Officers in category (a) would be liable to recall to military duty in an ordinary emergency, and those in (b) only in a greater emergency.

Officers in category (a) and (b) should be required to keep up their military training by periodical return to duty with troops; a period of three months every three years is suggested. Officers in class (c) should only be recalled in a very serious emergency, for work as specialists and consultants, subject to the sanction of the administrations under which they are serving and to the extent agreed upon. They should, on recall, be given suitable temporary rank, on the analogy of the private practitioners employed by the War Office during the war.

(10) Officers of the Royal Army Medical Corps should be posted to India in the various grades for tours of duty as at present, and should be entitled to a reasonable share in the higher military administrative appointments.

(11) In view of the fact that the Director Medical Services is the head of both the military medical services, the post should be held by an officer of the Army Medical Service and the Indian Medical Service alternately.

(12) Exchange of officers between the Royal Army Medical Corps and the Indian Medical Service should be allowed, as at present.

(13) Interchange of duties between officers of both services, e.g., charge of British and Indian station hospitals, field ambulances on manoeuvres, etc., should be encouraged.

(14) If a fixed proportion of Indians be recruited for the Indian Medical Service, that proportion should be maintained in the military and civil branches.

(15) On the analogy of other Indian services, the pay of the Indian Medical Service should be substantially higher than that of the Royal Army Medical Corps when employed in India. This is necessary in order to attract recruits to the Indian Medical Service. Similarly, the Indian Medical Service pensions should be on a higher scale.

OPENING OF THE WINTER SESSION.

MEDICAL RESEARCH AND EDUCATION.¹

BY

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In delivering an opening address it is fitting that I should speak upon a topic in which we are all profoundly interested. I have therefore chosen medical research and education. My own justification for speaking on this subject is that I have for more than a quarter of a century been intimately associated with medical research and education in different parts of Great Britain and in Canada, and have also had opportunities of studying the methods employed in the United States of America and the continent of Europe.

It is frequently urged that our medical education should be more "practical." In advocating or opposing this doctrine we must understand precisely what is meant by the term "practical." If by it we mean "applied" or "professional," then the proposal to make our education and our research more practical is fraught with danger. On this point I should like to quote a passage from an address by Professor Pearce of the University of Pennsylvania²:

"In recommending to you that, as practitioners, you keep always the point of view of the investigator, I realize fully that as you go out among so-called 'practical' doctors you will find many who sneer at what they term the 'scientific' doctor. This view, of which we hear less and less each year, is a survival of the opinion commonly held prior to the development of the sciences of bacteriology and physiologic chemistry, which sciences by their practical applications to everyday medicine, have perhaps done more to dispel it than is usually realized. I may quote from the words of a past and present teacher in this school to illustrate this change in attitude. Oliver Wendell Holmes, in an introductory lecture to the class of 1867, discussed the question of whether or not the young physician should take an active interest in investigating in medicine. He expressed his disapproval in the words, 'Take down your sign or never put it up,' thus implying that at that time practice and investigation were considered incompatible. The same implication we find also in his frequently quoted phrase, 'If a man has not plenty of good common sense, the more science he has, the worse for his patient.' Thirty years later we find your present professor of comparative anatomy summing up the matter in the statement, 'So far as I know,

the most important difference between a "practical" doctor and the truly scientific is that the patients of the former are more likely to die."

Even from the narrowest utilitarian standpoint it is a short-sighted policy to be too "practical." By limiting too rigorously the scope of investigation, one runs a serious risk of checking discovery altogether. The whole of the subject of electricity, which now plays such an important part in our daily life, has been evolved not by the "inventor" or by the "practical man," but by the patient and disinterested studies of such men as Faraday and Clerk Maxwell. Our knowledge of disease has been advanced in recent years not only by medical men, but by botanists, zoologists, and chemists. It behoves us not to regard too anxiously the immediate practical value of research. Most of the epoch-making discoveries have had for some time little or no direct application to medical practice. To our grandfathers nothing could have been thought more improbable or even absurd than that a study of the different species of mosquitos and their life-history could lead to the discovery of a means of abolishing yellow fever. We must even beware of undue haste in putting discoveries to use. Even in the laboratory itself it is possible, by a too close concentration to one's particular line of work, to miss great opportunities of enlarging the bounds of knowledge. I have heard of a physicist who was interested in scientific photography and who noticed many years ago that his photographic plates always became fogged in presence of Crookes's tubes, but who, being a "practical man," simply took special care to keep his plates away from the tubes! This is an exquisite example of a too practical man who just missed (through failure to keep his mind alert) one of the greatest discoveries of modern times, a discovery made some few years later by Roentgen of Wuerzburg.

It is my opinion that it is not desirable to emphasize in a student's course the more purely professional part of his life's work. Throughout his after-life he will have ample opportunity for making himself familiar with these matters, but he will probably never again have the chance of carrying out a chemical analysis, a physiological experiment, or a careful histological *post-mortem* examination.

If by a "practical man" we mean a doctor who is equipped by his training to apply promptly and efficiently such treatment as may be the best for his patient, then, of course, "the practical man" is the best kind of man. But it is my firm conviction that such practitioners can only be turned out by our medical schools if the education given is of the broadest and most generous type, and if we aim above all to instil into our students the true scientific spirit, so that they shall always regard their cases as problems, to the solution of which they are to give their utmost skill and energy, employing their mental tools as they have been trained to use them in their scientific studies.

As for the methods of our teaching, I fear there is need for great improvement. The formal lecture without demonstrations is a pitiable anachronism. It is a survival from the days when there were no textbooks. Students nowadays hear so many lectures that they become almost immune to any influence in this direction. In the majority of subjects in the curriculum a short introductory course of about forty lectures is all that is necessary or desirable. Advanced students should have the privilege of attending short special courses delivered by the staff or investigators on subjects to which the lecturers have devoted special attention.

On the other hand, the time devoted to laboratory work should be considerably increased, and the lectures ought to be, to a large extent, explanatory of the laboratory courses. Heads of departments would do well not to look upon practical classes as matters beneath their notice, and not to leave them entirely in the hands of assistants.

Teaching and Examinations.

A student recently told me that his idea of a good teacher was one who would make his life a hell until such time as he knew enough to pass his examination. Now the student who holds such views is not entirely to blame for his state of mind. The medical schools have done much to foster a belief in the minds of students that their teachers are called upon to hold innumerable classes of the "grinding," "coaching," or "cramming" variety; and

¹ Introductory address at the opening of the eighty-sixth winter session of the Middlesex Hospital Medical School, on October 1st, 1920.

² *Journ. Amer. Med. Assoc.*, 1911. Part of an address to a students' society at Harvard University.

the schools have been tempted to do this out of a spirit of rivalry and competition with other schools, which it is impossible to justify. Tutorial or viva voce classes are not in themselves bad, but so frequently are the topics of discussion those with which the students have no actual first-hand knowledge, and so frequently do they deal with phenomena of which they can call up no definite mental images, that this method of spoon-feeding becomes a serious evil. The more so since students are tempted to neglect the systematic laboratory courses and trust to the help of the tutorial classes held just prior to each examination. Great improvement would result if medical teachers could be induced to study more carefully their educational methods. For example, students should be induced to see for themselves, and not always told what they are to see; they ought to be made to find out for themselves, and not told what they must find.

Dr. Thomas Lewis very reasonably insists that much more attention should be paid to human physiology in class work. The normal should be thoroughly known before the student passes on to the study of the abnormal. A large part of the trouble arises from our examinations. The evil reactions of excessive and at the same time defective examinations upon learning are nowhere more manifest than in medical education. The teaching is too frequently interrupted by tests. No sooner have the students settled fairly down to work than they begin to inquire, "Will this work pay?" "Shall I get this in the examination?" This spirit is fatal to all sound learning.

But if examinations are an evil, albeit a necessary evil, how can this be mitigated? What are the alternative methods suggested of securing the ostensible objects of examination—namely, efficient study and competent teaching? In the first place, the external examiner must be abolished and the teachers must be the examiners for their own students. A system of daily marking for observations made and for practical work done might with great advantage be substituted for the ordinary practical examination. Such examinations are of necessity very unsatisfactory. The tests to be employed are, from the nature of the case, very few, and must be well known beforehand. If a student be asked in an examination to conduct an experiment, even of the simplest nature, which he has not had the opportunity of rehearsing, then complaints and protests arise both from candidate and university authorities. The majority of our tests in laboratory work have not to be directed towards estimating a candidate's power of solving a problem, but rather utilized as a means of judging his power of remembering how to repeat proceedings which he has carried out several times before. From an educational standpoint such tests are valueless.

It is a source of infinite confusion that the students in a medical college are divided up into several groups, with aspirations not to learn different branches of a subject, but to pass different kinds of examinations. It frequently happens that a large part of their energy and ingenuity is directed towards studying the idiosyncrasies of the various examiners and in reading their textbooks. When this kind of "preparing for examinations" extends to the teachers themselves, the limit of educational depravity has been reached.

The Place of Research.

One of the functions of a medical school is to train competent practitioners of medicine. But it cannot be too strongly urged that this is not its only function. A medical school worth the name must add to our stock of medical knowledge and must rear a number of young men to become teachers in the medical departments of our universities. Teaching, in my opinion, should not be divorced from research. Every teacher should be also an investigator. "To engage conscientiously in teaching is a form of research." Lecturing is a valuable means of arranging one's ideas, and in facing a keen and critical group of students the lecturer is frequently impelled to a more careful and discriminating treatment of his subject. It has been pointed out also "that in the stimulus of talking very often new and useful points of view present themselves." I have heard it recommended that the lecture hour be regarded as an agreeable relaxation for the lecturer and a period of refreshing sleep for the students. But I venture to think that if the lectures be not too many and if they are of the character I have

suggested, even these laudable purposes fall into a secondary position. If the teacher be also an investigator it will make a great difference to the nature of the teaching. The best students are invariably turned out by men actively engaged in research. Such men are constantly on the alert for new methods, both in their investigations and their teaching; they inspire the same alertness in their students. The younger men who act as lecturers and demonstrators in university departments deserve special consideration. Rarely can such young men succeed in carrying on fruitful scientific work unless the head of the department sets the example and lends his encouragement and advice. I have known several instances where a professor has in the course of years had numerous assistants with enthusiasm and capability for research, but it has been urged that "there was no time" for research, and that "teaching was so much more important," and the suggestion of investigation on the part of the assistants was discouraged, or the attempt forbidden. The young teachers trained in such departments frequently obtain a reputation for being "good teachers," which too often means that they develop a marvellous capability of pushing bad students through worse examinations.

The best teaching can only be carried out in an atmosphere of research. The view has sometimes been expressed that a really efficient teacher should confine his attention to teaching. A moment's consideration will show how vain a thing and how fondly imagined is this. Examine a modern textbook in any subject and investigate the method of its compilation. The portions which treat of recent advances must consist largely of extracts from recent monographs or contributions to the scientific journals. Surely it is well if the lecturer has himself obtained first-hand knowledge of some of these advances, and better still if he has made some of them by his own investigations. The only satisfactory method of gaining a clear comprehension of any subject is to study the original sources of information and patiently strive to add to the sum of knowledge. It has been very truly said² that "a teacher who devotes an inconsiderable part or none of his best hours to research cannot long hold his place as a fertile and effective teacher." Every teacher knows that his lectures are infinitely more inspiring when he is speaking upon those branches of his subject on which he has worked than when he is talking of matters with which he has only second-hand knowledge, for no one can personally verify all the facts of his science. There is a vast difference in treatment in the two cases, and students are not slow to detect it. A student who knows that he is receiving his instruction in an active research department receives an inspiration which takes him on into his everyday practice with a true scientific spirit. The student in the other kind of department has no impetus but to learn enough to pass his examinations. It follows from what I have said that the medical school which encourages research in all its departments will always attract the best students.

Separate research chairs and research departments or institutions are, in my opinion, except in quite exceptional cases, undesirable. Even in purely technical or applied science it is now being generally recognized that the best original research is to be looked for in teaching institutions. The establishment of research institutions by the Government and by private munificence is likely to draw away the best men and the highest class of work, and to leave research in the universities in a deplorable condition. Let us consider for a moment how the necessity of such research posts has arisen. There can be no doubt that in the past heads of departments have been appointed who had no capability or no desire for original investigation, and to obviate the disagreeable necessity of getting rid of such men, new chairs, departments, or even institutions have had to be created in order to ensure that some adequate investigation may be carried out. This is, in my opinion, a thoroughly bad policy. By such an arrangement the students lack the proper inspiration which is derived from an active worker who is also an enthusiastic teacher, and the pure investigator misses the opportunity of formulating his rapidly acquired new views. It is of the greatest profit to students to be kept in constant contact with the growing edge of the subject. It is

² Sir Clifford Allbutt, BRITISH MEDICAL JOURNAL, October 14th, 1905.

often possible to utilize the advanced class work as a means of investigation. I therefore strongly advocate that every department in a medical school should unite teaching with original investigation. In order that this may be achieved it is all-important that the teacher should have abundance of free time for thought, for reading, and for experiment. If his time be filled up by endless elementary classes or administrative work, he cannot be expected to contribute to the advance of knowledge. There are two ways in which more free time may be found for the prosecution of research—namely, the increase in the teaching staff and the creation of new departments. Research in our medical schools will be considerably advanced with increased recognition of the hospital as the homologue of the research laboratory in general science. It has been pointed out over and over again that the essential, fundamental methods of experimentation have not yet been diffused to a sufficient extent into the regions of practical medicine.

Perhaps the quality most essential for successful investigation is enthusiasm. This must constitute a stimulus powerful enough to sustain the worker through long periods of laborious drudgery, when apparatus will not work, when all goes wrong, and the outlook seems hopeless. Every director of a scientific laboratory must have realized that the qualities of enthusiasm and dogged perseverance are just as valuable in scientific work as those of "brilliance" or "cleverness." The educational value of original research is immense. A new man is created whenever a student, free from the terrors of examinations, has devoted himself to an experimental problem and has carried it to a successful issue. Such a man is better able to attack the problems of his everyday medical life, and to cope with emergencies, than many of his fellows who may have read more books or passed severer examinations.

I am persuaded that nothing but good could come of a greater freedom and elasticity in the medical courses. Students should have a greater latitude of choice in subjects to be pursued, though, of course, certain fundamental subjects must always remain obligatory. It is generally recognized that the curriculum is sadly overburdened, and the elective system is, to my mind, the only practicable method of relieving the strain. This system would have the additional advantage of permitting every student to do some kind of research, and so to increase materially his mental calibre and equipment. As an example of the elective system applied to the subject of physiology, we might suggest that all students should attend a general course of forty lectures. Then, in addition, the department should provide short courses of eight to ten lectures, with laboratory work (by people specially competent to deal with the particular subjects), in general physiology, physiology of the circulation, the nervous system, and so on. No student should be required to take all these courses, but only a certain number. The same arrangement might well be applied to other subjects and to groups of subjects.

The Need for Government Aid.

Perhaps the greatest hindrance to progress in medical education has always been, and still continues to be, the difficulty in finding money to defray the expense of buildings and laboratory equipment, to say nothing of the salaries of teachers. Although we must record a debt of great gratitude to the few generous and high-minded men who have endowed chairs and even institutions, yet we have every reason to be ashamed of the lack of wide public support to our universities. Successive Governments have left our educational institutions on the verge of starvation. The universities are not the offspring of our Government, but, since they have been left on its doorstep without proper means of nutrition, it will be compelled in common decency to take them in and adopt them. No university can be self-supporting, and private munificence is too hazardous to be relied upon.

I wonder if it has ever occurred to any of you, or if it has ever been laid before you, that a scientific man is the only servant of the nation who is expected to do his work without proper appliances. A business man has suitable appointments and fittings adapted for saving of time and perfection of technique; but a scientific man has in many cases to be content with the most miserable makeshifts. Within the last few years the conditions have somewhat

improved in respect of those subjects which are recognized as valuable in the pursuit of war and the amassing of wealth. In medicine our Government has preferred to endow separate research institutions rather than to support the medical departments of universities. The director of a university laboratory is indeed supremely lucky if his place of work is as well adapted for its purposes as a bank, a departmental store, or a hotel kitchen. This deficiency is painful enough in many of our larger universities, but what is the state of affairs in our smaller institutions can only be left to the imagination of those who do not know by bitter experience. The reason of this deplorable condition is clearly to be sought in the lack of interest in and appreciation of scientific work on the part of the general public and the reflection of this state of affairs in the attitude of our Governments. In regard to medical education the public has never realized that efficient training of doctors is absolutely dependent upon a sound scientific education. And this is perhaps not to be wondered at, since medical men themselves have not always held the most enlightened views on the subject. This is, of course, only an expression of the British suspicion and scepticism as to the value of science. There has been a partial awakening, but our poverty-stricken universities still stand as a sign that everything has yet to be done. State support to the universities should be generous and complete. Teachers should be well paid and laboratories well endowed. Here in London all our schemes and proposals are baffled and defeated by lack of funds, by ancient tradition and the weight of great vested interests, combined with the evils of our examination system.

ST. MARY'S HOSPITAL.

THE opening of the session at St. Mary's Hospital, Paddington, on October 1st, was attended by Dr. Russell Wells, Vice-Chancellor of the University of London, and Dr. J. G. Adami, F.R.S., Vice-Chancellor of the University of Liverpool. After distributing the prizes and certificates for 1919-20, Dr. Adami delivered an address dealing with recent developments in medical education. He said that words of warning were needed lest, in consequence of the financial difficulties by which they were beset, the universities and medical schools should lose their power of initiative and their independence. In accordance with the advice of the Chancellor of the Exchequer, students' fees, which before the war covered from one quarter to one-third of the cost of education, had been increased; but in both universities and training colleges the Government had declined to augment the subsidy granted towards the education of ex-service students already on the roll. Dr. Adami hoped that this decision would be reconsidered; he pointed out that grants of this kind did not connote such rights of Government control as would be established, for example, by the provision of pensions for university teachers. He expressed considerable doubt as to the value of the movement for full-time professorships in medical subjects, according to the "unit" system. This movement, he said, had reached us more directly from America, a country which during the last ten years had presented instances both of the most inadequate and of the most elaborate equipment for medical education—on the one hand, the unsatisfactory conditions shown in the report of the 1910 Commission, and exemplified by medical schools without dissecting-rooms or without laboratories; on the other hand, the lavish equipment of the Johns Hopkins, Harvard, and many other schools. Whole-time professorships were first instituted at Johns Hopkins, and other hospitals had followed; one modification popular in America was that the teacher should enjoy at the hospital limited opportunities for private consultations or operations. More remotely the system was of German origin. In the United States satisfaction with its working was not unalloyed, even among those who had accepted whole-time teaching posts. In Germany, where for generations there had been full-time State-paid professors, the results, Dr. Adami believed, were significant and sinister. Much industrious and intense study, much prolific publication, and much involved classification had ensued; but if the hall-mark of success lay in the establishment of principles rather than in mastery and classification of detail, the significant

advances in medicine had been forthcoming from other than German sources. He cited as examples the additions lately made in neurology and cardiology and in the knowledge of the internal secretions and of antiseptics. The most significant names of German investigators were those of laboratory workers, not of units in the hidebound professorial system. The unit system was apt to have the disadvantage that it concentrated on the most promising pupil, to the detriment of "all-round" instruction. The ideal physician made it his duty to treat patients, not disease; the teacher who was entirely cut off from private practice might be tempted to regard patients as "material"—the students of such a teacher would not come into association with the highest ideals of medicine. Dr. Adami foresaw, too, that the young man of 30 might be tempted, after a period of years spent in whole-time teaching, to leave this work for private practice. On the other hand, the lecturer recognized that the two great disadvantages of the system at present obtaining in London were: first, that competition was so intense as to make the graduate afraid temporarily to leave his hospital, lest he should lose his seniority; and secondly, that our existing system made for solitary leaders and not for great schools. Pathological laboratories must not be placed away from the hospitals; it was by association with clinical work that pathology was kept alive. Although himself a "laboratory man," he felt very doubtful of the wisdom and practicability of adopting in England the whole-time system of professorial appointments; it was preferable, he thought, before extending the system in this country, to make further observation of the results obtained elsewhere.

KING'S COLLEGE HOSPITAL.

MR. F. RICHARDSON CROSS, LL.D., F.R.C.S., lecturer on ophthalmology in the University of Bristol, in his introductory address at the opening of the new session at King's College Hospital, on October 1st, alluded to the advantages of resident collegiate life, and expressed his satisfaction that the new hospital at Denmark Hill included a hall of residence for medical students. Mr. Cross, in his interesting survey of progress, described the investigations, conducted in the middle of the last century by Spencer Wells and others, into the excessive mortality following surgical operations; a description was given of Pasteur's and of Lister's work and their results. Just as Lister and his colleagues aimed at the prevention of suppuration rather than its cure after being established, so it was now the aim of the physician to prevent disease, and to watch and follow its very early beginnings. Students should develop to its highest degree the power of accurate observation by sight, touch, and hearing. Aristotle had said: "Men who desire to learn must first learn to doubt, for science is only the solution of doubt"; the true method of science was that of observation and experiment. At present the work of the general practitioner gave him but little time for study and recreation, and many were overworked and underpaid. The State, through the Ministry of Health, was making much use of medical services, and would more and more extend them. No doubt the medical profession would continue willingly to give its best services, both of time and knowledge, towards treatment in voluntary hospitals; but where the State undertook the responsibility of dealing with the sick, a proper payment would be expected for the services rendered by medical men. It was important that the profession should continue as far as possible to be self-governing.

WESTMINSTER HOSPITAL.

THE inaugural address at the opening of the winter session at the Westminster Hospital Medical School on September 30th, was delivered by Dr. A. M. Gossage, C.B.E., senior physician to the hospital. Dr. Gossage called attention to the great increase in the number and complexity of the subjects that had to be taught to the medical student since he was himself a student. This meant an ever-increasing expense, and medical education, like other forms of secondary education, was no longer self-supporting. In the lack of endowment the schools had to look to the Government for assistance, and it was probable that the Government would insist on economy both in the medical schools and in the hospitals. One of the obvious measures of economy was the concentration of the various

schools into a few centres, so that amalgamation, whether voluntary or forced, must be expected in the near future. It was hoped that this would result in the use for teaching of the wasted material to be found in special hospitals and infirmaries.

MEDICAL SCHOOL DINNERS.

ST. BARTHOLOMEW'S HOSPITAL.

THE annual old students' dinner was held after an interval of seven years on October 1st, with Sir Anthony Bowlby, K.C.B., K.C.V.O., K.C.M.G., President of the Royal College of Surgeons of England, in the chair. The number of those present (350) far exceeded all previous records. The Great Hall of the Hospital being unable to accommodate so large a company, the Lord Mayor offered the Guildhall of the City of London for the dinner, and in the Guildhall it was held. The Chairman, after the loyal toasts had been honoured, submitted the toast of the "Imperial Forces of the Crown," and spoke of the debt owed by the Empire to each branch of the services. He claimed that in the great war which had come and gone since the last dinner, Bart's men had upheld the old tradition in every theatre of war. Of 20,000 officers who served in the R.A.M.C. 2,000 were St. Bartholomew's men, and more than a hundred had given their lives. The toast was responded to by General Lord Horne, who remarked that Henry VIII, in the Charter he gave to St. Bartholomew's, enjoined it to take special care of those broken by war. That this duty had been faithfully observed in recent times the speaker could testify from his own knowledge. Lord Horne ended with a warm appreciation of the value to England of the great voluntary hospital system. The President of the Royal College of Physicians of London proposed the toast of "Prosperity to the Hospital and the Medical School." Passing lightly down the centuries—from Rahere's first visit to the city in the twelfth century in search of a lost book, to the reorganization of clinical teaching at the hospital during the past year—Sir Norman Moore suggested to Sir Archibald Garrod and his colleague, the Professor of Poetry at Oxford, that a better word than "unit" might be found. Sir D'Arcy Power, in a short reply, spoke of the present flourishing condition of the medical school with its 650 students. "The Health of the Visitors" was proposed by Dr. Howard Tooth, the senior physician, who briefly mentioned the many distinguished guests. Sir Arthur Lawley, Commissioner for the British Red Cross Society in France during the war, responded in an eloquent speech. The Chairman's health was proposed in very warm and intimate terms by Sir Charles Gordon Watson, who voiced the feelings of all present in his tribute to Sir Anthony Bowlby as a surgeon in peace and war, as a man, and, above all, as the students' friend. The Chairman, in his reply, asked all present to join with him in sending a message of thanks to the Lord Mayor and Corporation of the City of London for their courtesy in lending them the accommodation of the historic Guildhall for that unique occasion.

ST. THOMAS'S HOSPITAL.

THE old students' dinner at St. Thomas's Hospital was held at the Connaught Rooms, under the chairmanship of Dr. F. Foord Caiger, on October 1st, when some 160 past and present members of the school met together. The loyal toast having been duly honoured, the Chairman proposed that of "St. Thomas's Hospital and Medical School." He sketched the changes and improvements which had taken place in the hospital and medical school during recent years, and, in referring to the old physicians and surgeons of the past who had helped to bring the hospital and medical school to its present high position, related some interesting reminiscences. Sir Arthur Stanley, treasurer of the hospital, in responding, said that great honour was due to his predecessor, Sir James Wainwright, without whose able assistance the hospital could not have attained its present position. He said that when a representative in the House of Commons he used to look over the water and admire the architecture of St. Thomas's Hospital, and since he had become associated with the institution he liked it more and more. Unfortunately the revenue of the hospital was