

ADVANTAGES TO PATIENT.

41. The advantages to the patient are obvious. The change would give to the patient the continuous services of the Chief Physician or Surgeon to whom his case had been assigned, and would avoid the transfer of his case on the expiration of the three months' term of duty at present prescribed.

42. It would give the patient the further advantage of the services of a recognized Assistant, working under, and in connection with the Chief, the attendance of which Assistant would be available in the occasional absence of, and also, on emergency or under special circumstances, in conjunction with the Chief. For example, it would be the duty of the Assistant Surgeon to assist the Chief at each operation.

43. The patient would gain also; because the system provides, as already shown, for the continuous training of Assistants ready and competent to take the place of Chiefs upon their retirement.

44. A further gain would follow from the fact that, the term of duty being continuous, the number of beds in charge of one Chief at one time, would of course be diminished, and thus more time would be available than at present for the discharge of the duty of the visiting Physician or Surgeon, on occasions when an accumulation of serious cases requires prolonged attention.

45. The Chiefs being responsible for the work and conduct of the Assistants, their appointment need not entail serious trouble to the Hospital authorities. Nor can any reasonable suggestion be made of injury to result to the patients from the adoption of the plan.

ADVANTAGES TO MEDICAL EDUCATION.

46. Turning to the advantages to Medical education, they would be very great.

47. The distinction as to the entire relief of Chiefs for a considerable period during summer has less application here; and obviously the Clinical teaching and ward work of the Assistants is required during the School Session.

48. The Assistants, as properly recognized officials, would thus take throughout the year Clinical and Tutorial ward classes of small numbers; dealing with the patients by the permission and under the responsibility of the Chiefs.

49. The increased number of instructors would thus, without increasing the number of examinations in any individual case, increase in a far greater degree the efficiency of the instruction.

50. The Assistants would, in case of the unavoidable absence of the Chiefs, hold the Chief's Clinics, thus insuring an uninterrupted course of study.

51. It has been further suggested that the Assistants might, to the advantage of all interests, with the consent and under the responsibility of the Chiefs be given charge of outpatients sent into the wards by themselves, and of a small number of beds; thus perfecting more rapidly their training in every capacity, and enabling them to give Clinics on their own patients, a matter very important, especially in Surgery. This course is, it is believed pursued in some of the great Hospitals.

52. The Assistants, who would in fact fill the place of the outdoor staff, would of course, take charge of the outdoor branch in all its departments as at present, assuming in addition the suggested duties.

GENERAL RESULT.

53. The general result aimed at is that the University Chairs, whose subjects are capable of Clinical illustration, should be represented on the Hospital Staff, and have each a certain number of assigned beds; that the representatives should hold their posts continuously through the year, and control the Medical or Surgical, as well as the Tutorial