

clergymen, and even many physicians lend themselves to it, and recommend patients for admission on these terms who are quite able to pay, and who expect to pay their way in every other sphere of life. Not only is it quite clear to my mind that this is the chief source of hospital abuse, (I do not here refer to hospital out-patient departments), but it is equally clear that by a very little trouble on the part of the hospital boards, lay and professional, acting in co-operation, this abuse can be entirely removed without inflicting any hardship on anyone, and to the great benefit of all concerned. Briefly, the remedy which I have to propose is : A rearrangement of the terms of admission of the patients who are treated in the public wards, so that the present fifty cent per day class shall be abolished and instead, class (2) shall be obliged to pay the cost of maintenance, (say \$1.25 per day), and not necessarily, as heretofore, be exempted from paying for their medical and surgical treatment. Classes (1) and (3) would remain as at present, the hospital receiving such voluntary contributions from the patients of the first class as they are able or willing to give. The burden of proof as to financial condition I would put upon the patients themselves. I would fix a standard of income, whether from salary or otherwise, and in the case of property holders, a standard of assessed or assessable property which would be the dividing line between classes (1) and (2), and (2) and (3), and I would demand from applicants for admission, official certificates from the regular municipal officers of their towns or parishes, and not, as at present, be satisfied with vague general statements which prove nothing and which enable the unscrupulous to defraud the hospitals and the medical profession with the greatest ease. I am perfectly certain that such a plan must commend itself to every one, who looks into the matter, as simple and workable, and that it would meet with the hearty co-operation and support of the medical profession everywhere.

As for public hospitals maintaining a certain number of private wards, I contend that not only is it necessary in the interests of the public, that they should do so, but that the maintenance of such wards by constantly exposing the hospital service to the test of the experience of independent and intelligent people, (private ward patients and their friends), is the greatest possible safeguard against possible abuses to the charity patients. Furthermore it must be borne in mind that the changes which have taken place in the practice of medicine and surgery during the last quarter of a century, have completely revolutionized the relations of the public to the hospitals.

Twenty-five years ago, all except very poor were treated in their homes, their hotels, or their lodging houses. To-day, no physician or surgeon will dispute the fact that many surgical operations and many forms of medical treatment cannot be nearly so efficiently nor so satisfactorily carried out, even in the most comfortable and luxurious homes,