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THE PAUPERIZATION OF PATIENTS.

There is a coincident recoil all over the world of medical practice with reference to the abuse of hospitals. Hospital doors have become wider than church doors, and gross injustice is done the younger generations of medical men by the latitude extended to the increasing middle class of patients who have no claim in reason to sponge upon these institutions. The philanthropy of subscribers and medical attendants is so shamelessly imposed upon, that it has become absolutely necessary to return to the original design of providing such charities exclusively for the deserving poor. Of course we all understand that this may very justly embrace patients whom poverty has shadowed for the time being, and that even outdoor claims in these exceptional cases may demand the fullest That is not in question. It is notorious that there are well-to-do people mean enough to pass the door of the family physician, whom they are well able to pay, and while insulted with a suggestion of accepting the charity of a house of refuge, are not the least ashamed to enter the charity portals of an hospital. The result has been that an already over-crowded profession finds practice unjustly cut. The saying that the curate of the church was frequently the best educated pauper in the parish, is more likely to be applied to the struggling physician, whose education and equipment cost ten-fold that of the parson, and who has no exaggerated faith in the compensations of the next world, with which wealthy bishops may console the impecunious curate. In a recent editorial, the Dominion Medical Monthly handles this abuse in Canada without gloves, and echoes the complaint of most of its contemporaries not only in Canada, but in Great Britain and the United States. We imagine there are comfortably provided