

suggestions. It becomes the staff, therefore, to found their advice upon broad and public grounds.

It is no secret that the government have long been in some doubt as to whether the present system of attendance is that guaranteeing the greatest efficiency. The other possible systems are: 1st, The lengthening of the period of attendance by each physician and surgeon, or; 2nd, the appointment of a limited paid staff of one or two medical men, the junior resident medical staff being retained or not, according as it seemed expedient for the newly paid appointees, to reside within or outside of the hospital.

We have no hesitation in saying that under all the circumstances we believe the adoption of the last mentioned system, (*i. e.*, of a limited paid staff,) would be in the interests of neither the public nor the profession, and it would be inconsistent with and would altogether discourage, indeed paralyze, the development of our local medical school. It is the system of half a century ago in the case of big colonial towns, and of the present day in Great Britain for example, only in those provincial towns where it has been handed down with other old customs. This system will not be found in any British or Canadian Hospital that is associated with a medical school for which it is the means of bedside instruction to the students. It is the system still in vogue in the Hospital in St. John's, Newfoundland, and we were never led to suppose that there was much especially worth copying in that institution.

No analogy can be drawn between the Hospital and the Insane Asylum. In the Insane Asylum the resident medical staff give their whole attention to a special class of disease which neither they nor other medical men are called upon to treat outside of the institution, (with single and special exceptions.) On the other hand the staff of the Hospital meet with the class of cases precisely similar to those, to treat which is the duty and life work of every medical man.

Now, where culture, lay and medical, have most advanced, it is no longer doubted that it is in the interest of the non-hospital patronizing public that a proportion of well qualified medical men ambitious for the utmost practical familiarity with the characteristics and treatment of disease, best obtainable under the favorable circumstances of observation afforded by a hospital,—that a proportion of medical men we say—should have available to them such opportunities of observation as a hospital alone affords.

Such opportunities profited by re-act upon the public generally, because it is such men who do and who alone can materially further medical knowledge.

Furthermore, it is the men who are thus ambitious of profiting by these opportunities whose services are most valuable, not only to the outside public, but to the hospital patient. Of this enlightened view of medical hospital attendance, the hospital arrangements in Edinburgh, London, New York, and the continental medical centres bear ample testimony.

Such is the principle. We do not believe the government will wish to act in contravention of it. To do so would be a retrograde step. The one advantage to the government of being free from the task of balancing the majority and minority reports of a comparatively independent and not unanimous staff, will not of itself, we are sure, outweigh the strong reason against the adoption of the limited paid staff system.

The other system mentioned, (it does not exhaust the varieties of organization, since in many of the chief, including the chief, hospital of Great Britain, a multiple staff of physicians and surgeons are in continual attendance for a limited period of years,) is the lengthening of the period of attendance from three to six months, two physicians and two surgeons being in attendance contemporaneously, the number of cases being divided between the two physicians and two surgeons respectively, (*i. e.*, each physician attending half the medical cases, and each surgeon half the surgical.

It should be remembered that the highest motive inciting to the seeking after or the acceptance of a position on the staff of a hospital is the wish to profit by the opportunities of clinical study. We have no hesitation in saying that a man stimulated by such a motive morally has precedence over all others. The system best realizing the fulfilment of this motive is the best for the profession, provided the interests of the public are also served.

The subject, however, is now under the consideration of the hospital staff as to what course they shall recommend to the government. The matter, with others, has been forced upon the public, (unadvisedly and regrettably we think,) a limited number of which will take some interest in any measures that may be adopted. It will all the more therefore be well for the staff and the government to give the question mature consideration, so that the conclusion reached may be unquestionably wise, and right from the standpoint of enlightened public spirited men.