

physicians who ignore these grievances; others who aggressively repudiate them. All professions have to deal with the man in their ranks who cannot or will not see further than his own nose, and who complacently pooh-pooh's the injustice his own pocket does not feel. No one ever yet discovered the faintest suspicion of his unselfishness, unless it was traced to feebleness of mind. The question has been asked, as to what extent the medical attendants of hospitals encourage these abuses. It does not seem charitable to argue that, directly or indirectly, they make, collaterally, a good thing out of it, and that their advantages in this direction are increased by securing for the institution a middle class, rather than the pauper. The fact that they get a large advertisement out of their connection is as patent as any fact can be; but to insinuate that this is the *raison d'être* of their eagerness for the appointments is probably as often untrue as true. At any rate, it is surprising how short-sighted these officials may become, and it is quite as surprising how the competitive fever has become contagious in hospitals. They must have patients; students must have hospital experience, but there may be too many hospitals just as there are too many physicians, and there is certainly too many of the class of patients who are well able to pay the minimum fees of the average physician, but who have got into the habit of humiliation by using the hospitals with the same freedom as the recognized poor. The habit has been permitted this class, and medical men themselves are to blame for it. Like lodge practice, physicians are alone to blame, and alone can find the remedy.

Apart from the open imposture upon regular practice and the generosity of subscribers, there is another phase of the subject, in which the general public share. "The open door" in the hospital service is a premium upon the pauperization of the undeserving class, i.e., the middle class, the servant-girl class, the better class of mechanics, and laboring men and women—and self-respect and independence are forever lost. The dead-beats of the hospital form a class of their own; people who would be ashamed to ask charity from the grocer or butcher, coolly *demand* it from the hospital, and no one knows where it will end unless it pauperizes the profession too. The maternity hospital was supposed to be designed to supply its service exclusively in-doors, but to-day it will send to the patient's own house, a doctor and a nurse, at a merely nominal cost, in cases of confinement, and it is well-known that women able to pay will avail themselves of hints they get from former patients, to secure this latest addition to the imposition upon the sphere of the regular practitioner.

In all this, dentistry has an object lesson. Infirmary dental practice in Canada has been placed under wise restrictions, but it is not complete. There are none of the direct and collateral