table) should be for a practically whole-time position, and that at the end of four years the position should be re-viewed in the light of developments. Either it would continue as suggested or some arrangement like alternatives (2) or (3) might be established. I state a period of four years, because I am confident that it would take this length of time for the Department to be put on a firm basis and during this period it will need all the attention of the Director during the teaching terms without his being too much distracted by hospital private practice.

Foot-note B -

You will note that I have recommended 3 or 4 full-time assistants, salaries varying from \$1500 - 5000 each. It is very difficult to establish a hard and fast scheme of remuneration in such cases. The ideal to be attained is that there should be a progressive succession of those who are working in the Department so that it will become a constant feeding-ground