situation with a very deep and intelligent interest. We think the majority of physicians consider it unwise to endeavor to stuff a quart of material into a pint pot. Many of them also believe that our teachers should teach less in order that our learners may learn more. A certain proportion favor Fletcherization because of their belief that the intellectual pabulum given to our students should be properly digested and thoroughly assimilated.

By a process of evolution the general practitioner frequently develops into a specialist. We have also the ready-made specialist, to whom reference has previously been made. The relationship between the general practitioner and the specialist has been much discussed in the past. Dr. Matthew D. Mann, of Buffalo, read a paper last February on "Dichotomy" or "Dividing Professional Fees." It would appear from what he says that a large proportion of surgeons in the United States are in the habit of giving percentages or commissions to physicians who send them patients, without the knowledge of the latter. I hope it is not necessary to tell members of this Association that such conduct is undignified, unethical and dishonest. It is quite true that the division of fees between the general practitioner and the operating surgeon is frequently or perhaps generally unfair to the former. How can a more fair division be made? We are inclined to think the general practitioners must find that out for themselves. At the present time the relationship between general practitioners and specialists is being considered by a strong committee nominated by the Medical Society of the County of Erie, New York. We shall look forward to their report with much interest.

The general practitioner takes great interest in the work of the specialist. When he goes into a modern hospital theatre while a surgical operation is being performed he beholds something which fills him with wonder and admiration. He asks: "What are these which are arrayed in white robes? and whence came they?" The master of ceremonies answers: "These are they who have discovered something 'more rational' than antiseptic surgery as practised by Lister." The general practitioner does not object to a uniform. The surgeon may wear a nightcap, a mask, a nightgown, mittens and top boots in his well-equipped hospital with all sorts of new apparatus and laboratory appliances if he pleases. There is grave danger, however, that the undue exaltation of modern histrionics may overshadow the real essentials in connection with the prevention of sepsis. We want men of the Lister type to teach our students and practitioners. The wondrous charm of Lister's simplicity in his methods of teaching and operating is one of the most