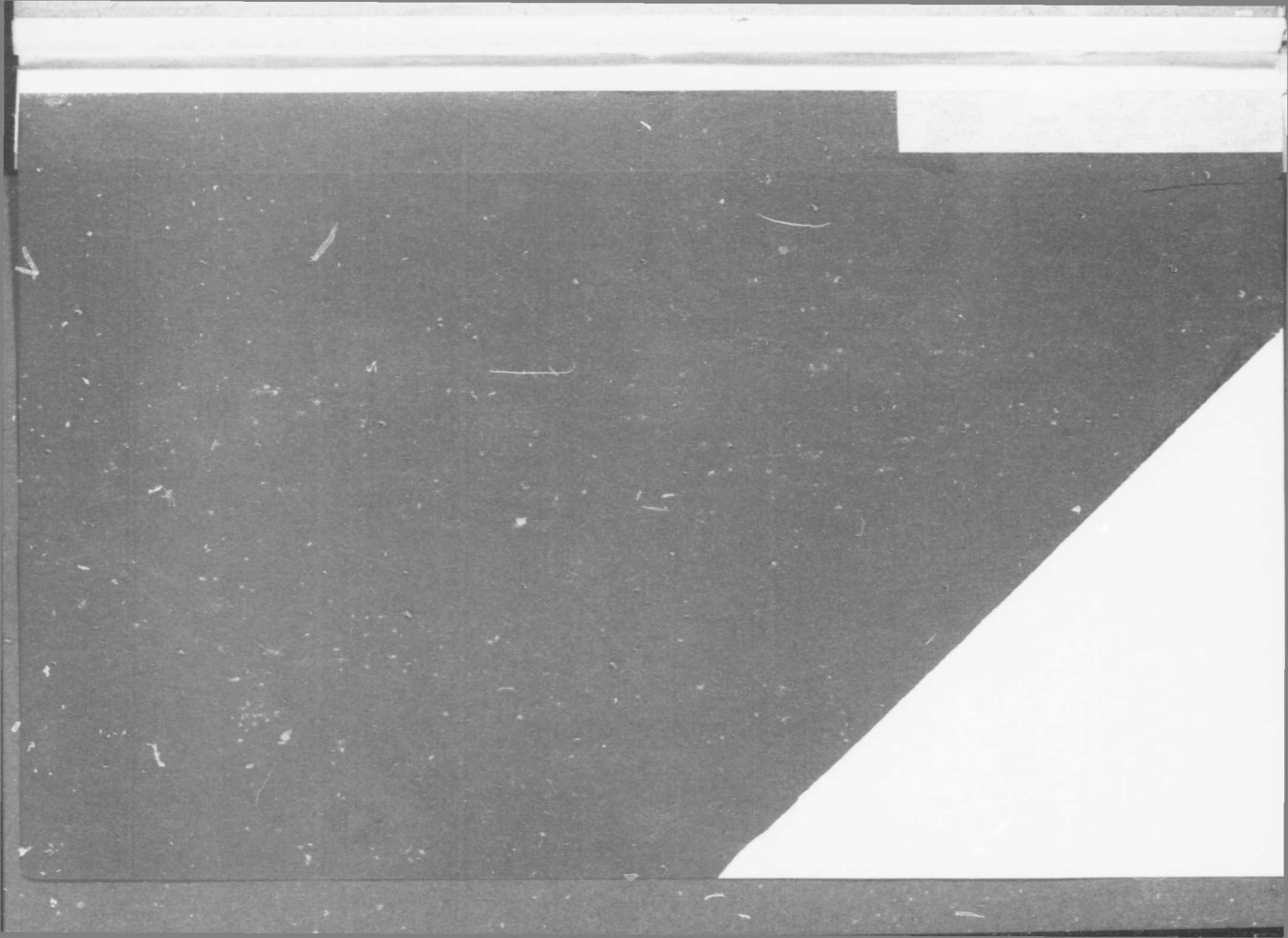
University of Toronto

FACULTY OF MEDICINE

MEMORIALS PRESENTED TO THE BOARD OF TRUSTEES OF THE TORONTO GENERAL HOSPITAL CONCERNING REORGANISATION OF THE STAFF OF THE HOSPITAL.

INCLUDING A COMPARATIVE STATEMENT OF HOSPITAL STATISTICS AND HOSPITAL REGULATIONS, COLLECTED FROM VARIOUS PARTS OF THE WORLD.

PRINTED AT THE UNIVERSITY PRESS
1906



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FACULTY OF MEDICINE.

The material contained in the following pages consists of certain communications which have recently been made to the Board of Trustees of the Toronto General Hospital. Copies of these have been circulated among the members of the Faculty of Medicine from time to time.

At a recent meeting of the Faculty the Secretary was instructed to collate these communications and have them printed along with the statistical records and the other data, received from British and American Hospitals, upon which the conclusions and recommendations in the various communications are based.

Hospital statistics and Hospital regulations together with the opinions of many prominent men engaged in active Hospital work in different parts of the world will be found in the Appendices.

A. PRIMROSE,
Secretary.

UNIVERSITY OF TORONTO,
July, 1906

CONTENTS.

LETTER FROM THE SECRETARY OF THE FACULTY OF MEDICINE OF THE UNIVERSITY OF TORONTO, FORWARDING COMPARATIVE STATEMENT OF STATISTICS AND REGULATIONS OF 24 BRITISH HOSPITALS AND 21 AMERICAN HOSPITALS.

University of Toronto.
FACULTY OF MEDICINE.

TORONTO, July 7th, 1904.

The Chairman,
Board of Trustees,
Toronto General Hospital.

Dear Sir:

I beg to enclose herein details of the information which I have received as the result of an enquiry made regarding the management of various hospitals. In all there were 24 British hospitals and 21 American hospitals, making a total of 45 important hospitals communicated with.

It has been impossible to submit this information at an earlier date; although the circular was issued in November last it is only quite recently that we have been able to secure answers from several of the hospitals.

You will find herein a blank copy of the circular which was issued, and the information obtained was tabulated under various headings. The information will be of value for comparison with the conditions which exist in the Toronto General Hospital. A few comparisons may be instituted under the following headings taken from the circular:

SIZE OF STAFF: In instituting comparisons regarding the size of staff, it is found that the number of medical men on the staff of the Toronto General Hospital is greatly in excess (in proportion to the number of beds) of that of any other hospital from which returns have been received. In fact there is only one hospital in which the returns give us as large a number of medical men on the hospital staff as there exists in the Toronto General Hospital. This one hospital is that of Cook County Hospital, Chicago, in which there are 166 medical practitioners on the staff, but Cook County Hospital is more than twice the size of Toronto General Hospital, there being 986 beds. In the Toronto General Hospital there are 101 medical practitioners on the staff. With the exception of Cook County Hospital the number of practitioners on the staff of the various hospitals is greatly less than that of the Toronto General Hospital. Take for example, Bellevue Hospital, New York, with 933 beds and an out-door attendance of 167,270; all this work is done by 79 practitioners as compared with 101 in the Toronto General Hospital with 407 beds and an out-door attendance of 12,000. The proportion obtain-

ing in Bellevue Hospital is very much that found in most of the American and British Hospitals. Take for example, University College Hospital, London, containing 191 beds and an out-door department of 163,996, we find only 31 medical practitioners on the staff. Numerous other comparisons may be instituted, but the details herewith speak for themselves.

DETAILS OF THE STAFF GROUPED UNDER SPECIAL HEADINGS (see circular): On instituting comparisons here it is found that the large size of the staff of the Toronto General Hospital is mainly accounted for by the number of Junior appointments, chiefly as Anaesthetists and Registrars. In addition to this there are a large number of Pathologists. Thus it is found that whilst in a large number of the hospitals there is an official anaesthetist, in none of the hospitals, as far as we have been able to determine, are there more than two anaesthetists. In the Toronto General Hospital we find that there are 7 Anaesthetists, and 16 names grouped under the heading of "Registrars and Assistant Anaesthetists."*

AS TO PATHOLOGISTS: We find that there is an official pathologist in nearly all the hospitals, and occasionally he has an assistant. Whilst, however, there may be two, and not more than two in the various hospitals from whom enquiries have been made, we find that in the Toronto General Hospital there are six pathologists.

METHOD OF ALLOTTING BEDS: It would appear that in most hospitals beds are assigned to members of the staff. A definite number is thus allotted to each individual surgeon or physician. It would appear also that these members of the staff may, if they choose, allow their assistants to have the use of certain of these beds by courtesy. This seems to be the general rule. Further details, however, are found in the tabulated statement.

OUT-DOOR DEPARTMENT: The out-door department is officered in most institutions by men specially appointed to the "out-door staff."

ANAESTHETIST: In most of the hospitals you will find that there is an official anaesthetist who is a paid member of the staff, and in not a few instances he has an assistant.

PATHOLOGICAL DEPARTMENT: A similar remark may be made regarding the pathologist, and in the tabulated statement you will find a considerable amount of information regarding the method of obtaining autopsies and the conditions under which they are carried out.

HOUSE STAFF: Under this heading we have found that in most hospitals very definite regulations are drawn up for the guidance of the house staff, and certain facts are stated in the tabulated statement, but in addition to this

* Since this letter was written various changes have been made in the staff of the Toronto General Hospital as regards Registrars, Anaesthetists and Pathologists, so that the number of these officials at present and the regulations governing them in the discharge of their duties are very similar to those existing in the majority of British and American Hospitals.—A.P.

a good deal of information has been obtained from various circulars which have been sent embodying the printed regulations of the various hospitals.

REGISTRARS: In most of the hospitals there are official registrars; in the majority of instances only two. A departure from this rule is found in Guy's hospital, London (600 beds), in which there are five registrars, one for each department (*i.e.*, Medicine, Surgery, Obstetrics, Ophthalmology, etc.). Another departure from this rule is in the case of the Childrens' hospital, Philadelphia, with 125 beds, where 11 registrars are reported. This obviously is a mistake because the total number of practitioners on the staff is 11, and therefore this hospital may be entirely overlooked in the comparative statement regarding the registrars.*

I may state that in addition to the circular issued I asked for reports of the various hospitals and have obtained a large amount of printed matter giving the annual reports and the regulations in detail. These are available at any time for the purposes of your board.

I am, yours faithfully,

(Signed) A. PRIMROSE,
Secretary.

* It would appear that the meaning of the return in the case of the Children's Hospital of Philadelphia is that each member of the active staff acts as his own Registrar and there is in reality no special appointment as Registrar.—A.P.

FORM OF CIRCULAR ISSUED BY THE SECRETARY OF THE FACULTY OF MEDICINE TO ALL IMPORTANT BRITISH AND AMERICAN HOSPITALS.

University of Toronto.

FACULTY OF MEDICINE.

TORONTO, November 20th, 1903.

Information regarding hospital facilities afforded for clinical teaching in _____ Hospital.

SIZE OF HOSPITAL:—Number of beds:———. Number of outdoor attendances in each year:———.

SIZE OF STAFF:—Total number of medical practitioners on the staff of the hospital:———.

HOW WOULD THESE BE GROUPED UNDER THE FOLLOWING HEADS?—1st. Number of full physicians:———. 2nd. Number of full surgeons:———. 3rd. Number of gynæcologists:———. 4th. Number of obstetricians:———. 5th. Number of specialists in eye and ear, etc.:———. 6th. Number of assistant physicians:———. 7th. Number of assistant surgeons:———. 8th. Other assistants:———. 9th. House surgeons and house physicians:———.

SIZE OF SERVICE:—Number of beds under each full physician:———. Number of beds under each full surgeon:———. Number of beds under each gynæcologist:———. Number of beds under each obstetrician:———.

METHOD OF ALLOTTING BEDS:—Are the assistant physicians and assistant surgeons permitted to have patients in the hospital, either private or public ward?———. Are any other members of the staff permitted to treat patients in the public wards?———. Are regular practitioners not connected with the hospital permitted to treat patients in the public wards, or in the private wards?———. Are all the patients in public wards available for clinical instruction?———.

OUT-DOOR DEPARTMENT:—What members of the staff attend in the out-door department?———. What is the average amount of time devoted by each member of the staff to the out-door department?———.

ANAESTHETIST:—Is there an official anaesthetist?———. Is he a paid official?———. In the absence of such an official how is the administration of an anaesthetic provided for?———.

PATHOLOGICAL DEPARTMENT :—Is there an official pathologist ?———. Is he a paid official ?——. For what term of service is he appointed ?———. How many autopsies are performed yearly ?———. What percentage of patients dying in the hospital are subjected to post-mortem examination ?———. Is it necessary to obtain permission of relatives before performing the autopsy ?———. If permission is necessary what means are taken to obtain it ?———. What are your facilities for conducting post-mortem examinations ? ———. Does the pathologist sign the death certificate ?———.

HOUSE STAFF :—How many house physicians are on duty in the hospital ?——. How many house surgeons are on duty in the hospital ?———. Are all members of the house staff appointed at the same time ?———. What is the method of appointment ?——— . Are any definite rules drawn up indicating the duties of the house staff ?———. Are any fees paid to the members of the house staff, either by the hospital authorities or by members of the visiting staff ?———. Are the house surgeons responsible for the clinical records ?———.

REGISTRARS :—Are there Registrars appointed on the staff of the hospital ? ———. If so, how many appointments are made ?———. What are the duties of the Registrars ?———.

Please return to A. Primrose, M.B., Secretary, Faculty of Medicine, University of Toronto, Toronto, Canada.

COMMUNICATIONS FROM THE FULL STAFF OF THE TORONTO GENERAL HOSPITAL CONCERNING REORGANIZATION.

TORONTO, January 31st, 1906.

The Chairman,
Board of Trustees,
Toronto General Hospital,
Toronto.

Dear Sir,—

At a meeting of the Active Staff of the Toronto General Hospital the following resolutions were unanimously adopted and recommended to be forwarded as suggestions for the Board of Trustees :

1. It is recommended that members of the Staff of the Toronto General Hospital be not permitted to belong to the Active Staff of any other General Hospital, it being specially understood that Special Hospitals be not included in this veto. The Staff further suggest that those members of the Toronto General Hospital who are required, by such regulations, to retire from the Active Staffs of other General Hospitals be permitted to accept positions upon the Consulting Staff of the Hospitals from which they retire.
2. The Staff recommend that an age and length of service limit to Senior Appointments be adopted.
3. It is recommended that the Senior Physicians and Senior Surgeons should on the first day of June in each year, relinquish their duties in connection with their attendance upon patients whom they have received in rotation in the public wards, and that in each case the assistant physician or assistant surgeon should come on duty and that such assistants should receive and take charge of rotation cases until the first day of September in each year or for a longer period if any senior physician or surgeon should so desire. Further, if the senior physician or surgeon is unable to perform his hospital duties during any season of the year, his work in his absence will be performed by his assistant.
4. It is recommended that the new Out-door Department, provided for by the Cawthra Mulock donation be proceeded with as early as possible. This recommendation is made because it is believed that the Department in question might be built and equipped, and in running order, long before the new Hospital is completed.
5. It is suggested that the attention of the Board of Trustees be called to the urgent need of the strict enforcement of the rules limiting to persons who really deserve charity admission to our Public Wards. Hitherto certain patients have been admitted to the Public Wards, have received free treatment at the hands of the Staff and maintenance either wholly or partially provided in the Hospital. This is manifestly unjust to the Hospital, the Government and the Staff.

6. It is recommended that arrangements should be made so that all patients in Public Wards should be available for Clinical purposes.

7. In the event of private or semi-private ward patients being allotted to members of the Staff in rotation, it is suggested that the Hospital authorities take some steps to insure that the members of the Staff in attendance upon such patients should have their interests safeguarded. In certain cases patients have believed that their hospital fees cover the charge for professional attendance, and, if nothing more were done, it would be advantageous if the Hospital authorities would inform such patients that they are expected to pay the fees of their Medical attendant.

8. It is recommended that, as early as possible suitable accommodation be provided for the care and treatment of patients suffering from Delirium Tremens. At present there is no Hospital in the city with suitable wards for such patients and very often the need for such is most urgent.

9. Re Medical Board—It is recommended :

   (*a*) That there shall be a Medical Board.

   (*b*) That the Medical Board shall be constituted from the Hospital Staff ; that it shall consist of each physician and his assistant physician ; each surgeon and his assistant surgeon ; the head of each special department and his assistant. The Medical Board shall have power to make rules and regulations respecting all persons, matters and things connected with the medical and nursing department of the hospital, subject to the approval of the Board of Trustees.

   (*c*) That it is desirable that the above recommendations be inserted in the Bill, regarding the new hospital, that is about to be passed by the present Session of the Ontario Legis'ature.

D. McGILLIVRAY,
Secretary.

COMMUNICATION FROM THE STAFF OF PHYSICIANS OF THE TORONTO GENERAL HOSPITAL CONCERNING RE-ORGANIZATION.

At a meeting of the Staff (Physicians) of the Toronto General Hospital, held on the 4th of January, 1906, a committee was appointed for the purpose of procuring information from various sources which would be of service in advising the Board of Trustees as to the proper lines to be followed in the re-organization of the Medical Staff of the Toronto General Hospital.

With a view of obtaining opinions of those whose experience enables them to advise, not only with authority but from an outside rather than a local view-point, the committee in pursuance of its duty submitted a list of questions to leading authorities in Great Britain, the United States and Canada, hoping that the elimination of local or personal considerations, which might tend to obscure the opinions of those close at hand, would make more possible the formulation of a broad plan for the establishment of a great hospital in a university centre.

Recognizing also the importance of profiting by the experience of institutions that stand in the forefront of medical progress, a list of questions was submitted to leading hospitals in order to ascertain certain details of their organization.

The answers which have been received from these sources have been tabulated and submitted for your consideration.

At an adjourned meeting held on the 3rd of March, 1906, the committee was further instructed to bring in a report based on the information thus received and to make recommendations for the consideration of the Medical Staff in connection with the proposed re-organization of the hospital.

In the organization of a hospital along advanced scientific lines, there are three principal objects which must be kept in view:

1. The best possible treatment of the patients.
2. The most approved training of medical students.
3. The fullest development, consistent with the primary object, of scientific and clinical research by the Members of the Staff as a contribution to the sum total of medical knowledge.

It has been found that these objects are to be obtained only by the most efficient organization, and the recommendations which the committee submit are based upon the rules and methods in vogue in those institutions which occupy foremost positions among the hospitals of the world.

In the opinion of the committee, it can be fairly asserted that in the past, the first of these objects has been realized in a manner to compare favorably with the results obtained in the best hospitals elsewhere, and that in this regard the Toronto General Hospital has reason to be proud of its record.

While laboring under many disadvantages incident to poor organization, lack of sufficient financial support, deficiency of equipment and proper hospital facilities, it can equally be shown that the training of our medical

under-graduates has fitted them to undertake the responsibilities of their profession in hospital, laboratory and private practice, on equal footing with the students of the best institutions in other centres. The positions obtained by many of our graduates in the field of scientific medicine in various parts of the world, in itself, bears testimony to the truth of this statement.

From essential defects in organization, however, owing chiefly to the existence of more than one medical school, and the consequent division of the clinical material of the hospital among incoordinated groups of teachers, ununited by common interests or ideals, the prosecution of systematic scientific work and clinical research has heretofore been impossible in the Toronto General Hospital. The results along these lines have consequently been disappointing and not at all commensurate with the capabilities of the profession of the city nor with the importance of Toronto as a university centre.

Now that these divisions have disappeared and the units have become merged into one of the largest medical schools in the world, difficulties formerly insurmountable no longer exist, and with the assistance and encouragement of the Hospital Board, and the united interest and support of the Legislative Assembly, the City, the University, the Press and the general public, the profession look forward with confidence to a brighter era in the history of scientific medicine in this City and Province.

It seems at this time only just and right that we, the Medical Staff of the Hospital, should pay our tribute of respect to those whose efforts have contributed to bring about this better order of things and, following the example they have set and sacrificing personal interests, if need be, unite in rendering the fullest assistance and support to the Board in establishing the Toronto General Hospital on the broadest scientific basis.

Effects are not obtained without causes, and only by securing the conditions that have made the prosecution of scientific work successful in other places can correspondingly satisfactory results be hoped for here.

Your committee, therefore, begs leave respectfully but in the most emphatic way to urge that a poor organization will paralyze the efforts of the most efficient staff, and if the objects mentioned are to be realized, the proper conditions must obtain. No amount of individual enthusiasm or effort can compensate for a bad system or secure good results from it.

The committee recommend that in the proposed re-organization of the Staff, the Board should consider the matter purely from the view-point of the objects of the hospital before mentioned and of the university, and that the interests of the two institutions should be co-ordinated as far as possible, all other interests being considered as of secondary importance.

We therefore beg leave to submit the following recommendations:

1. That in the administration of the affairs of the hospital every endeavour be made to safeguard and promote the educational interests and clinical facilities of the University Medical Faculty.

2. That the Board consider all positions on the Medical Staff vacant and proceed to the organization of the various services on as ideal lines as

possible, having regard only to the efficiency of the hospital and to the attainments of the objects before mentioned.

3. That the present Medical Staff, submerging all personal interests, assure the Board of their fullest co-operation and active assistance in establishing the hospital on the most approved scientific basis.

4. That a Medical Board, consisting of the chiefs and assistants of all the departments, be appointed, and that this body be held responsible for the advising of the Board upon all matters relating to appointments, and to the more purely professional matters of the hospital.

5. That vacancies and positions on the Staff be thrown open to the whole medical profession and all applications be considered on equal terms.

6. That applicants may submit their credentials to the Board, and that appointments be made purely on a basis of merit, and of fitness for the position sought.

7. That in making appointments the Board regard especially the previous training and record of the applicant, his scientific attainments, his teaching capacity, and the promise he gives of future work.

8. That each medical service consist of at least fifty patients under the control of a physician-in-chief, who shall be directly responsible to the Board.

On the basis of the present number of medical beds, two physicians-in-chief of equal rank should be appointed in charge of the medical service. That each physician-in-chief have attached to his service an assistant physician, whose duty it shall be to render such assistance to his superior as is necessary for the proper management and control of the interne service and to take charge of the service in the absence of the physician-in-chief.

9. That in view of the large amount of time which will be required of the assistant physicians, they be paid an honorarium of at least $1,000 a year on condition of their devoting a definite time daily to their hospital duties.

10. That the out-patient department be under the general supervision of the physicians-in-chief and the assistant physicians, the work being under the immediate direction of three out-patient physicians each attending twice weekly.

11. That as many other clinical assistants be attached to the medical services as may be required for the proper performance of the work connected therewith.

12. That teachers appointed by the university who are not members of the hospital staff be accorded such facilities of the hospital as are necessary for the purposes of clinical teaching and research, and that others may at the discretion of the physicians-in-chief be attached to the services for the purposes of clinical study and research.

13. That the physicians-in-chief be required to devote their time entirely to teaching and consultation work and the care of their wards.

14. That Members of the Staff shall make their visits to the hospital at

stated hours and devote such time to the duties connected with their positions as is necessary for the proper study, management and records of the patients.

15. That Members of the Staff be not allowed to serve on the Staff of another General Hospital.

16. That for senior members of the Active Medical Staff an age limit of sixty years be fixed, and a service limit of ten years with the privilege of a further appointment (under exceptional circumstances), for a period of not more than five years.

17. That in completion of their term of service on the Active Staff, physicians be placed on the Consulting Staff of the Hospital.

18. That the heads of the various services be held responsible for the accuracy and completeness of the clinical records, and that the Medical Superintendent of the Hospital be the custodian of the same.

19. That there shall be a medical registrar whose duty it shall be to properly index and file the records, compile statistics and submit a yearly report of the cases in the hospital.

20. That a sufficient amount of clerical assistance be furnished the clinicians to enable them to keep the records in proper condition and that for this purpose at least one stenographer be employed for the medical services.

21. That the services of competent artists, photographers and other extra-professional assistants be obtained for properly carrying out the hospital work.

22. That at least $10,000 be appropriated annually by the Board for the maintenance of the scientific departments of the hospital.

23. That this appropriation provide for the services of a pathologist and assistants, a pathological chemist and other laboratory assistants and servants, and that these be provided with requisite facilities and supplies as furnished in similar institutions elsewhere.

24. That for the present Dermatology and Neurology be sub-departments of the Department of Medicine.

25. That the members of the general profession have full and unrestricted privileges of the semi-private and private wards, subject to the regulations of the hospital, and that the courtesy of visiting their patients in the public wards be extended to them, this privilege not to include the right of undertaking the treatment of patients in public wards.

26. That steps be taken to establish a good working library and journal room in connection with the hospital.

ADDENDUM.

HEREIN THE COMMITTEE DESIRE TO SET FORTH THE CONSIDERATIONS THAT HAVE ESPECIALLY APPEALED TO THEM IN DETERMINING THE RECOMMENDATIONS MADE.

I. It is recommended that the Members of the Staff resign, in order that the Board may have a perfectly free hand, unembarrassed by previous conditions to organize on the most approved lines and select the most efficient staff. An opportunity such as this, allowed the Trustees of the Johns Hopkins Hospital to organize and select a staff, which in a few years placed that institution in the front rank for teaching, and clinical and scientific research.

Dr. Osler says "The first thing necessary is the passing of a self-denying ordinance on the part of the profession of the city."

II. The contributions to the hospital scheme by the Province, the City and the University, places the Toronto General Hospital on a different footing from that of a local or private charity. It has therefore, with reason, been contended that all members of the profession should be accorded equal rights and privileges in connection with such an institution. To concede the right to every practitioner to treat patients in the public wards would be to grant privileges not allowed in any properly organized hospital and would with certainty defeat the objects in view in the establishment of a modern hospital in Toronto.

By the resignation of the staff and the opening of appointments on equal terms, purely on a basis of merit and to every practitioner in the city and province, the best staff can be chosen, the rights of the whole profession recognized and the interests of the hospital conserved.

III. In recommending two physicians-in-chief, or one to every fifty patients, the committee were influenced by the following reasons :

(*a*) This is about the average number of patients allotted to each physician-in-chief in the various hospitals communicated with. (See answers to question I. and II., Appendix II).

(*b*) Dr. Osler says "In a hospital of 400 beds, there should be two medical services of 90 beds each or three of 60.

(*c*) As the policy of confining a physician to one general hospital has been recommended, it is necessary that he should be supplied with a sufficient amount of clinical material.

(*d*) If the physicians-in-chief are to be purely consultants, the number of services must be limited, as the city of Toronto is not large enough to support more than two medical consultants in connection with the General Hospital.

IV. In recommending that the physicians-in-chief be limited to teaching and consultation work, the following reasons may be adduced :

(*a*) This is the custom which obtains in the foremost hospitals in other parts of the world.

(*b*) Dr. Osler, who is conversant with our local conditions, recommends that they be so limited.

(*c*) It is practically impossible for physicians in general practice to devote the time and attention requisite for the proper performance of the onerous duties of such a position, and to prosecute and direct the clinical and scientific research and publication expected of the occupants of these positions.

(*d*) It would greatly minimize or practically remove the objections on the part of the general profession, to competing practitioners being placed by the hospital in control of the class of patients which, while not paupers, are unable to pay in full their expense to the hospital.

(*e*) We believe it would tend to the ultimate advantage of the hospital, the university, the public and the medical profession in general.

V. That members of the staff should visit the hospital at stated hours seems necessary for the proper administration of the hospital work.

(*a*) By this means only will the resident and externe physicians, nurses, students and others be able to systematize and arrange their hospital work.

(*b*) It will tend to the least loss of time and disarrangement of the work of all connected with the services, by allowing everything being in readiness for the physicians' visit.

(*c*) By the adoption of such a plan only will it be possible for the resident staff and others to have certain hours set apart for the study and research, without interruption by the physicians' visits.

(*d*) Dr. Osler says "The physicians should not only make their visits at stated hours but *stay* certain hours."

VI. An age and service limit have been adopted by many of the leading hospitals. By such an arrangement provision is made for men to be given an opportunity for active hospital work during their years of greatest energy and enthusiasm. By being relieved of his active duties at 60 years of age, time is allowed the physician to be devoted to collecting and publishing from the data accumulated during his period of active service. Moreover, the knowledge on the part of the physician, that his period as head of the service is limited, will be a stimulus to more strenuous effort to accomplish all that is possible within that time.

VII. The committee, recognizing the essential importance of full and accurate clinical records, not only in connection with the proper treatment of the patients, but for the purposes of clinical study, research and publication, believe that the heads of the services should be made responsible to the Board and the Medical Staff for the character of the same. The preparation of proper clinical records requires the highest degree of skill and knowledge, for which the services of externe and interne assistants and clerks are available only to record data dictated by the clinician or obtained under his immediate direction. These data being the record of the clinical and scientific

research of the hospital reflect in the fullest measure, the character of the work, and serve as the best available index to the efficiency of the services performed by the members of the staff. Their accuracy and completeness will test the efficiency and smoothness of the whole hospital machine, organization, coordination of departments, equipment, clinical skill and scientific attainment of the medical staff, faithfulness to duty and harmony of work, for in so far as any of these are deficient, the result will be reflected in the character of the records. On these alone future reports and publications, and consequently the scientific status of the hospital depends. By indicating the character of the work performed by the various members of the staff, they furnish valuable documentary evidence of the claims of such for promotion.

These records in a few years should represent a collection of reliable data, from which material could be obtained for the publication of reports, a journal, treatises on various subjects, textbooks, etc., and thus there would be placed before the profession opportunities for the prosecution of medical research hitherto unavailable in Toronto. Access to such material for purposes of research and study on the part of younger men, would keep them busy improving themselves, and consequently contented in the leisure hours of early practice, and would furnish an outlet for restless energy, beneficial alike to the hospital, the individual, the profession and the interests of scientific medicine.

With reference to the importance of clinical records, we would refer you to the opinions of Drs. Osler, Byrom Bramwell, Stockton, Barker, Dock and others in the answer to question 6, Appendix III.

VIII. Clerical assistance for the proper compiling and typewriting these records is now furnished by some of the best hospitals and is especially recommended by Drs. Osler and Barker.

IX. For the best results in hospital work, well equipped pathological and clinical laboratories, manned by a sufficient number of competent workers, are essential. The maintenance of these laboratories of the best type, costs $10,000 to $15,000 annually. See answers to Question 12, Appendix III.

X. The services of a competent artist, photographers, etc., have proved of great advantage in those institutions where proper records are kept and publications made.

All of which is respectfully submitted.

(Signed) JOHN L. DAVISON,
Chairman.

COMMUNICATION FROM THE STAFF OF SURGEONS AND FROM THE STAFF OF SPECIALISTS OF THE TORONTO GENERAL HOSPITAL CONCERNING RE-ORGANIZATION.

TORONTO, July 4th, 1906.

The Chairman,
Board of Trustees,
Toronto General Hospital.

Dear Sir,

You will recall that on a suggestion made by yourself, a meeting of the Physicians and also one of the Surgeons connected with this hospital was convened last winter. Each of these bodies adopted certain resolutions bearing upon points in which your Board and the Staff were jointly interested.

At several meetings of the full Staff held subsequently these resolutions were given careful consideration and after being amended they were laid before your Board.

At the last of these meetings, *viz.*, the one held January 31st, 1906, a sub-committee was authorized to obtain from other hospitals certain data with regard to regulations in force. It did so and reported to the Medical Section by which the report was amended and sent on to the Board.

The Surgeons and members of special departments desire also to be heard in regard to hospital re-organization and submit for your consideration a number of resolutions upon which they are in agreement.

Yours respectfully,

(Signed) F. LEM. GRASETT,
Chairman.

(Signed) N. A. POWELL,
Secretary.

The Report is as follows:

TORONTO, June 28th, 1906.

1. We reaffirm the report, adopted and recommended by a meeting of the full Staff held January 31st, 1906, concerning the limitation of all appointments, other than those upon the Consulting Staff, to men who are attached to one general hospital only.

2. Regarding the question of appointments and promotions, in our opinion where merit is equal, seniority on the staff of this hospital should decide between candidates.

3. It is advised, since the question of hospital appointments is of such vital importance both to the Faculty of Medicine and to the Hospital, that the Hospital and University authorities should act in harmony in the making of all hospital appointments.

4. We recommend that there be three surgical services each to consist of :

(*a*) a full surgeon ;

(*b*) an assistant-surgeon ;

(*c*) one or two out-patient surgeons.

One house-surgeon to be attached to each service.

We advise that there be no salary in connection with any of these positions.

In the special departments our recommendation is as follows :

Obstetrics :

one senior surgeon ;

one associate surgeon ;

—— assistants.

Gynaecology :

one senior surgeon ;

one associate surgeon ;

—— assistants.

Ophthalmology and Otology :

one senior surgeon ;

three associate surgeons ;

—— assistants.

Laryngology and Rhinology :

one senior surgeon ;

one associate surgeon ;

—— assistants.

The seniors and associates to take the service from September 1st to May 31st and their assistants from June 1st to August 31st, in addition to such other duty as may be required by the seniors or associates.

All assistants should be under the control of the seniors.

Excepting in the department of obstetrics the seniors and associates must not engage in general practice.

5. In our opinion notice should be given that after five years from this date all full surgeons shall be required to restrict their professional work to surgical practice.

If any appointment is made to the position of full surgeon, subsequent to the next reorganization of the staff, the person so appointed shall be required immediately to limit his practice to surgery.

This rule, changed as may be required, should apply to the department of gynaecology also.

6. It is advised that the records and reports of all surgical cases be taken by the house surgeons, under the direction of a paid resident senior house surgeon or registrar to whom might also be assigned the care of emergency cases in the absence of the surgeon on duty.

Before being placed on file all histories should be initialed by the attending surgeon, in whose service the patient has been admitted.

7. It is desirable that the out-door and the in-door services should be brought into much closer association.

8. It is recommended that members of the surgical staff and of the special departments attend the hospital at stated hours.

9. We reaffirm the statement of the full Staff regarding the appointment of a Medical Board. The associates in the special departments as well as the assistant physicians and surgeons, should be members of this Board.

10. We recommend as essential a fully equipped and efficient X-Ray and Electro-Therapeutic Department under expert management.

11. We endorse the view already expressed by the full Staff that there should be an age and a service limit in connection with all senior hospital positions.

12. It is recommended that the senior surgeons should on the first day of June in each year relinquish their duties in connection with attendance upon patients whom they have received in rotation in the public wards and that the assistant surgeons should come on duty and receive and take charge of all rotation cases until the last day of August in each year or for such further time as the senior on any service may desire.

Further, if the senior surgeon in any service should be unable, from absence or other cause, to perform his hospital duties during any other part or parts of the year, such duties shall be undertaken and carried on by the assistant surgeon in his service.

All of which is respectfully submitted.

APPENDIX NO. I.

COMPARATIVE STATEMENT OF THE STATISTICS AND REGULATIONS OF 24 BRITISH HOSPITALS AND 21 AMERICAN HOSPITALS.

COLLATED BY THE SECRETARY OF THE FACULTY OF MEDICINE OF THE UNIVERSITY OF TORONTO IN 1904.

HOSPITAL

Name of City and Hospital.	SIZE OF HOSPITAL. No. of Beds.	No. of Out-Door Attendances in each year.	Total.	SIZE OF STAFF. Phys.	Surgs.	Gyns.	Obstets.
BIRMINGHAM							
General Hospital	346	Not kept, admissions 62,519	10 (Hon. Officers only)	4	4	2 (1 Hon. and 1 Assistant)	
LONDON							
Guy's Hospital	600	116,900	14	4	4	3 Gyns. and Obstets.	
St. George's Hospital	351	98,775 in 1902	33	4	4	2	
Middlesex Hospital	341	102,066 in 1902	20	3	3	1	2
Charing Cross Hospital	150	18,073 in 1902	38	4	3	2	
St. Thomas's Hospital	586	67,409 separate Out-Patients. 162,544 attendances	59	4	4		2
University College Hospital	Now being rebuilt and enlarged, and when building is completed will have 300 beds (191 now)	163,996	31	4	5		2
Children's Hospital	250	110,000	18	4	3		
St. Bartholomew's Hospital	670	130,000	About 55	5	5	1 In, and 1 Out	
Westminster Hospital	213	23,270 Patients	36	3	3		2
King's College Hospital	220	20,000 New cases	23	4	3	3 Gyns. and Obstets.	
St. Mary's Hospital	281	118,000	20	3	3	2	
London Hospital	800	493,346 in 1903	49	7	6	2	
GLASGOW							
Children's Hospital	102	32,246	Hospital 12 Out-Patient Dept. 23	2	2		
Royal Infirmary	588, with Eye Dept. 618	77,805	60	5	7	2	
Western Seminary	416	Patients 19,902 Visits 84,713	48	4	5	2	
Victoria Hospital	175	12,130		2	2	1 Dispensary	

STATISTICS.

SIZE OF STAFF.					SIZE OF SERVICE.			
					Number of beds under each			
Eye and Ear Specialists.	Assist. Phys.	Assist. Surgs.	Other Assists.	House Surgs. and Phys.	Phys.	Surg.	Gyn.	Obstet.
2	2	2	6	9	30	47	12	(Included in Gyn.)
3	4	4	4	21	26 M. 22 F.	18 M. 21 F.	8	24
3	3	3	4	11	29	43	19	Ophthal Surgs. 18
5	4	3	8	10	40	50		18
8	4	3	9	7	19	22	10	
10	4	8	13	24	25	49	7	(See Gyn.)
3	3	1	4	9	17	24		14
1 Eye Surgeon	5	3	6	5	21 to 24	21 to 26		
2 Eye, 1 Ear 1 Skin, 1 Aural 1 Orthopedic 4 Dental and 2 Electrical	5	5		23	Average 46	67	32	Ophthal. Surgs. 18
6	4	3	8	7	About 34	34		11
2 Each	3	3		2 H. S., 2 H. P. 2 Accoucheurs	26 to 12	30	12	None
6	3	3	1 Elec. Ther. Officer 1 Med. Reg. 1 Surg. Reg. 1 Casualty Phys.	9	37	42	12	
7	4	4	11	19	About 50	50		20
2				2	19	19		
8 (With Throat, Skin and Teeth)	6	6	12	14	36 to 51	36 to 63	14	
1 Nose and Throat 1 Ear	4	5	16	11	18 to 40	28 to 52	12 to 14	
1 Skin, 1 Eye 1 Throat and Nose and Ear	2	2	10	4 (2 each)	40	40		
				27				

HOSPITAL STATISTICS.

Name of City and Hospital.	SIZE OF HOSPITAL. No. of Beds.	No. of Out-Door Attendances in each year.	SIZE OF STAFF. Total.	Phys.	Surgs.	Gyns.	Obstets.
MANCHESTER							
Royal Infirmary	293	No records kept 35,800 Out-patients	40	4	4	1	
Children's Hospital	168	57,390 in 1902	9	2	2		
LIVERPOOL							
David Lewis Northern Hospital	210	10,024	10	2	3		
Royal Infirmary	295	20,441 in 1902	26	3	3	1	
Children's Hospital	120	Average 56,000	9	2	1		
EDINBURGH							
Royal Infirmary	800 beds 60 cots	31,801 New Patients	41	8	6	2	
NEWCASTLE-ON-TYNE							
Royal Infirmary	290	47,000	14	4	4	1	

Eye and Ear Specialists.	SIZE OF STAFF. Assist. Phys.	Assist. Surgs.	Other Assists.	House Surgs. and Phys.	SIZE OF SERVICE. Number of beds under each Phys.	Surg.	Gyn.	Obstet
3 Including 1 Dent.	3	3	12	10	25 to 26	40	9	
1 Ear 1 Dentist			1	2	28 to 56	42		
1 Ophthal. Surg.			4	5	40	40		
Eye, Skin, Throat and Lock	2	3	4	6	37	159	17	Oculist 3
4 (Patients sent to Eye and Ear Hosp. close by)	2	1	2	2	40	40		
2 Eye, 1 Ear and Throat, 1 Skin	7	7	7	38	29 to 42	28 to 64	27	
1 Eye, 1 Ear 1 Skin, 1 Ortho.	2	4		4 (1 Accident Room Surg).	27	44		

APPENDIX I—continued.

HOSPITAL STATISTICS.

Name of City and Hospital.	SIZE OF HOSPITAL. No. of Beds.	No. of Out-door Attendances in each Year.	SIZE OF STAFF. Total.	Phys.	Surgs.	Gyns.
NEW YORK.						
New York Post-Grad. Med. Sch. & Hospital.	204	20,000	55	9	10	8
New York. Hospital	231 (Not including Reception and Isolating Wards)	41,529	17	Con. 4 Active 4	c—3 a—6	0
Mt. Sinai	225	80,000	31	4	2	2
Roosevelt	244	65,465	12	4	2	1
St. Luke's	300	30,912	45 (Including Consul's and Dispensing Doctors)	4	8	1
Presbyterian	320	None	17 and 8 Special Consultants	5	2	0
Bellevue	933	167,270	79	13	15	3
BUFFALO.						
Erie County	350	None	35 Regular	6	4	3
Buffalo General	250	None	36	3	3	2
CHICAGO.						
Augustana	150		6	1	1	0
St. Luke's	189		29	4	4	4
Presbyterian	220		26	4	3	2
Cook County	986	Out Interns do not treat patients outside of the hospital	166	36	43	This work is assigned to the general surgeons

Name of City and Hospital.	SIZE OF STAFF. Obstets.	Eye & Ear Specialists.	Assist. Phys.	Assist. Surgs.	Other Assistants.	House Surgs. and Phys.	SIZE OF SERVICE. Number of beds under each: Phys.	Surg.	Gyn.	Obstet.
NEW YORK.										
New York Post-Grad. Med. Sch. & Hospital.	3	(See Report)			19	9				
New York. Hospital	0	2	0	0	0	2 H.S. and 3 Assists. 1 H.P. and 3 Assists.	44	33	0	0
Mt. Sinai	0	3	2	4	0	14 (Med. & Surgical)				
Roosevelt	0	0	2 Jr. Phys.	2 Jr. Surgs.	1 (Jr. Gyn.)	16 (See Report)	67	47	28	0
St. Luke's	0	3	3	6	0	2 H. Surgs. 1 H. Phys.	(None allotted)			
Presbyterian	0	7 Special Consul'ts	2	2	2	7 H. Surgs. 5 H. Phys.	50	50	0	0
Bellevue	2	0	7	7	3	43 (See Report)	80	80	22	14
BUFFALO.										
Erie County	2	4	6	4	4	8	(Not limited)			
Buffalo General	1	2 and 2 Assists.	3	0	16	6	(As many as needed)			
CHICAGO.										
Augustana	1	1	1	1	0	3				
St. Luke's	2	3	1	0	8 (See Circular)	9 Clinical 2 in Lab'y	(No division)			
Presbyterian	2	2	2	4	7	12	(Not limited)			
Cook County	5	31	25	20	6	39	(Cases are assigned by rotation, each doctor averaging about ten patients)			

Appendix I—continued.

HOSPITAL STATISTICS.

Name of City and Hospital.	SIZE OF HOSPITAL. No. of Beds.	No. of Out-door Attendances in each Year.	SIZE OF STAFF. Total.	Phys.	Surgs.	Gyns.	Obstets.	Eye & Ear Specialists.	Assist. Phys.	Assist. Surgs.	Other Assistants.	House Surgs. and Phys.	SIZE OF SERVICE. Number of beds under each: Phys.	Surg.	Gyn.	Obstet.
BOSTON.																
Children's	100	24,529	25 (19 in active service)	2	2	0	0	3	5	6	8	4	30	50	0	0
													(20 used as extra and private rooms)			
(These data refer to the hospital proper only)																
Boston City	534	32,152	81 (Including Consulting Staff)	8	9	6	0	23	4	12	19	27	60	81	56	0
Massachussets General	306	28,000	58	6	9	0	0	22	8	12	2 Med. 1 Surg.	20	50*	65*		
BALTIMORE.																
Johns Hopkins	350	61,843 (in 1903)	17 (Attending Staff)	1	1	1	1	1	2 (Assoc.)	3 (Assoc.)	37	Included with other Assistants	114	117	81	38
Baltimore City	300	27,000	41	3	3	2	2	2	3	3	14 (Dispensing Staff)	10	35	35	15	
PHILADELPHIA.																
Presbyterian	220	(Do not attend outside of hospital)	19 (On Medical Board)	5	4	3	2 Paths. 1 Bact.	4 3 Assists.	6	6	6	6				
Children's	125	15,354	11	3	4			4	8	4		2	63	62		
													Physicians are on duty for 4 months. Surgeons are on duty for 3 months.			
Jefferson Medical College	140		(See Report)										About 20 to each service	40 Surg. bed.	20	15

HOSPITAL REGULATIONS.

METHOD OF ALLOTTING BEDS.

Name of City and Hospital.	Are Assistant Physicians and Surgeons permitted to have patients in Hospital, Private or Public Wards?	Are any other members of the staff permitted to treat patients in the Public Wards?	Are regular practitioners not connected with Hospital permitted to treat patients in Public or Private Wards?	Are all patients in Public Wards available for Clinical Instruction?
BIRMINGHAM				
General	They have charge of beds in absence of Hon. Physicians and Surgeons	No	No; there are no private wards	
LONDON				
Guy's	Assistant Physicians, No Assistant Surgeons, Yes		Public, No. Private, Yes; under certain restrictions	Yes
St. George's	2 Assistant Physicians and 2 Assist. Surgeons have each 4 beds allotted to them	By arrangement with those having beds	No	Yes
Middlesex	By courtesy of their corresponding (Senior) Physician or Surgeon	The Ophthalmic Surgeon has 9 beds	No. (No private wards)	Yes
Charing Cross	They may by the favour of their respective seniors	Special Departments occasionally by favour	No	Yes
St. Thomas	In Private Wards patients engage any consultant they please. In Public Wards Assistant Physicians and Surgeons have beds by the courtesy of their seniors	No; except specialists	In private wards consultants attached to the Hospital may have patients	Yes
University College	No; but beds will be allocated to them when the rebuilding is complete	No	No	Yes
Children's	Not as a right, but they often get a bed lent for some special case	No	Certainly not. This is not allowed in any London Hospital	Yes; we have no private or pay wards
St. Bartholomew's	Occasionally with permission of the Physician or Surgeon of the ward. No private wards	The Aural Surgeon	No	Yes
Westminster	Only by courtesy of their seniors	No	No	Yes
King's College	No	All the specialists	No	Yes
St. Mary's	By private arrangement with Phys. or Surgeons	No	No	Yes
London	They all have beds, except 2 (1 Physician and 1 Surgeon)	No	No	Yes
GLASGOW				
Children's	No	No	No	Yes; any child who is sick and poor can get admission if there is room
Royal Infirmary	They can recommend patients (Urgent cases only)		No	Yes
Western Seminary	No	No	No	Yes
Victoria	No	No	No	Yes; no school in connection with Infirmary. One Surgeon holds a Clinic twice a week which is attended by about 60 students from Glasgow University.
MANCHESTER				
Royal Infirmary	The 2 Senior Assistant Physicians and Surgeons have each 2 male and female beds	Occasionally a bed is used (by the courtesy of a Surgeon) by a consulting Surgeon	No	Yes
Children's		No	No	Yes
LIVERPOOL				
David Lewis Northern		With permission of a member of full staff	No	Yes
Royal Infirmary	Only by the courtesy of the full honorary	Only by courtesy	No	Yes
Children's	By courtesy of Senior Consultants	By courtesy of Senior Consultants	No	Yes
EDINBURGH				
Royal Infirmary	Lock Ward with 30 beds under Assistant Surgeons. Delirium Wards with 19 beds under Senior Assistant Physician and 12 beds in Observation Ward under Assistant Surgeon and Physicians. Assistants have no beds elsewhere, but act for chiefs in their absence on holidays		No	Yes; no private wards
NEWCASTLE-ON-TYNE				
Royal Infirmary	No	No	No	Yes

APPENDIX I—continued.

HOSPITAL REGULATIONS.

METHOD OF ALLOTTING BEDS.

Name of City and Hospital.	Are Assistant Physicians and Surgeons permitted to have patients in Hospital, Private or Public Wards?	Are any other members of the staff permitted to treat patients in the Public Wards?	Are regular practitioners not connected with Hospital permitted to treat patients in Public or Private Wards?	Are all patients in Public Wards available for Clinical instruction?
NEW YORK				
New York Post-Grad. Med. Sch. & Hospital	The beds are used by the Professors and adjunct Professors	Yes; under direction of attending staff	No	Pay patients are granted the right to refuse
New York	No assistant Physicians or Surgeons	Attending Physicians and Surgeons only	No	Yes
Mt. Sinai	Yes		No	None
Roosevelt	Yes; by courtesy, a privilege never questioned	No; only by courtesy of the member on duty	No	Yes
St. Luke's	No	No	No	Yes; providing they give consent, otherwise, no
Presbyterian	By courtesy of regular attending staff when possible	No	No	Yes; if they are willing
Bellevue	Yes; with the consent of visiting Physicians and Surgeons	Patients are allotted by the House Phys., Surgs. and Gyns. under the direction of the visiting member of the Medical Board. The service is divided, each visiting Phys. or Surg. being 3 months on duty	No; all public wards No; private wards	Yes
BUFFALO				
Erie County	No	No	No	Yes
Buffalo General	In private wards, but not in public wards	The attending staff if they send on the case	Yes; in public wards if they send in the case. Can treat any case in private wards	Yes
CHICAGO				
Augustana	Yes	Yes	No	All private patients, no clinical instruction
St. Luke's	Not unless as a representative of a member then on the service	No	In private rooms	Nearly all
Presbyterian	Only in private rooms	Yes	Only in private rooms	Yes; unless paid for private operation
Cook County	No cases are assigned to Assistant Physicians and Surgeons, but arrangements are made with the General Physicians and Surgeons whereby the Assistants are permitted to assist with their work		No; only members of the staff are permitted to treat patients	Only with patients consent
BOSTON				
Children's	In private, yes. In open ward by courtesy of visiting members	Yes	No	Yes
Boston City	Yes; while on duty in the "House" Assistant Surgeons by permission of ranking Surgeons or Physicians	Senior visiting Surgeons	No	Yes; if condition warrants, patient is willing and Supt. does not object
Massachussett's General	No	No	No	Yes
BALTIMORE				
Johns Hopkins	Only by courtesy	No	No	Yes
Baltimore City	In private wards	No	In private wards	Yes
PHILADELPHIA				
Presbyterian	In wards only when acting for a chief	In private rooms only by filing permit signed by Surgeons or Physicians of Medical Board	Never in wards, but in private rooms if endorsed by a member of Medical Board	None
Children's	No	Yes	No	It is not a teaching institution
Jefferson Medical College	In private rooms, yes. In wards acting for chief. Direct answer, no	No	No	Only with consent of patient

HOSPITAL REGULATIONS.

OUT-DOOR DEPARTMENT.

Name of City and Hospital.	What Members of the Staff attend in the Out-door Department?	What is the average amount of time devoted by each member of the Staff to the Out-door Department?
BIRMINGHAM.		
General	2 Hon. Phys., 2 Hon. Surgs., 1 Ophthal. and 1 Obstet. Officer.	
LONDON.		
Guy's	Assistant Staff.	5 hours a week.
St. George's	Eye, Throat and Ophthal. and Dental Surgeons, Skin Phys., Obstet. Phys., 3 Assist. Phys., 3 Assist Surgs.	1½ hrs. to 2 hrs. once a week. Skin, Throat and Ear, twice a week, others about 2 hrs. each.
Middlesex	The Assist. Phys. & Surgs. and Officers in charge of the Special Depts.	From 2 to 3 hours each, twice a week.
Charing Cross	No member of the staff but a Midwifery Assist. under supervision of Obstet. House Phys.	His whole time.
St. Thomas	Assist. Phys. & Surgs., H. P. & H. S., Specialists Out-door Dept. (visiting at patients' own homes) conducted by Jr. Obstet. H. P. with aid of 3 clerks and 2 nurses.	2 afternoons weekly. (1.30—5 p.m.)
University College	3 Med. Phys., 1 Obstet. Phys., 1 Skin Phys., 3 Surgs., 1 Ophthal. Surg., 1 Dental Surg., 1 Ear & Throat Surg.	All attend 2 half days per week.
Children's	5 Assist. Phys. 5 Assist. Surgs. 1 Ophthal. Surg., 1 Dental Surg.	4 hours on 2 days in the week.
St. Bartholomew's	Assist. Phys. and Assist. Surgs., Aural Surg., Assist. Phys. and Accoucher, 2 Ophthal. Surgs. and Dental Surg.	Varying from 2 to 4 hours.
Westminster	Assist. Phys. and Assist. Surgs., and those in charge of Special Depts.	About 3 hours.
King's College	Assist. Phys. and Assist. Surgs. Specialists and Gyn. Assists.	2–3 hours.
St. Mary's	Assist. Phys. and Assist. Surgs. Assist. Gyn. Surg. and Specialists.	3 hours per visit on 2 days a week.
London	Assist. Phys. and Surgs.	2–3 hours.
GLASGOW.		
Children's	12 regularly. 11 extra.	1–3 hours.
Royal Seminary	The Assist. and Extra Assist. Phys. and Surgs., also Specialists in Gyn. 1, Eye 2, Ear 1, Skin 1, Teeth 1.	This has never been made up.
Western Seminary	Dispensing Staff.	2 to 3 hours twice a week.
Victoria	1 Gyn, 1 Eye, 1 Throat, Nose and Ear, 1 Skin, 2 Dispens. Phys. and 2 Dispens. Surgs.	2 hours twice weekly.
MANCHESTER.		
Royal Infirmary	House Assist. Phys. and Surgs. Gyn, Throat, Eye and Ear Surgs.	2½ hours.
Children's	All the Phys. and Surgs. One on each day of the week.	Varies greatly with number of patients. 2 to 4 hours
LIVERPOOL.		
David Lewis North.	Phys. and Surgs.	One afternoon weekly.
Royal Infirmary	The Assist. Phys. and Surgs. and Specialists.	Say two hours.
Children's	All.	Phys. 6 hours, Surgs. 8 hours.

HOSPITAL REGULATIONS.

OUT-DOOR DEPARTMENT.

Name of City and Hospital.	What Members of the Staff Attend in the Out-door Department?	What is the average amount of time devoted by each member of the Staff to the Out-door Department?
EDINBURGH.		
Royal Infirmary	Assist. Surgs. and Assist. Phys. with Clinical Assists. qualified and Junior House Surgs. qualified.	2 to 3 hours per day.
NEWCASTLE-ON-TYNE.		
Royal Infirmary	Assist. Phys., Assist. Surgs., and Phys. and Surgs. in charge of Special Depts.	5 hours a week.
NEW YORK.		
New York Post-Grad. Med. School	(See Report).	(See Schedule).
New York	None. Separate Staff.	None.
Mt. Sinai	A Special Staff.	
Roosevelt	None of the regular Staff.	About two hours.
St. Luke's	Men holding special O. P. D. Appointments.	2 to 3½ hours.
Presbyterian	Assist. Surgs., Chiefs of Clinic, and 44 other Phys. not otherwise connected with hospital.	2 to 3 hours daily except Sundays and holidays.
Bellevue	Adjunct Assistant. Visiting.	2 hours every second day, not including Sundays.
BUFFALO.		
Erie County		
Buffalo General	(None).	
CHICAGO.		
Augustana	Have none.	
St. Luke's	Separate Dispensary Staff.	Varies from 2 hours to 1 hour each week day.
Presbyterian		
Cook County		
BOSTON.		
Children's	The Assist. Phys. and Surgs.	Med.—4 clinics a week. Surg.—4 clinics a week. Divided in 2 sides, with continual service. Med. service has service 3 months each.
Boston City	Phys. to Out-patients. Third Assist. Surgeons.	2 to 3 hours daily for 4 to 9 months in the year.
Mass. General		
BALTIMORE.		
Johns Hopkins	2 Assoc. in Surg., 2 Assoc. in Med., 1 Assist. in Orthopedics.	About 2 days a week.
Baltimore City	Dispensing Staff (14).	2 hours daily.
PHILADELPHIA.		
Presbyterian		
Children's	Assist. Phys. and Surgs.	1 hour daily.
Jefferson Med. Coll.	(See Report).	About 1½ hours per day.

HOSPITAL REGULATIONS.

ANAESTHETICS.

Name of City and Hospital.	Is there an Official Anaesthetist?	Is he a paid Official?	In the absence of such an official how is the administration of an anaesthetic provided for?
BIRMINGHAM.			
General	2.	Both paid.	He has to provide a substitute, usually his colleague.
LONDON.			
Guy's	8 Anaes. to Hosp. 6 to Dental Sch.	Take share of Med. School Fund.	Usually by House Surgeon.
St. George's	Yes, 3.	Yes.	By the House Phys. on duty.
Middlesex	Yes, 2 Anaes. with 1 Assist.	Yes.	The 2 Anaes. and Assist. have regular hours.
Charing Cross	4.	One is paid 60 pds. per annum.	The House Phys. gives it.
St. Thomas'	4.	Yes.	By one of the House officers, H. P., H. S., etc.
University Coll.	2.	No.	By (*a*) the Res. Med. Officer. (*b*) by the House Phys.
Children's	2, each attends 3 days a week.	Each gets 15 pds. per year.	The Resident Staff.
St. Bartholomew's	4.	All paid.	By the House Surgeons.
Westminster	2	Yes.	By the Resident Med. Officers.
King's Coll.	Yes.	No.	Assist. Anaes. or Res. Officers.
St. Mary's	Yes.	No.	By Res. Assist. Anaes. who is paid at the rate of 100 pounds per annum.
London	Yes, 3 (1 Sr. & 2 Jr.)	Yes.	The Houseman.
GLASGOW.			
Children's	Yes.	Yes.	House Surg. or Surg.
Royal Infirmary	No.		Administered in most cases by House Surgeons.
Western Seminary	No.		By House Surgeons.
Victoria	Yes.	Yes.	Given by House Surgeons.
MANCHESTER.			
Royal Infirmary	Yes, 3.	2, paid 50 pds. per annum each.	By House Phys. or House Surg.
Children's	Yes.	Yes.	In his absence the H. P. acts.
LIVERPOOL.			
David Lewis North.	Yes.	No.	By House Surg. or Phys.
Royal Infirmary	2.	No.	By H. Phys. and Surgs.
Children's	No.	No.	The Jr. Resident administers.
EDINBURGH.			
Royal Infirmary	2.	No.	Given by qualified med. men or under their immediate supervision by senior students.
NEWCASTLE-ON-TYNE.			
Royal Infirmary	Yes.	Yes.	H. P. or H. S. administers it.

HOSPITAL REGULATIONS.

ANAESTHETICS.

Name of City and Hospital.	Is there an Official Anaesthetist?	Is he a paid Official?	In the absence of such an official how is the administration of an anaesthetic provided for?
NEW YORK.			
New York Post-Grad. Med. Sch.	Yes, to train the staff.	Yes.	(Answered).
New York	Yes.	Yes.	A member of the House Staff who has been instructed.
Mt. Sinai	Yes.	No.	House Staff.
Roosevelt	Yes.	No, his duties are to anaesthetize at surgical clinics and instruct members of the House Staff in the art.	By a member of the House Staff.
St. Luke's	No.		The Junior of each division gives the anaesthetic.
Presbyterian	No.		A member of the House Staff administers it.
Bellevue	Yes.	Yes.	By the House Phys. or Surgeon who has been instructed.
BUFFALO.			
Erie County	No.		
Buffalo Gen.	No.		By House Staff.
CHICAGO.			
Augustana	No.		In charge of senior interne.
St. Luke's	Yes.	Only for private cases.	It is his duty to instruct interns who administer the anaesthetic in most cases.
Presbyterian	No.		By a member of the House Staff.
Cook County	Anaesthetics are administered by House doctors, which constitutes part of the "middle service."	No.	We have six House Phys. in charge of this service, some of whom are always within call.
BOSTON.			
Children's	Yes.	No.	Junior House Officer.
Boston City	No.		By House Surgs. or Phys.
Mass. General			
BALTIMORE.			
Johns Hopkins	No.		By a member of the Res. Staff under strict supervision of Surg.
Baltimore City	No.		By members of Surgical Staff in rotation.
PHILADELPHIA.			
Presbyterian	3 Internes.	No.	
Children's	No.		Resident Physician.
Jefferson Med. Coll.	Yes.	No.	Most services have one.

HOSPITAL REGULATIONS.

PATHOLOGICAL DEPARTMENT.

Name of City and Hospital.	Is there an Official Pathologist?	Is he a paid Official?	For what term of service is he appointed?	How many autopsies are performed yearly?	What per centage of patients dying in Hosp. are subjected to Post-Mortem Exam.?	Is it per bel to
BIRMINGHAM						
General	Yes	Yes, and resident	12 months, but eligible for re-election up to 5 years	300	75 per cent.	Aut fr is su
LONDON						
Guy's	2	Share of school fund		490 in 1903	80 per cent.	No
St. George's	Yes	Yes	Yearly	271 in 1902	About 75 per cent.	Yes
Middlesex	Yes	Yes	One year	364 in 1902	About 85 per cent.	It is all ar
Charing Cross	Yes	Yes	One year	About 140	About 95 per cent.	Yes, at ho tic
St. Thomas's	Yes	Yes	Indefinite	573	83.9 per cent.	No ; co
University College	Yes	Yes	1 Year, but not more than 5	About 200 in 1902	About 73 per cent.	No ; fri is
Children's	Yes; Med. Reg. is Pathologist	Yes, 50 pds.	1 year	250	80 per cent.	Rela
St. Bartholomew's	Yes	Yes	5 years	About 500	About 83 per cent.	Yes
Westminster	Yes, and an assistant	Yes	2 years and eligible for re-election	Average in 10 years 203	Average of 10 years 87 per cent.	Yes
King's College	Yes	Yes	Annual election	About 180	Nearly all	Yes
St. Mary's	Yes	Yes	1 year	225	75 per cent.	Yes
London	Yes	Yes	Unlimited	1179	89.65 per cent.	Yes
GLASGOW						
Children's	Yes	No	Per anuum			Usua
Royal Infirmary	Yes	Both	Elected annually	324 in 1902	About 42 per cent.	Yes
Western Seminary	Yes	Yes	Annually	250		Yes
Victoria	Yes	Yes	1 year	149	Last year 71 per cent.	Yes

APPENDIX I—continued.

HOSPITAL REGULATIONS.

PATHOLOGICAL DEPARTMENT.

Is it necessary to obtain permission of relatives before performing autopsy?	If permission is necessary what means are taken to obtain it?	What are the facilities for conducting Post-Mortem Exams.?	Does the Pathologist sign death certificate?
Autopsy made unless objection lodged by friend to whom is given a slip when patient is admitted stating that in the public interest such is the rule and practice of the Hospital		Special building set apart for pathological work	No
No		Every facility	No
Yes	It is asked of the friends by the Res. Officer or Secretary	An excellent post-mortem theatre with mortuary and refrigerating chamber attached	No
It is understood that unless objection is made all patients in the event of death in Hospital are subjected to post-mortem examination		We have a post-mortem room adjoining the mortuary	The House Phys. or House Surg.
Yes, unless they fail to attend within 12 hours after notification	The Res. Medical Officer see the relatives who sign permit in a book	They are conducted in a room specially provided in the Medical School	No, the Res. Officer
No; we have a notice that this is one of the conditions of the Hospital		Special room in Med. School adjoining mortuary. 4 post-mortem tables, special refrigerator chamber in which bodies of dead are kept	No; House Surgeon or House Physician in charge of case after inspecting report of Pathologist
No; but the Res. Med. Officer interviews friends of the deceased patient if objection is raised		The post-mortem exams. are held by the Pathologist in the special post-mortem room assisted by post-mortem clerks and porter	No; the Resident under whom the patient was admitted
Relatives must object within 24 hours of death		Post-mortem room, post-mortem porter	No; signed by the House Physician or House Surgeon
Yes	The relatives are interviewed	The post-mortem exams. are conducted by the Registrars	No; House Phys. and House Surgs.
Yes	By personal communication with relatives	There is a special post-mortem room in which the exams. are made	No
Yes	Res. Officer solicits the favour	Full post-mortem accommodation	No
Yes	Negotiation by Res. Med. Officer with relatives	A large and well-equipped post-mortem room, with 3 tables, is maintained	No
Yes	Advising friends for permission	Separate post-mortem room	No; House Phys. and House Surg.
Usual		Special department	Not usual, Phys. or Surg. in charge of case should
Yes	Relatives are asked for a written permission	There is a post-mortem room with usual appliances	No
Yes	Supt. see friends		No
Yes	House Phys. or House Surg. requests permission. Relatives sign books	Post-mortem room at mortuary with all the usual fittings. Laboratory attached	No

HOSPITAL REGULATIONS.

PATHOLOGICAL DEPARTMENT.

Name of City and Hospital.	Is there an Official Pathologist?	Is he a paid Official?	For what term of service is he appointed?	How many autopsies are performed yearly?	What per centage of patients dying in Hosp. are subjected to Post-Mortem Exam.?
MANCHESTER					
Royal Infirmary	Yes	Yes, 100 pds. per year	Annually.	200	About 50 per cent.
Children's	No	Phys. and House Phys. act as such		60	50 per cent.
LIVERPOOL					
David Lewis Northern	Yes	No	Indefinitely	120	
Royal Infirmary	Yes	No	Yearly	160	About 46 per cent.
Children's	Yes	No	Reappointed annually	50	About 60 per cent.
EDINBURGH					
Royal Infirmary	Yes	Yes	5 years	450	59 per cent.
NEWCASTLE-ON-TYNE					
Royal Infirmary	Yes	No	5 years	264	60 per cent.
NEW YORK					
New York Post-Grad. Med. School	Yes	Half rates paid by students		As many as possible	(Answered)
New York	Yes	Yes	1 year	109	28 per cent.
Mt. Sinai	Yes	Yes	1 year	About 50	Whenever consent is obtained
Roosevelt	Yes, also an Assist.	No	At the pleasure of the Board	In 1902, 169	39 per cent. in 1902
St. Luke's	Yes	Yes	1 year	80 to 100	
Presbyterian	Yes	Yes	1 year		
Bellevue	No	(Will have one in 1904)		About 600	About one-third

HOSPITAL REGULATIONS.

PATHOLOGICAL DEPARTMENT.

Is it necessary to obtain permission of relatives before performing autopsy?	If permission is necessary what means are taken to obtain it?	What are the facilities for conducting Post-Mortem Exams.?	Does the Pathologist sign death certificate?
Yes	Res. Med. or Surg. officer responsible	There is a post-mortem dept. with the usual facilities	No
Yes	Permission asked for by Medical Officer	Usual post-mortem room properly equipped	House Phys. signs
Yes	Interview with Res. Med. Officer	Mortuary has post-mortem room adjoining it with full equipment. Bodies are kept in refrigerator	No
Yes	The relatives are interviewed by the Res. in charge	There is a post-mortem room connected with the mortuary with two tables	No, the Resident
Yes	The Res. Medical Officer interviews	Good post-mortem room and instruments. Path. room for microscopic and Bact. work	No
Yes, and where unclaimed signature of Med. Mgr. or Gov. required	The relatives are communicated with	Post-mortem theatre	Res. Surg. or Phys. who has had charge of patient
Yes	The House Phys. or House Surgeon asks the relatives	At present a badly fitted up post-mortem room. In New Infirmary the Path. Dept. is suitably provided for in this matter of rooms	House Phys. or House Surg. sign
Yes	(See blank form)	Complete, and all particulars are entered in Autopsy Report Book	No. The House Surg. or staff whose ward the patient was in at death
Yes	Personal	A convenient and well-equipped autopsy theatre, a Pathologist and Assist. in charge	No
Yes	Personal request		No
Yes, required by law	Persuasion by Supt. or some one representing him	A room equipped for the purpose and microscopical laboratories to prepare and examine sections	No, it is done by the Sen. House Phys. of the service on which the patient dies
Yes, by rule of Hospital and by law of State	Relatives are seen by Supt. or his representative. Staff is not permitted to	Large room arranged as amphitheatre	No
Yes	Superintendent interviews relatives	A good sized, well lighted room, two tables, etc.	No, House Phys. or House Surg. do this
Yes	Notice is sent out immediately after death for relatives to call and they sign slip	Conducted by the Curator of one of the Colleges. All modern appliances	No

HOSPITAL REGULATIONS.

PATHOLOGICAL DEPARTMENT.

Name of City and Hospital.	Is there an Official Pathologist?	Is he a paid Official?	For what term service is he appointed?	How many autopsies are performed yearly?	What per centage of Patients dying in Hospital are subjected to the Post-Mortem Exam.?	Is it per for top
BUFFALO						
Erie County	No			35 to 50	15 per cent.	Yes
Buffalo General	Yes	No	Yearly	40 to 50	Varies	Yes, fri
CHICAGO						
Augustana	Yes	Yes	3 years	Very few	About one-fifth	Yes
St. Luke's	Yes	No. Compensation is in shape of facilities for research work	Not limited	20 to 30, not counting coroners	10 to 15 per cent.	Yes
Presbyterian	Yes	Yes				Yes
Cook County	Yes	Yes	No specified time	240, average for 3 years	25 per cent.	Yes
BOSTON						
Children's	Yes	Yes	Not yet determined. Is a new position	35 in 1903	25 per cent.	
Boston City	Yes, 7	5 are paid	1 year	200 to 250	25 to 30 per cent.	Yes,
Mass. Gen.						
BALTIMORE						
Johns Hopkins	Yes	Yes	Life	About 100	About 33⅓ per cent.	Yes
Baltimore City	Yes	Yes	Indefinite	About 100	25 to 40 per cent.	Yes
PHILADELPHIA						
Presbyterian	Yes, 2	No				Alw
Children's	Yes	Yes	1 year		About one-third	Yes
Jefferson Medical College	Yes	Not paid by Hospital	1 year		All of interest with consent of family	Yes

HOSPITAL REGULATIONS.

PATHOLOGICAL DEPARTMENT.

Is it necessary to obtain permission of relative before performing the Autopsy?	If permission is necessary what means are taken to obtain it?	What are the facilities for conducting Post-Mortem Examinations?	Does the Pathologist sign the death certificate?
Yes	Personal interview	Poor, performed in morgue	No
Yes, by consent of friends in writing	By physicians, which must be in form of an affidavit	Post-mortem room connected with morgue	No
Yes	Ask relatives	Pathologist conducts them in the morgue	No
Yes	Solicited from person legally entitled to give permission	Mortuary built with this end in view	No
Yes	We have a bound book of written permits and we have a person in authority to sign a permit	They are held by Pathologists in a room for that purpose	No
Yes	Personal request	All the facilities of a well-equipped morgue	No, the last doctor in attendance on patient signs death certificate
	Requested from parents		No
Yes, always in writing	Relatives are sought at hospital or at home	First-class autopsy amphitheatre, laboratories and special research rooms, etc	No, the Supt. upon diagnosis given by the visiting staff
Yes	Relatives are asked to sign permits	Autopsy amphitheatre and adjoining rooms for Bact. and Microscopical study	No
Yes	Relatives are asked to sign permits		No
Always	By asking and getting consent in writing		No, signed by the Phys. in charge, or Surgeon in charge of patient
Yes			No, Resident Physician
Yes	Communicating with family or guardians	Special room for the purpose	Resident Physician

HOSPITAL REGULATIONS.

HOUSE STAFF.

Name of City and Hospital.	How many House Phys. are on duty in Hospital?	How many H. Surgs. are on duty in Hospital?	Are all the Members of the Staff appointed at the same time?
BIRMINGHAM:			
General	1 Res. Med. Officer. 2 H. Phys.	5	No.
LONDON.			
Guy's	4	4	Yes.
St. George's	4	4	No.
Middlesex	3	3	No, each is appointed for 6 mos. 1 H.S. or 1 H.P. is appointed ea. mo.
Charing Cross	3	3	No, 1 every month for a 6 months' term.
St. Thomas	4 1 Obstet.	4 1 Ophthal.	H. S. and H. P. every 3 months. R.A.P. and R.A.S. every 2 years.
University Coll.	4	4	No.
Children's	2	2	No.
St. Bartholomew's	5 from 9 till 2 a.m. 1 all day, 1 all night	5 from 9 till 2 a.m. 1 all day, 1 all night	Yes.
Westminster	3	3	No.
King's Coll.	2	3	Yes.
St. Mary's	3	3	No, one every month by a set scheme.
London	5	5	No, they are appointed as vacancies occur.
GLASGOW.			
Children's	1	1	No, alternate 6 months.
Royal Infirmary	5	9, including 1 in Eye Dept.	Yes.
Western Seminary	4	7	Yes.
Victoria	2	2	Usually.
MANCHESTER.			
Royal Infirmary	4	4	No.
Children's	1	1	No, 1 every six mos. for one year.
LIVERPOOL.			
David Lewis North.	2	3	No.
Royal Infirmary	A Phys. and Surg. each day, alternately twice a week and each third Sunday.		Every six months.
Children's	Two men on H. S. (duties combined)		No.
EDINBURGH.			
Royal Infirmary	8	8	Yes, every six months.

HOSPITAL REGULATIONS.

HOUSE STAFF.

What is the Method of Appointment?	Are any definite rules drawn up indicating duties of H. Staff?	Are any fees paid to members of H. Staff by Hosp. authorities, or members of vis. staff?	Are House Surgeons responsible for the Clinical Records?
Application made by Board of Management after advertisement.	Yes.	Hospital authorities.	Yes, H.S. & H.P. each Hon. P. & S's cases being bound up in separate volumes every 6 months.
By House Committee on recommendation of Medical Committee.	Yes, standing orders for each appointment.	No.	No.
Competition.	Yes.	None, except the R.M. Of'c'r & Obstet. Assist.	No.
An examination by paper and at bedside.	Yes.	No.	Yes.
By the Weekly Board on recommendation of the Med. Committee. The candidates undergo an examination.	Yes.	No.	Yes, under supervision of the Surg. Registrar.
By Treasurer, i.e., Chairman of Board of Governors, on recommendation of Medical Staff.	Yes.	No.	Yes, but Registrars also supervise.
By examination, written and viva voce.	Yes.	No.	No, S. Regist'r.
Lay Man. Com. jointly with Med. Com., the latter express opinions but have no vote. The Man. Com. elect after hearing views of Med. Com. and seeing candidates and hearing testimonials read.	Yes, copy given to each man on appointment.	No, Res. Staff get 20 pds. each with board, etc., for 6 months. Med. Supt. 105 pds. per annum.	Yes.
By a Committee of Governors.	(*Vide* Copy of "Charges" sent)	Paid by the Governors of Hospital.	No, the Registrar.
By the House Committee on recommendation of Senior Staff.	Yes.	No.	No.
Examination.	Yes.	No.	No.
By competitive examination.	Yes, (see copies forwarded).	No.	No, Registrars are.
They are recommeded by Med. Coll. and appointed by House Committee.	Yes.	No.	Surg. and Med. Registrars.
1 year with option of changing at end of 6 mos. from Med. to Surg. work.	Yes.	H. Phys. and Surgs. are paid officials.	Yes.
Candidates apply to Managers and list is submitted to staff for selection.	Yes.	No. They have board and quarters.	Yes.
(See rules).	Yes, at present being revised.	No.	Yes.
Applications considered by Governors and selections made.	Yes.	At rate of 20 pds. a yr. ea. pd. by H. auth'ts.	Yes.
Some are nominated by Med. Board and some by Appointments Com. All are confirmed by the Board.	Yes.	No.	No.
By Board of Governors.	Yes.	Yes, by Hosp. auth'ts.	Yes.
On recommendation of Med. Staff to Com.	Yes, printed.	Three are salaried by Hosp. authorities.	Yes.
By the Committee on recommendation of the Med. Board.	Yes.	No, they get board and residence.	No, the 'Tutors' or Registrars.
Senior for indefinite period, Junior 6 mos.	Yes.	Senior 100 pds. a year. Junior 60 pds. a year.	Yes.
Recommended by Surgs. and Phys. and appointed by Managers.	Yes.	No.	H. Sgs. & H.P's are responsible.

HOSPITAL REGULATIONS.

HOUSE STAFF.

Name of City and Hospital.	How many House Phys. are on duty in the Hospital?	How many H.Surgs. are on duty in the Hospital?	Are all Members of the Staff appointed at the same time?
NEWCASTLE-ON-TYNE.			
Royal Infirmary	2	4	The Sen. H.P. is appointed for 1 year and renewable for a further period of 1 year. H. Surgs. are appointed for 6 months. (All at same time).
NEW YORK			
New York Post-Grad. Med. School	One designated House Surg.	One designated House Surg.	4 men usually.
New York	1, with three assistants.	2, each with 3 assistants.	No.
Mt. Sinai.	1.	1.	Every year, 2½ years service.
Roosevelt	1, with three assistants. (See Report).	2, each with 3 assistants. (See Report).	No. (See card).
St. Luke's	1, and two assistants.	2, and four assistants.	Yearly appointments.
Presbyterian	1, and four assistants.	2, with five assistants.	6 come in May, 3 come in July, 3 come in January.
Bellevue	4.	4.	No, one each division every six months.
BUFFALO			
Erie County	6.	2.	4 every six months.
Buffalo	3.	3.	No.
CHICAGO			
Augustana	1.	2.	One every 6 mos. Have 4 interns who serve 4 mos. It is their duty to assist interns.
St. Luke's	Rotary service. 3 Surgs., 2 Gyns., 2 Obs., 2 Phys., 2 Specialists of all kinds.		Half each year; 2 year service. (2 Lab. only 1 year).
Presbyterian	3.	6.	No, 6 in Dec. and 6 in April. They serve 2 years.
Cook County	12. (There are 12 interns aside from these on the 'Middle Service' (Specialist Service). These do not include three alternates.	12.	Yes, first half assume duty June 1st, the other half Dec. 1st.
BOSTON			
Children's	4 regular, at times a Surgeon Dresser.	2.	No.
Boston City	9.	12, and 3 gynaecol.	No, every 4 months.
Mass. Gen.			
BALTIMORE			
Johns Hopkins	8.	8.	No.
Baltimore City	3.	5.	8.
PHILADELPHIA			
Presbyterian			Generally 4 each year, 1 new man comes on every 3 mos.
Children's	1.	1.	No.
Jefferson Med. Coll.	(See Report).		Yes.

HOSPITAL REGULATIONS.

HOUSE STAFF.

What is the Method of Appointment?	Are any definite rules drawn up indicating the duties of House Staff?	Are any fees paid to members of the H. Staff by Hosp. authorities or members of the Vis. Staff?	Are House Surgs. responsible for the Clinical Record?
By the H. Com. upon recommendation of the staff.	Yes.	No.	No.
Oral, written and Clinical.	No.	No.	No.
Board of Governors on nomination by Med. Board after competitive examinations.	Yes.	No.	No, it is the duty of the first Sen. Assist.
Competitive examination open to all graduates.	Yes.	No.	Yes.
Competitive examination. (See By-laws and Rules).	Yes. (See pp. 16-20 By-laws and Rules).	Not by Hosp. authorities but sometimes by Vis. Staff to H. Drs. who have assisted in professional care of private patients.	Yes, but they are taken by the first Senior Assistant.
To fill vacancies for the year.	Yes.	No.	Yes, to a degree.
Competitive examination in April each year.	Yes. (See Rules).	No, private patients pay Phys. and Surgs. for professional service.	Yes, under the direction of the Registrar.
Competitive examination from graduates of New York City Medical Schools only.	Yes. (Being revised at present).	No.	Yes, under supervision of the members of the Com. on Clin. Rec'ds.
Competitive examination.	Yes.	No.	Yes.
By Competitive examination.	Yes.	No.	Yes.
Appointed by Surg. in Chief. These are chosen from the interns.	No.	No.	Yes.
Competitive.	Yes, but do not cover ground thoro'ly.	No.	Yes.
	No.	No.	Yes.
Competitive examination.	Yes. (Copy of rules sent).	No.	Yes.
Examination by Staff appointed by Trustees.	Yes.	No.	Yes.
By Trustees upon nomination after competitive exam.	Yes, exact and explicit.	No–No–No.	Yes, under supervision of visiting staff.
By Trustees on recommendation of Med. Board.	Yes. (See copy).	R. Phys., R. Surg., R. Gyn. & R. Obstet. all receive salaries from the Hosp.	Yes.
From graduating class according to standing.	Yes.	To Res. Phys. and Res. Path.	Yes.
Strict examination held yearly.	Yes.	No.	
By the Staff.	Yes.	No.	Yes.
Jefferson students with average of 80 and over. Elected by Trustees.	Yes.	No.	Yes.

HOSPITAL REGULATIONS.

REGISTRARS.

Name of City and Hospital.	Are there any Registrars appointed on the Staff of the Hospital?	If so, how many appointments are made?	What are the duties of the Registrar?
BIRMINGHAM			
General	No.		
LONDON			
Guy's	Med. Surg., Obs. and Ophthal.	5, 1 Med., 1 each of the others.	Keep Reports of cases and instruct students.
St. George's	Yes.	3.	To compile the clinical records.
Middlesex	Yes.	3, 1 Med., 1 Surg. and 1 Obstet.	
Charing Cross	Yes.	3.	To keep a record of all cases and to make special Clin. and Path. examinations when requested.
St. Thomas	Yes.	3, Med., Surg., and Obstet.	Supervision of note taking, preparation of annual report on cases treated.
University Coll.	Yes.	1 Surg. & 1 Res. Med. Officer.	(See Rules).
Children's	1 Med. Reg. and Pathologist.	Elected for 1 yr., generally remains 3 years.	Perform P. Ms., supervise note-making by Med. clerks, bind and index Clin. and P. M. Notes, attend Phys. visits, supervise tutorial dept., lecturer to nurses, give post-graduate demonstrations.
St. Bartholomew's	Yes.	2 Med. and 1 Surg.	(Copy of "Charges" enclosed with letter).
Westminster	Yes.	2, Med. and Surg.	To keep Clinical Records and supervise Clerks and Dressers.
King's Coll.	Yes.	3, Med., Surg., Gyn.	To keep Clinical Records and supervise Clerks and Dressers.
St. Mary's	Yes.	2, Med. & Surg.	Printed copies forwarded.
London	Yes.	2, Med. & Surg.	To visit all patients in Hospital and to superintend the note-taking.
GLASGOW			
Children's	No.		
Royal Infirmary	No.		
Western Seminary	Medical Superintendent keeps Registers and makes up Reports.		
Victoria	No.		
MANCHESTER			
Royal Infirmary	Yes, 1 Med. and 1 Surg.		Mainly supervision of Clinical Records and instruction of students in note-taking.
Children's	No, H.P. & H.S. act as such.		To keep Clinical and Statistical Records and to assist in preparing statistics for Annual Report.
LIVERPOOL			
David Lewis North.	No.		
Royal Infirmary	Two.	2, annually.	To assist the students in keeping the Clinical Records.
Children's	No.		
EDINBURGH			
Royal Infirmary	Yes.	1 Med. and 1 Surg.	To keep record of cases and their diseases and to compile Annual Statement.
NEWCASTLE-ON-TYNE			
Royal Infirmary	Yes.	2 Med., 2 Surg.	*Vide* leaflet attached to circular.

HOSPITAL REGULATIONS.

REGISTRARS.

Name of City and Hospital.	Are there any Registrars appointed on the Staff of the Hospital?	If so, how many appointments are made?	What are the duties of the Registrar?
NEW YORK			
New York Post-Grad. Med. School	A Librarian to care for charts.		(Answered).
New York	Yes.	1 Med., 2 Surg., (1 for each division).	Supervision of all Med. and Surg. work in Out-patient Dept., supervision of ward histories in Hosp. Examination of the histories once a week. Instruction to H. Staff as to method of uniting histories.
Mt. Sinai	No.	2, one for the Surg. division and 1 for the Medical.	
Roosevelt	Yes.		To see that histories are properly filed, indexed and prepared for binding, and to compile the Medical and Surgical statistics for the Annual Report.
St. Luke's	Yes.	Two.	To see that all Clin. Records are well kept, and to report thereon to the Med. Board.
Presbyterian	Yes.	2, one Med. and one Surg.	To see that histories are properly made and to classify and arrange for binding or card system.
Bellevue	No. There is a committee of four of the Assist. Visiting Phys. and Surgs. who are the Committee on Clinical Records, and who are appointed by the Medical Board.		
BUFFALO			
Erie County	No.		
Buffalo General	Yes.	1.	To see that records are properly kept.
CHICAGO			
Augustana	No.		
St. Luke's	No.		
Presbyterian	No.		
Cook County	No, we have two registrars who are civil service employes.		To keep final records and histories of the patients.
BOSTON			
Children's	No.		
Boston City	Yes.	1 Med., 1 Surg. and 1 Gyn.	To examine records and report their condition to the trustees, monthly in writing.
Mass. General			
BALTIMORE			
Johns Hopkins	No.		
Baltimore	No.		
PHILADELPHIA			
Presbyterian	No.		
Children's	Dispens. Staff.	11.	Take histories, index and file them.
Jefferson Med. Coll.	Yes.	(See Report).	To write histories and collate official report.

APPENDIX NO. II.

COMPARATIVE STATEMENT OF THE HOSPITAL REGULATIONS AND STATISTICS OF CERTAIN IMPORTANT BRITISH AND AMERICAN HOSPITALS.

COLLATED BY A SPECIAL COMMITTEE OF THE STAFF OF PHYSICIANS OF THE TORONTO GENERAL HOSPITAL, IN 1906.

1. How many patients are there on the medical side in your hospital?

St. Thomas	180
Guy's	240
St. George's	124
London	439
Johns Hopkins	120
Lakeside	50 to 60
Massachusetts	102
Bellevue	16000 patients per year
Montreal General	70
Toronto General	100
Edinburgh Royal Infirmary	4178 last year
University College Hospital, London	148
Boston City Hospital	3237 admitted last year
Glasgow Royal Infirmary	205 daily average

2. How many members are there of the medical staff? (physicians).

St. Thomas	4 visiting physicians for in-patients and 4 for out-patients
Guy's	4 and 4 assistant physicians
St. George's	4 and 4 assistant physicians
London	5 visiting in charge of medical beds and assistants
Johns Hopkins	1 physician, 1 resident physician, and as many assistants as may be required
Lakeside	4 (resident)
Massachusetts	6 resident, 9 for out-patients
Bellevue	10 consulting, 14 visiting, 4 assistants and 4 adjunct assistants
Montreal	4; 2 at a time for 6 months
Toronto General	6 senior and 6 junior
Edinburgh Royal Infirmary	29 including consultants and specialists
University College Hospital	4 visiting physicians, 3 assistant physicians for out-patients
Boston City Hospital	6 (3 at a time according to roster)
Glasgow Royal Infirmary	5

3. How many full physicians, chiefs or heads of the medical department?

St. Thomas	4
Guy's	4

St. George's..... 4
London..... ..... 5 in general medicine
Johns Hopkins..... 1
Lakeside..... 4
Massachusetts..... 6
Bellevue..... 4 (?)
Montreal .... 4; 2 at a time
Toronto General..... 6
Edinburgh Royal Infirmary. 12, including specialists, 8 (syllabus) 5 on duty
University College Hospital. 4 not including medical officer or specialists
Boston City Hospital..... 6
Glasgow Royal Infirmary... 5

4. How many assistant physicians are there?

St. Thomas..... 4
Guy's..... 3
St. George's..... 4
London..... 5
Johns Hopkins.....none
Lakeside.....none
Massachusetts.....none
Bellevue..... 4
Montreal ..... 6 and their clinical assistants
Toronto General..... 6
Edinburgh Royal Infirmary. 13 including specialists, 5 on duty
University College Hospital. 3 not including specialists
Boston City Hospital..... 4 assistant physicians, and 6 to out-patients
Glasgow Royal Infirmary... 6 and 3 extra

5. How are they graded? As "seniors," "juniors," etc.?

St. Thomas.....senior and junior, or physicians and physicians with out-patients
Guy's.....physicians and assistant physicians
St. George's.....
London....."full staff"; the "assistant staff"
Johns Hopkins.....consulting and resident
Lakeside.....
Massachusetts.....seniority of service
Bellevue.....physicians and assistant physicians
Montreal .....physicians and assistant physicians
Toronto General.....senior and junior
Edinburgh Royal Infirmary. physicians and assistant physicians
University College Hospital. physicians and assistant physicians

Boston City Hospital .....full physicians, assistant physicians, and out-patient physicians
Glasgow Royal Infirmary...visiting physicians, and physicians to out-patients or assistant physicians

6. How many house physicians and how are they graded?

St. Thomas ..... 4 resident, 2 non-resident
Guy's 4
St. George's..... 4 equal
London 5
Johns Hopkins.....as many as may be required
Lakeside ..... 4 (first resident, senior interne)
Massachusetts .... 8 (junior interne, externe)
Bellevue .....17 house physicians, first senior, second senior, first junior, second junior
Montreal ....11 senior and junior
Toronto General 13
Edinburgh Royal Infirmary.10 resident, and 1 non-resident
University College Hospital. 4
Boston City Hospital .....46 house officers, all graduates (senior and junior)
Glasgow Royal Infirmary... 6

7. Are any of the physicians, assistant physicians or house physicians paid salaries, and if so, how much?

St. Thomas .....physicians and assistants an honorarium of £50 per annum each; house physicians, no
Guy's .....physicians £40, assistants £100; house physicians, no
St. George's.....no
London ....physicians, no; assistants, £50; house physicians, no
Johns Hopkins.....physicians-in-chief, yes; resident-physicians, yes; house physicians ——
Lakeside ....first resident $300
Massachusetts ..... no
Bellevue .....no
Montreal .....resident pathologist
Toronto General .....no
Edinburgh Royal Infirmary.no
University College Hospital.no
Boston City Hospital .....no
Glasgow Royal Infirmary...physicians £50, assistants £25

8. Must physicians or assistant physicians be specialists in the medical department, or are they restricted in any way as to private practice?

St. Thomas .....all the staff are consulting physicians and not in general practice
Guy's .....no; not restricted as to private practice
St. George's.....yes; specialists
London .....no restrictions so long as they comply with the by-laws as to visits. Not specialists
Johns Hopkins.....
Lakeside .....no
Massachusetts .....no
Montreal .....not necessarily specialists
Toronto General .....no
Edinburgh Royal Infirmary .no actual rules restricting private practice, but the appointments are held by pure physicians and specialists
University College Hospital .no
Boston City Hospital .....no
Glasgow Royal Infirmary...no

9. Have you any limit as to age or period of service of full physicians, if so, what?

St. Thomas .....age 60, or after 20 years service in charge of in-patients
Guy's.....age 60
St. George's.....age 65 or 20 years service as full physicians
Johns Hopkins .....no
Lakeside .....no
Massachusetts .....no
Bellevue .....no rule yet passed, but feel age should not exceed 64
Montreal .....no
Toronto General .....no
Edinburgh Royal Infirmary .term of office 5 years, with eligibility for reappointment, but full service must not exceed 15 years
University College Hospital .65 years
Boston City Hospital .....no
Glasgow Royal Infirmary...60 years

10. On what basis are appointments or promotions on the medical staff made, by seniority, merit or otherwise?

St. Thomas .....to the full staff from physicians in charge of out patients by seniority; to physicians in charge of out-patients by merit after advertisement

Guy's.....by seniority from the assistant staff to full staff; by merit on to the assistant staff
St. George's.....by seniority
London.....by seniority from the assistant to full staff. Appointments are made by merit
Johns Hopkins.....merit
Lakeside.....merit
Massachusetts.....by merit and usually taken from the out-patients staff, but not necessarily
Bellevue.....to the visiting staff in three divisions on nomination of the college concerned; on the fourth division by members of the fourth division and board of trustees
Montreal.....merit and influence of seniority
Toronto General..... otherwise
Edinburgh Royal Infirmary.new appointments to the assistantships are made by the board on merit
University College Hospital.appointments made by the council of the college appointments are submitted to medical commission who report to hospital commission, who make recommendations to the council
Boston City Hospital.....seniority
Glasgow Royal Infirmary...merit

11. In case of vacancies is the position necessarily filled by the promotion of another member of the staff or are outside applications considered?

St. Thomas.....no
Guy's.....either method, according to circumstances
St. George's.....when post of full-physicians is vacant the senior assistant is usually appointed. Outside appointments are considered when vacancy for assistant physicians occurs
London.....vacancy on full staff filled by senior assistant on assistant staff. Vacancy advertised and outside appointments considered
Johns Hopkins.....no; all appointments are made on recommendation of medical board
Lakeside.....never had a vacancy
Massachusetts.....usually from out-patient staff, but not necessarily
Bellevue.....visiting physicians vacancy filled by assistant visiting physician. Visiting physician vacancy by adjunct assistant visiting physician. Only on the fourth division would outside appointments be considered

Montreal .....outside appointments are considered in every instance
Toronto General .....no; outside applicants have been taken on
Edinburgh Royal Infirmary..the senior assistant is usually appointed though the board could appoint an outsider
University College Hospital see answer to question 10
Boston City Hospital .....promotion
Glasgow Royal Infirmary...outside applications are considered

12. Are vacancies advertised, and, if so, to whom are the credentials of application submitted?

St. Thomas .....yes; to the members of the staff and recommendation made by them to governors in full court, who are laymen as a rule
Guy's.....sometimes.
St. George's.....yes; if the board so directs. To the election committee
London.....yes; to the medical council, made up of the medical and surgery staff of the hospital who makes recommendation to the house committee, a lay body, who makes the appointment
Johns Hopkins .....not advertised
Lakeside .....not advertised
Massachusetts.....not advertised
Bellevue .....not advertised
Montreal.....yes; to the medical board and committee of management
Toronto General .....no
Edinburgh Royal Infirmary all vacancies for assistant or full appointments are intimated to the Royal College of Physicians (or Surgeons) Edinburgh
University College Hospital yes; to medical committee (see answer to question 10)
Boston City Hospital .....no; except for house officers
Glasgow Royal Infirmary ..vacancies are advertised and applications and testimonials are submitted to board of managers

13. Who is primarily responsible for appointments to the medical staff?

St. Thomas .....the governors of the hospital
Guy's .....a staff meeting consisting of the physicians, assistant physicians, surgeons, assistant surgeons, and special physicians, or surgeons, having beds in the ward
St. George's.....the election committee, consisting of members of the medical staff and of the lay board
London .....the house committee

Johns Hopkins .....the board of trustees; medical board recommends
Lakeside .....trustees nominate and appoint
Massachusetts.....trustees
Bellevue .....board of trustees but rarely, if ever, refuses to act on the nomination of the medical board of the division concerned
Montreal.....medical board and committee of management as to assistant physicians. Heads of departments appointed by governors
Toronto General .....board of trustees and superintendent
Edinburgh Royal Infirmary board of managers
University College Hospital medical and hospital committees
Boston City Hospital .....staff nominates; trustees appoint
Glasgow Royal Infirmary ..board of managers

14. Have the medical staff any representation on the hospital board?

St. Thomas .....four representatives of medical and surgery staff attend all meetings of the grand committee and of the governors. They are free to speak but have no vote.
Guy's .....yes; upon the staff and school committee
St. George's.....the medical staff may become governors in the ordinary way, and practically all do
London.....no; but the house committee are always willing to receive a deputation from the medical council
Johns Hopkins .....no
Lakeside .....no
Massachusetts.....no; if you mean the board of trustees
Bellevue .....no
Montreal.....yes; one representative on the committee of management
Toronto General .....no
Edinburgh Royal Infirmary no direct representation; the royal colleges and Universities send representatives
University College Hospital yes; three
Boston City Hospital .....no
Glasgow Royal Infirmary ..no

15. Have you a medical board in addition to the regular hospital board, and, if so, what are its special duties? How is it constituted and how appointed?

St. Thomas .....the physicians, surgeons and lecturers of the medical school generally once a month to consider any professional

matters referred to them by the governors; also to govern the medical school. All the members of the staff, physicians and surgeons, and surgeons and physicians, to the various special department are summoned; also chief lecturers to students in medical college. It has no laws of constitution

Guy's .....yes; the medical committee to advise the governors in medical and surgery staff matters, and to recommend for house appointments in constitution, same as staff meeting (13)

St. George's.....medical school committee consists of the whole medical staff, makes appointments and its advice is always asked and taken by the hospital board

London .....the only medical board is the medical council. It consists of the physicians and surgeons of the visiting staff. They consider all matters of medical and surgical import and report to the secretary after each meeting, and the secretary reports to the house committee. The opinion of the medical Council is almost always taken by the house committee on any matter not purely executive

Johns Hopkins ....the medical board consisting of the physicians, surgeons, etc., meets regularly and its duties are to advise trustees in all matters

Lakeside .....no

Massachusetts.....the visiting staff consisting of the visiting surgeons, visiting physicians, senior physicians to out-patients with disease of the skin, senior physicians to out-patients with disease of the nervous system, orthopedic surgeons, senior physicians to out-patients with diseases of throat and director of Pathological Laboratory, constitute the principal advisory body of the trustees

Bellevue .....no

Montreal.....there is an additional medical board whose duty it is to see to the proper duties of the medical staff

Toronto General ....An advisory board consisting of senior members of staff, and professor of medicine and professor of surgery of the university faculty of medicine

Edinburgh Royal Infirmary no; but the medical members of the ordinary board (5) form a medical managers' commission

University College Hospital yes; a medical committee consisting of physicians, surgeons, assistant dental surgeons, senior anaesthetist, Professor of Hygiene, Physics and Anatomy in the college. The medical hospital committee controls the departments, dispensary, students and hospital committee and council

Boston City Hospital .....a staff meeting and a medical committee of two of the board

Glasgow Royal Infirmary...a medical committee appointed by the board

16. Do the full physicians or assistant physicians exercise any supervision or control over the out-patient department, or is the work of the out-patients and in-patients co-ordinated in any way?

St. Thomas .....no; to latter part. Out-patients physicians admit to their seniors' beds patients needing in-patient treatment. Except in the absence of the senior the junior does not take charge of the ward, though, as a matter of courtesy the senior may leave cases to his corresponding junior

Guy's.....the assistant physicians attend to the out-patient department

London.....the assistant physicians see out-patients two days in the week each, and admit patients to in-patient department of their "firm" in the proportion of 3 patients to senior and 1 to himself. 8 out of 10 patients are admitted to the wards from out-patient department in this way

Johns Hopkins.....physician-in-chief has general oversight through "heads of departments"

Lakeside.....yes

Massachusetts.....no

Bellevue .....the adjunct assistant physicians are the heads of the out-patient department and their promotion is regarded as a reward for faithful service

Montreal .....the out-door department is under the control of the medical board and the immediate control of the assistant physicians and surgeons

Toronto General .....practically not

Edinburgh Royal Infirmary.the assistant physicians alone supervise out-patient department and send such patients for in-treatment as they deem advisable

University College Hospital.physicians and assistant physicians have charge of out-patient department as may be determined by the medical committee

Boston City Hospital .....under charge of chief of service

Glasgow Royal Infirmary...no

17. On whom is primarily placed the responsibility for the accuracy and completeness of the clinical records?

St. Thomas .....the medical registrar; paid £50 by hospital and £50 from school funds. They (physician and house-physicians) are responsible for correctness of the notes of a case

Guy's.....the medical registrars

St. George's.....the medical registrars

London .....the medical registrars; paid £100 per annum and holds office for one year. A vacancy on assistant staff often filled by late registrar who has already filled such positions as house physician, etc.

Johns Hopkins.....the assistants under the direction of the physician shall keep a record of each case (J. H. Reports, p. 125); an associate in medicine designated for the duty

Lakeside .....chiefs of the different staffs

Massachusetts .....visiting physicians

Bellevue .....the house staff with supervision by the visiting physicians

Montreal .....the physician in charge, the medical superintendent being the custodian

Toronto General .....two registrars

Edinburgh Royal Infirmary .the respective physicians in charge of wards

University College Hospital .the clinical clerks under supervision of the house physician. The case sheets are indexed by the medical officer and placed in keeping of the secretary. The surgical records are made up by the dressers under the supervision of the surgical registrar who places them in the hands of the secretary

Boston City Hospital .....house officers under directions of chief of service

Glasgow Royal Infirmary...visiting physicians

18. How many pathologists or assistant pathologists have you? Are they paid salaries? How much money is appropriated annually for pathological work?

St. Thomas .....2 pathologists, teaching students, demonstrating and lecturing; 2 making post-mortem examinations; 1 taking 2 afternoons per week; 1 taking 4 afternoons per week. The former is paid £50 per annum, the latter £100 per annum by the hospital authorities. £700 is paid annually for laboratory work

Guy's.....2 pathologists; paid by the medical school

St. George's.....1 pathologist, 1 assistant pathologist; 1 bacteriologist, 1 assistant bacteriologist; 1 curator of the museum, 1 assistant curator. £1000 is paid these officials in salaries per annum. Expenses extra

London .....a director at a salary of £500, assistant director at £200, and working expenses £100, total (£1000). This sum comes from a fund subscribed by two gentlemen, each of whom gives £500 a year for pathological research. Further, the hospital pays 3 pathologists £50 a year each, and 3 assistants who do most of the work £100 a year each; also 2 porters, who earn about 30 shillings each per week

Johns Hopkins.....1 pathologist; 1 resident pathologist $7,510 per year

Lakeside.....1 visiting pathologist; 1 resident pathologist paid $300 per year

Massachusetts.....2 pathologists and 2 assistants. $4,600 paid annually in salaries. It is impossible to give exact figures for laboratory expenses (which are extra)

Bellevue.....1 pathologist at $5,000; 1 assistant $1,500, and several voluntary assistants, usually graduates of the hospital and who spend a few months in special work in the laboratory. There is no particular appropriation for laboratory and pathological work

Montreal.....pathologist, assistant pathologist and resident pathologist. The pathologist receives a small salary in addition to private fee. No particular appropriation

Toronto General.....5; 1 resident assistant who gets his board in hospital

Edinburgh Royal Infirmary.1 pathologist, salary £400; 3 assistants with honorarium of 50 guineas each. No special appropriation. Supplies furnished

University College Hospital.1; salary £150. No special appropriation. Supplies furnished out of hospital funds

Boston City Hospital.....1 visiting pathologist; first assistant visiting pathologist $1,600 a year; second assistant visiting pathologist $1,000 a year; second assistant pathologist $1,000 a year; 2 assistants at $500 a year each. Cost department last year $10,260

Glasgow Royal Infirmary...1 pathologist who acts as curator of the museum and 1 assistant. Former is paid £75, the latter £30

19. Do any members of the pathological or laboratory staff devote their entire time to the hospital work?

St. Thomas.....2

Guy's.....no

St. George's.....the bacteriologists and curators do. There is no rule about pathologists

London.....the director, assistant director and the assistant pathologist give their entire time. The 3 pathologists are members of the medical staff and attend two afternoons a week

Edinburgh Royal Infirmary.the pathologist is required to devote not less than 6 hours a day

University College Hospital.1 pathologist

Johns Hopkins.....no; all engage in medical teaching besides

Massachusetts.....2 pathologists give their entire time except that they are allowed to make private examinations

Bellevue .....the pathologists and assistant pathologists are supposed to do so
Montreal .....2 at least devote their entire time
Toronto General .....1 assistant pathologist
Boston City Hospital .....visiting pathologist as required; first assistant visiting pathologist and assistant in clinical pathology spend forenoons at hospital; 3 assistants give all their time
Glasgow Royal Infirmary...no

20. Are physicians or assistant physicians required to visit the hospital at regular hours?

St. Thomas .....yes; the times being settled at the beginning of each year and strictly adhered to. In the absence of a member he makes arrangements for his work being done, and these arrangements must be approved by those responsible to the Governors for the proper conduct of the hospital.
Guy's.....yes.
St. George's .....yes.
London .....yes; they must visit the hospital twice a week, beginning their visit at 2 p.m. The assistants visit the wards once a week, and the out-patient department twice a week, in each beginning their visits at 2 p.m.
Edinburgh Royal Infirmary.the physicians and assistant physicians visit the hospital daily, the visiting hour being at 11 a.m.
University College Hospital yes.
Boston City Hospital .....yes; between 8 a.m. and 1 p.m.
Glasgow Royal Infirmary ..yes; at 9 p.m., and assistants at 2 p.m.
Johns Hopkins.....no regulations.
Lakeside .....daily.
Massachusetts .....the house staff have no regular time. Out-patient physicians are required to visit at regular hours.
Bellevue .....daily.
Montreal General .....physicians, daily. Assistant physicians at appointed times.
Toronto General .....no.

21. What special departments, such as neurology, dermatology, etc., have you?

St. Thomas .....mental, skin. electricity. X-ray and Finsen light (med. side).
Guy's.....eyes, diseases of women, ears, throats, skins.
St. George's.....ophthalmic, throat, skin, x-ray, obstetrics, dental, aural and orthopedic.

London ..... aural, ophthalmic, massage, skin, lupus, x-ray, dental, electrical and opsonic.

Edinburgh Royal Infirmary . gynaecological, skin, electrical, bathing, ophthalmic and ear, nose and throat.

University College Hospital skin, obstetric, dental, electrical, ophthalmic, and ear, nose throat.

Johns Hopkins ..... these are out-patient departments.

Lakeside ..... dermatology and ophthalmology.

Massachusetts ..... neurology, dermatology and throat; out-patient department; orthopedic.

Bellevue ..... psychiatry, in which department there is temporary accommodation for the destitute insane of the City of New York, preliminary to their transfer to a state hospital.

Montreal General ..... gynaecological, eye and ear, nose and throat, neurology, dermatology and the formation of orthopedic and genito-urinary departments.

Toronto General ..... none.

Boston City Hospital ..... dermatology, neurology, etc.

Glasgow Royal Infirmary .. no special department of neurology but one of dermatology.

22. Have you any rules governing the procuring of autopsies?

St. Thomas ..... all patients dying in the hospital are subject to post-mortem examination. This may be waived in case of any particular protest.

Guy's ..... an autopsy is performed unless objection is raised by relatives of deceased.

St. George's ..... no autopsy is performed without permission of the relatives.

London ..... no; but we have no difficulty in persuading relatives to grant autopsies, and these amount to about 90% of our deaths.

Edinburgh Royal Infirmary . no autopsy is performed without the consent of friends of deceased, if accessible, and the approval of the physician or surgeon who attended the case.

University College Hospital evidently all persons dying in the hospital are subject to post-mortem examination. (See pp. 17).

Johns Hopkins ..... none, except that the consent of friends must be obtained.

Lakeside ..... (send copy of rules and blank).

Massachusetts ..... no autopsy is to be made within 24 hours after notice of death has been sent, unless with express consent of the family or representative of the deceased, nor at any time when it shall have been expressly prohibited by the patient or family or friends.

Bellevue .....no autopsy may be made without consent of friends unless the decedent should be a coroner's case.

Montreal General .....by the law of the Province this hospital has certain rights, but it is our rule to make an autopsy of every case dying in the public wards unless under exceptional circumstances.

Toronto General .....consent of friends secured.

Boston City Hospital .....must be consent.

Glasgow Royal Infirmary ..yes.

23. Does your Hospital publish scientific reports or a Journal?

St. Thomas .....an annual report published by subscription, 6/ per vol. being paid by old students (bound in cloth)

Guy's.....Guy's Hospital Report, published annually.

St. George's.....the hospital report formerly published will probably be resuscitated. A Monthly Gazette is published by the Medical School

London..... no

Edinburgh Royal Infirmary.no

University College Hospital yes; annual reports

Johns Hopkins.....yes; hospital reports and Bulletin

Lakeside .....yearly Bulletin

Massachusetts.....at irregular periods

Bellevue .....has published first vol. of medical and surgical reports

Montreal.....no regular publication, but scientific reports from time to time

Toronto General .....no

Boston City Hospital .....medical and surgical reports published annually. Edited by three members of the staff

Glasgow Royal Infirmary...no

24. What privileges have the general profession as distinguished from the hospital staff in the wards of the hospital?

St. Thomas .....the general profession has no locus standi whatever in the wards. A member of the profession who is interested in a case is courteously received by the member of the staff in charge of the patient, but he has no rights of treatment or inspection

Guy's.....none

St. George's.....none

London .....the general profession have no privileges whatever, nor are they allowed to visit the hospital professionally, nor have they any patients in it. If an outside doctor sends up a "request case," and that case is admitted, he hands over all interest in it to the member of the staff into whose bed it has been placed.

Edinburgh Royal Infirmary no special privileges, but a member sometimes obtains permission to go round the wards with medical officer
Johns Hopkins .....none
Lakeside .....reputable physicians may send patients to the private wards and attend them. A house staff of three men care for this department
Massachusetts .....none
Bellevue .....absolutely none
Montreal.....outside physicians have at all times the right to visit patients in the wards, but have no control over the treatment
Toronto General .....admitted to private and semi-private wards
Boston City Hospital .....none
Glasgow Royal Infirmary ..none

25. Are all patients in the hospital not paying in full their expense to the hospital, available for purposes of clinical teaching?

St. Thomas .....all patients in the hospital are available. (We have 42 beds in St. Thomas' paying home where each patient pays 3 pounds 3/ a week, but this home is not open for students nor are the patients available for clinical purposes)
Guy's .....yes
St. George's.....all are (with discretion).
London.....yes; (no paying patients)
Edinburgh Royal Infirmary yes " " "
University College Hospital yes " " "
Johns Hopkins.....yes
Massachusetts.....yes
Bellevue .....no paying patients, and all who do not object are available
Montreal.....all public patients are available
Toronto General .....yes
Boston City Hospital .....yes; with patient's consent
Glasgow Royal Infirmary ..all patients are available for clinics

APPENDIX NO. III.

OPINIONS EXPRESSED BY PROMINENT MEMBERS OF THE ACTIVE STAFFS OF CERTAIN IMPORTANT BRITISH AND AMERICAN HOSPITALS CONCERNING HOSPITAL ORGANISATION.

COLLATED BY A SPECIAL COMMITTEE OF THE STAFF OF PHYSICIANS OF THE TORONTO GENERAL HOSPITAL IN 1906.

1. Should physicians appointed to the hospital staff be allowed to serve on the staff of any other general hospital?

Prof. Fitz, Harvard: No.

Prof. Gilman Thompson, Cornell University: Yes.

Prof. Stockton, University of Buffalo: Ordinarily, yes.

Prof. Lewellys F. Barker, Johns Hopkins: Yes; unless they have a continuous service throughout the year.

Prof. George Dock, University of Michigan: Yes; provided such other appointment should not interfere with proper service to the Toronto General hospital.

Prof. Osler, University of Oxford.

Prof. Byrom Bramwell, Edinburgh: My feeling is against this.

Prof. Stewart, McGill University: Inclined to think that no physician should serve a staff of another general hospital.

Prof. T. Clifford Allbutt, University of Cambridge: So far as general medical practice is concerned, it is not desirable to hold appointments in two general hospitals. A specialist as in skin diseases or children might, without objection and occasionally with advantage, be allowed to do so.

Prof. Rose Bradford, University College, London: Should not hold an appointment at another general hospital used for ordinary undergraduate teaching, but might at special hospitals.

Prof. F. W. Mott, Charing Cross Hospital, London: Better not, as they would be less likely to devote their energies to successful teaching.

2. Should appointments to the staff or subsequent promotions be made on a basis of merit or by seniority?

Prof. Fitz: Merit.

Prof. Gillman Thomson: Merit.

Prof. Stockton: Merit first, seniority second.

Prof. Lewllys F. Barker: Merit. Merit being equal, seniority should decide.

Prof. Dock: Merit first. If claims are equal, seniority may be considered if the senior is not too old.

Prof. Osler: Basis of merit. Work done and published, and in teaching capacity.

Prof. Byrom Bramwell: Assistant physicians and surgeons when they are

appointed should be given to understand that their appointment as assistants does not necessarily lead to promotion to the full staff, though other things being equal, it will do so.

Prof. Stewart: Merit alone should be considered. This of course includes all kinds of worthy merit. A most important part of the ability of a man is to be able to agree amicably with his colleagues, otherwise no matter how able he is, his usefulness is, in a great measure lost.

Prof. Allbutt: If any definite test of merit could be devised advancement would have to be by such a test. The only plan is to exercise the utmost care in the original selection of members of the junior staff and then on the whole, to promote by seniority. Occasionally exceptions will have to be made.

Prof. Bradford: Appointments by merit. Promotions by seniority, but control of efficiency obtained by all staff appointments being on yearly or five yearly tenure.

Prof. Mott: Seniority as a general rule but otherwise exceptionally. Make the appointment which should be considered likely to promote best the welfare of the hospital and the University.

3. Should vacancies on the medical staff be filled by advancement of another member of the staff, or should the applications of the members of the university medical faculty serving on the staffs of other hospitals or outsiders, be considered on equal terms?

Prof. Fitz: Teachers to be preferred. Exceptional merit to be drawn from elsewhere.

Prof. Gillman Thompson: Yes; by advancement. Not outsiders.

Prof. Stockton: On equal terms; for the reason that it is implied that one already on the staff has a natural advantage.

Prof. Lewllys F. Barker: Except for the highest positions, vacancies on the staff should be filled by the advancement of members of the staff. The head positions, if there are such, should be kept open to the whole world.

Prof. George Dock: Think the vacancies should be open to as large a number as possible.

Prof. Osler: Outsiders on equal terms, good men from any school.

Prof. Byrom Bramwell: Other things being equal the assistant staff should have the preference.

Prof. Stewart: Vacancies should be filled by the most competent men, whether on the staff or elsewhere.

Prof. Allbutt: I do not think that juniors as medical registrars or even assistant physicians, should have any vested rights in succession to the senior posts.

Prof. Bradford: Junior assistant physicianships should be thrown open to competition and the holder should in time become senior.

Prof. Mott: Throw appointments open to all members of the University Medical Faculty and of other hospital staffs.

4. What special points should be considered in estimating an applicant's claim for appointment or promotion?

Prof. Fitz: Value of past services and promise for the future.

Prof. Thompson: Personal and scientific attainments.

Prof. Stockton: Character, ability and experience (these in order).

Prof. L. F. Barker: Mental endowment, scientific training, personality, teaching ability and power for original investigation, services already rendered, prospect of future service of high order.

Prof. Geo. Dock: Special knowledge of work of the position, energy and ability to promote the interests of the service in every way.

Prof. Osler: Good training, good work done, good habits, teaching capabilities.

Prof. Byrom Bramwell: Previous experience, record of work done, original work, age, personal qualifications, etc.

Prof. Stewart: Previous record.

Prof. Allbutt: Candidate's special education, his general education, his tact and discretion, his keenness for work, *as shewn by the sacrifices he has made for it*, should be considered.

Prof. Bradford: Mainly two—efficiency as a teacher, and capability of doing research work.

5. Appreciating the difficulty that a Board composed of laymen would have in estimating the professional qualifications of an applicant and the opportunity this might allow for other influences being used to secure the appointment, could any plans be suggested, based on the applicant's record, which would serve as a guide to the Board?

Prof. Fitz: Recommendations should come from the teaching body and the senior medical staff.

Prof. Thompson: Yes, his University appointment as a medical teacher is a guarantee that he is well qualified, or he would not hold it.

Prof. Stockton: The recommendation of the faculty of an affiliated medical school.

Prof. L. F. Barker: It would be wrong to place the appointments in the hands of a lay board unless the lay board were willing to act upon the recommendations made by the executive board of the medical staff.

Prof. Geo. Dock: Record or evidences of work in other positions; opinions of experts regarding the scientific ability of the applicant.

Prof. Osler: A joint small committee of the trustees and medical board and faculty should make the selections.

Prof. Byrom Bramwell: Recommendation by an advisory board of medical men. In Edinburgh Royal Infirmary, applicants send in testimonials; there is also active canvassing. On the whole this method cannot be improved upon.

Prof. Stewart: Appointments should be in the hands of a medical board and certainly not entrusted to laymen, as they are incapable of judging of the professional qualifications of applicants.

Prof. Allbutt: Members of the junior staff should be elected by the staff. For senior posts, the best electing body is an electoral committee selected ad hoc; out of a committee of 12, three to retire annually. The chairman to be the chairman of the hospital. On this board the medical staff should be strongly represented but not necessarily in a majority. At the commencement of the sitting for election, the chairman or secretary should read the rule expressing the confidence placed in the committee by the hospital, and the assurance that they will, each one, discharge his duty to the best of his ability. It should be expected of each committee man that he give no promise, direct or indirect, before the meeting for election. The laymen would thus be at liberty to listen with quite open minds to the information which the medical members of the committee would lay before them.

Prof. Bradford: The appointing board, consisting mainly of laymen should have amongst its members a small number of representatives of the active medical staff of the hospital—say 3 on a board of 24. All applications for appointment shall be considered by a full committee of all the medical staff. Their recommendation should be sent to the lay board and the appointment rest with them. This plan works well, prevents jobbing of all kinds.

Prof. Mott: A sub-committee of 2 laymen and 3 members of the medical staff should be appointed to consider applications. They should nominate, in order, a select list of candidates where more than three apply, stating reasons for placing candidates in the order named. Appointments should be made by full committee or board of the hospital.

6. What importance should be assigned to clinical records in the work of the hospital? On whom should be placed primarily the responsibility for the accuracy and completeness of the clinical records? In the organization of the hospital, what measures would you advise in order to insure the best results along these lines?

Prof. Fitz: Records should be under the control of the physician in charge, and should be carefully preserved and catalogued.

Prof. G. Thompson: Copy the entire new system of Bellevue Hospital recently adopted. It is being universally adopted. Write to the record clerk for information, or engage her to visit Toronto and start the system for you.

Prof. Stockton: The appointment on the attending staff of a director of records, whose sole official duty shall consist in directing the history-taking and record-filing by the house staff.

Prof. L. F. Barker: The clinical records are of very great importance for the work of the hospital, not only for the maintenance of a very high order of work all the time, but also for subsequent statistical study. Each department, medicine, surgery and obstetrics, should be responsible for the completeness of its own clinical records. This work should be under the supervision of the head of the department; there should be a paid registrar in each department; supplemented by a skilled medical typewriter for the mechanical part of the work. On organizing the hospital, it would be well for the heads of the departments to confer and decide upon as nearly a uniform system for the hospital as a whole as is possible. There should be no attempt to force any one department to conform rigidly to any general scheme.

Prof. Geo. Dock: The clinical records in such a hospital should be considered as of fundamental importance. They should give objective evidence of the character of work being done and can be made the basis of contributions of value to medical science. Without knowing the organization it is difficult to say on whom the responsibility for accuracy and completeness should be placed. Visiting physicians can rarely attend to this satisfactorily. An experienced resident physician in each service, with proper clerical assistance, commodious record rooms, and a good system

of cross references would be advisable. (Excerpt from letter): "I feel that the hospital records properly made and properly filed are amongst the most useful possessions of the profession and especially of the municipality, and I believe that most hospital records are abortive for the reason that a proper organization is lacking."

Prof. Osler: Paid medical and surgical registrars. Plenty of clerical help. The state of the hospital records is an index of the intelligence of the staff and the care with which the patient's maladies are studied.

Prof. Byrom Bramwell: Great importance ought to be assigned to clinical records. Each physician should be made primarily responsible for seeing that sufficiently full case records are kept.

Prof. Stewart: The director of each department, and under him, his house men should be responsible for the clinical records. They are of essential importance.

Prof. Allbutt: There is only one way to have trustworthy records; namely, the appointment of a medical registrar. The registrar should be a highly qualified young man who would look to the opportunity as opening the way to the senior ranks. The work would fill practically the whole time—associated, as it will be, with research in the cases—of each registrar.

Prof. Bradford: The clinical records should be under the control of a special officer appointed *ad hoc*, *i.e.*, a registrar.

Prof. Mott: The physician in charge of the patient is really responsible for the mode in which the notes of each case are taken. A medical registrar, on salary, should keep the records. The post should be held only by the best qualified men and should be considered the first step to the medical staff. The registrar instructs the clinical clerks. It is a good plan for physician in charge to dictate notes when making a physical examination of a case.

7. Would you consider it advisable to arrange a scheme of reciprocity with similar hospitals in other centres with reference to appointment of medical internes?

Prof. Fitz: No, the positions should be awarded after competitive examinations.

Prof. G. Thompson: No; take them from your own university.

Prof. Stockton: Not prepared to answer this.

Prof. L. F. Barker: Yes.

Prof. Geo. Dock: Yes, have the appointments open to men from various good hospitals or schools.

Prof. Osler: Yes.

Prof. Byrom Bramwell: It is desirable to keep these appointments for students studying in the school except under exceptional circumstances.

Prof. Stewart: Have had no experience of men from other hospitals except on a few occasions and it proved satisfactory on every occasion.

Prof. Allbutt: Yes, I should think it a very good arrangement.

Prof. Bradford: On the whole the interne appointments should be awarded to the most distinguished students of the hospital.

Prof. Mott: Yes, it would be very desirable, for I consider no man should be allowed to practice who has not been an interne.

8. Should physicians make their visits to the hospital at stated hours?

Prof. Fitz: No.

Prof. G. Thompson: Certainly not—they should see the patient at any hour for the patient's good.

Prof. Stockton: Yes, decidedly.

Prof. L. F. Barker: Yes, as far as possible. Certain appointments should be inviolable; others may be less rigidly kept; emergencies must be provided for.

Prof. G. Dock: So far as possible.

Prof. Osler: Yes, and *stay* stated hours.

Prof. Byrom Bramwell: Yes, absolutely essential.

Prof. Stewart: Yes.

Prof. Allbutt: Yes; but visits—surprise and other—at any hours, should be encouraged.

Prof. Bradford: Yes.

Prof. Mott: It is essential for members of the staff to visit at stated hours and *be punctual.*

9. Is an age or service limit for senior members of the staff desirable, and if so, what should it be?

Prof. Fitz: Surgeons, 63 years; physicians, 65 years.

Prof. G. Thompson: 64 years as in the army.

Prof. Stockton: Yes, 60 years.

Prof. L. F. Barker: Yes. Am not prepared to suggest a limit. The army and navy limit might be considered.

Prof. Geo. Dock: An age limit not necessary if proper selection is made in the beginning and competition provided for a well-graded staff.

Prof. Osler: Yes, 60 years.

Prof. Byrom Bramwell: Yes, 65 years.

Prof. Stewart: Probably desirable—about 65.

Prof. Allbutt: Yes, I think for surgeons 60; physicians might well go on to 65 if this was not found to check promotion unduly.

Prof. Bradford: Both an age and service limit are desirable. Probably 60 to 65 is a suitable age limit, and 20 years service in charge of wards.

Prof. Mott: Yes, 60 years.

10. Should Dermatology and Neurology be in separate departments, or in connection with general medicine?

Prof. Fitz: Yes; the former.

Prof. G. Thompson: No.

Prof. Stockton: In connection therewith.

Prof. L. F. Barker: These should be sub-departments of the department of medicine, and under the general supervision of the latter, though men should be chosen to head these sub-departments who could with safety be given a free hand.

Prof. George Dock: Should be under general medicine unless the former services are very large and can command the appointment of men of eminence in their respective lines.

Prof. Osler: Separate.

Prof. Byrom Bramwell: Dermatology separate; neurology a part of genera medicine.

Prof. Stewart: It may be wise to have dermatology separate, but neurology should be in connection with general medicine.

Prof. Allbutt: Neurology is a part of general medicine; it should no more have a separate department than heart diseases or any other section of general medicine. The skin and the eye stand on another footing, for

although neither can be practised by one who has not a good knowledge of general medicine, yet they lie rather in water-tight compartments—relatively speaking of course.

Prof. Bradford: Probably most advantageously studied in separate departments.

Prof. Mott: It depends entirely upon the men selected for the posts. If you had a Dr. Osler, you would not want a specialist in any branch of medicine.

11. Should the work in the in-patient and out-patient department be co-ordinate in any way, and, if so, how?

Prof. Fitz: The out-patient department should be subordinate to the ward-service and supplement it.

Prof. G. Thompson: Yes; read the rules and regulations of Bellevue hospital, you can get printed copy of same by writing Dr. S. T. Armstrong, the superintendent.

Prof. Stockton: Best co-ordinated in a charity hospital, patients to be sent up to receiving ward until passed on by the attending staff.

Prof. L. F. Barker: The out-patient department should be a sub-department of the in-patient. In the case of obstetrics it is important that the resident staff of the hospital shall also be the staff of the out-patient department, so that the hospital may be properly fed from the outside.

Prof. Geo. Dock: Think the out-patient department should be a part of the in-service, with separate subordinates, but under the control of the chiefs of the departments.

Prof. Osler: Yes; there should be the closest affiliation. In the teaching ample provision should be make for work of this kind in the way of large rooms, etc.

Prof. Byrom Bramwell: It is better I think that the in-patient and out-patient departments should be separated. The in-patient department managed by the full-physicians and the out-patient department by the assistant physicians.

Prof. Stewart: Does not express an opinion.

Prof. Allbutt: Yes; closely, each out-patient physician should be in official association with his respective in-patient physician. The out-patient physician should by courtesy of his senior be allowed occasionally a bed or two for such cases as he may be interested in.

Prof. Bradford: Yes.

Prof. Mott: cases of chronic diseases discharged from the wards should be instructed to attend the out-patient department. Every out-patient physician should have a few beds.

12. What should you consider a reasonable annual expenditure in such a hospital for the more purely scientific work as in pathology, bacteriology, etc., and for what services and facilities should this provide?

Prof. Fitz: A clinical laboratory is of the greatest importance. There should be a pathologist with bacteriological assistant, and chemist with assistant. On equipment apparatus, instruction and research, $10,000 could be properly spent in each year.

Prof. G. Thompson:

Pathologist - - -	$5,000
Assistant Pathologist	1,500
" "	800
Materials - - - -	3,000
Total	10,300

Prof. Stockton: A trained man or woman in charge at a salary of $1,500. Much of the work could be done by a dresser, salary, $400; routine work to be done by the house staff under the supervision of the chief. Fixed laboratory charges not over (including breakage) $1,000. Excerpt from letter as follows: "I have recently given considerable time as a member of a committee in studying the matter, and I believe that the method here recommended is the best solution of the problem for most large hospitals. In exceptional cases where the attending staff have common ideals and where the members of said staff are well trained in laboratory methods, and where they can give sufficient time to supervise the work of the hospital internes, good results can be and are obtained without special pathologist in charge. Such conditions, however, are not usual.

Prof. L. F. Barker: A budget of say $25,000 annually would be a reasonable expenditure for the more purely scientific work in pathology and bacteriology after the department is equipped. The laboratory itself should cost from $60,000 to $100,000 and it should have an equipment fund of from $20,000 to $30,000. The annual budget fund would provide, in the first place, a professor of pathology at $5,000; second, an associate professor at $2,500; an assistant in bacteriology at $1,500; two junior assistants at $600 each, one in bacteriology and one in pathology. If a couple of Fellows were available it would be an advantage. The rest of the annual income should go for the gradual improvement of equipment, the buying of better microscopes, of physiological instruments of pre-

cision, the chemical apparatus and reagents, of bacteriological outfits, and for the supply and expense incidental to the proper janitor service, proper instruments, experimental animals, etc. This, of course, is an ideal; much can be done with a smaller outlay. In addition to this general laboratory of pathology and bacteriology, each of the three main departments—medicine, surgery, obstetrics, should have a clinical and experimental laboratory adjacent to its wards. In the medical laboratory the methods of physics, chemistry and biology could be applied directly to the solution of problems which the patients in the wards suggest. In the surgical and obstetrical laboratories, the routine clinical laboratory examinations could be made and the pathological histology of tumors and other tissues excised at operations should be taken up. The general pathological laboratory should be reserved for the study of general questions in pathological anatomy, pathological physiology and pathological chemistry, and should include the autopsy work of all departments of the hospital. All pathological material of the hospital removed from patients during life or from bodies after death should belong without question to the pathologist-in-chief and the pathological department. The pathologist-in-chief should be a man who would welcome the working up of this material by members of the clinical staff, but clinicians should distinctly understand that they have no right to that material, and that it is extended to them as a courtesy. In no other way can a successful, independent, self-respecting pathological department be built up."

Prof. Geo. Dock: There should be a prosecutor with assistants according to the amount of work to be done, at least one each for pathological histology and bacteriology, with a technical assistant for chemical and microscopic work and servants to do the ordinary work in the laboratory. If much chemical work is intended there should be also a skilled assistant for that. I have considered that the routine examination of blood, urine, sputum, etc., be done in connection with the ward work and that the technical assistant or chemist do the more special and more time-consuming work. It is difficult to make an estimate without some idea of the supply of workers in the various lines, but $10,000 a year would not be too much.

Prof. Osler: (1) A resident pathologist $600 to $1,000 with rooms; (2) assistant resident pathologist $200; (3) bacteriologist $500. The clinical laboratory should be large enough to have classes of students and the clinical clerks should have plans for work.

Prof. Byrom Bramwell: It is very desirable I think that there should be a pathologist, who devotes his whole time to the pathological work, and that he should have one or more skilled assistants not necessarily devoting their whole time to the pathological work. It is also desirable

I think that there should be a clinical pathologist who should be at the disposal of the staff for making blood examinations, bacteriological examinations, and the chemical examinations of any material sent to him from the wards, or of making direct examinations from patients in special blood, urinary, etc., cases. Such appointments would involve a considerable amount of expenditure, not knowing the local conditions as regards finance, salaries, etc., of such offices I do not feel in a position to suggest any sum.

Prof. Allbutt: Two pathologists for the minute investigation of the cases under treatment in the wards. If boarded in the hospital the senior might be paid $1,000, the assistant $750. They should be men of three or four years qualification and versed in chemical and biological methods. For more general lines of research not necessarily carried on in the hospital itself additional provision would be required.

Prof. Bradford: I think this should be restricted to such as is required for diagnosis of disease in the wards. General research work is more suited to the pathological department of the University.

Prof. Mott: This is one of the most important matters in the equipment of a modern general hospital. It is the development along which the greatest progress will be made and no expenditure within reason should be considered too costly to provide an efficient department in bacteriology and pathology. You should, however, pay not only for bricks but for brains. The director should be paid a sufficient sum to live without practice. Not less than $4,000. $1,000 for material and apparatus; $1,000 for post-mortem and laboratory attendants; $1,000 one paid qualified assistant to give his whole time; $1,000 to the professor of pathology for directing and supervising the work in the laboratory.