

The development and extension of Cottage Hospitals in very many of the cities and larger towns of Ontario is a movement in the right direction, and a natural outcome of the more complete and practical training which our students are now receiving. It has greatly increased the number of positions as house surgeon, now available, and these positions become year by year a more important factor in medical education. The status of the hospital interne in Ontario is a live subject, and, in order that it may be studied from a view-point new to most of us, I have asked a gentleman who is still a hospital resident, and who is filling his position with advantage to his hospital and credit to himself, to read a paper on the subject at this meeting. I hope that he will take up the appointment of graduates in medicine, who, on account of our fifth or so-called clinical year, are still without the license to practise, that he will discuss the relation of these gentlemen to the administration of anæsthetics, and, most important of all, that he will consider the advisability of the appointment of a certain proportion of the house surgeons of our larger institutions every six months, with a graded service of eighteen months, instead of our present unsatisfactory plan of appointing all together once a year, and for one year only. In a recent visit to some of the surgical centres of the neighboring Republic I was impressed by the fact that no surgeon whom I saw at work was doing better operative surgery than is being done here from day to day, but that the assistance given and the "team" work, if I may borrow a term from the campus, was far and away better than anything we see here. We have as good or better men to select from, but the present plans of appointment and terms of service do not give them half the chance they should have. Besides that, every operator is handicapped by having as his chief assistants men who have just been appointed, and by losing them when they are becoming trustworthy and helpful. A graded course, with responsibility increased as experience is gained, and with the men who are lazy or inefficient weeded out at the end of the first six months, would be better for the residents themselves, infinitely safer for the patients, and would help the surgeons who are operating to obtain the results they individually strive for. The first six months of such service would naturally be spent in performing the less responsible duties of the position, and during this time, in my opinion, the administration of anæsthetics should be placed in other hands.

In another respect we appear to be falling behind the procession. While here in Toronto as I know, and in Kingston and London as I fully believe, excellent teaching is given to undergraduates in medicine, we have so far failed to make adequate provision for post-graduate instructions. As a consequence, gentlemen desiring review courses have been