

the chief toxic reaction was the interference with vestibular function. There is still some doubt as to how great a disability this may prove in the use of streptomycin. It is felt by some that the majority of patients will suffer no permanent damage, and it has not been regarded as an indication to stop treatment, but it still is a grave result, and requires serious consideration.

These are all points which are fairly well defined as to their bearing on the value of streptomycin. The most difficult problem so far is that of the development of resistance to streptomycin. So far we know little of its genesis, its significance or its incidence. At present this aspect forms one of the chief limitations to the use of streptomycin in treating tuberculosis. The whole subject is receiving intensive study and the outlook is very well summed up in the concluding sentence:

"The slight and not entirely safe crutch provided now by streptomycin to a limited section of the tuberculous may be replaced by a stronger instrument or a new pair of legs for the entire group."

MEDICAL ECONOMICS

MEDICINE IN THE CHANGING ORDER

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The report of this committee* on the above subject is one of the most complete and informative pronouncements which has appeared to date. In clear and concise manner it gives the history of the development and present status of medicine with all its ramifications, in the United States of America. It is a story which to a great degree finds its parallel in this country, wherein climatological, social, economic and political conditions are so similar.

Some of the main conclusions reached by this committee should be noted.

1. The necessity of proceeding slowly in anything that is done towards the improvement of health services. "The Committee agrees that the gradual extension and improvement of medical services is preferable to revolutionary change and that while the government has the direct responsibility for the health of the citizens, rapid and sweeping changes accompanied by legislative action would defeat their own purposes by impairing the spirit and

* Medicine in the Changing Order. Report of the New York Academy of Medicine, Committee on Medicine and the Changing Order. 240 pp., \$2.00. The Commonwealth Fund, New York, 1947.

quality of a service which is individualistic and personal." Politicians and "blue-printers" please mark well and inwardly digest.

2. Quality of service must be preserved.
3. Extensive use of hospitals adequately equipped, staffed and suitably located.
4. Establishment of health centres with doctors working in groups around these centres.
5. Education of the public and profession alike.
6. Preventive as well as curative services to be made available to all citizens.
7. Voluntary pre-payment plans recommended.
8. Government aid in the establishment of adequate hospital and health facilities and in the provision of skilled personnel particularly in rural areas is stressed.

If anyone cares to study the principles of the Canadian Medical Association (last revised at Jasper in 1942) and the policy adopted by the Canadian Medical Association at Banff in 1946, he will be struck by the similarity of procedure and objective for the United States of America and Canada.

It is of more than passing interest that two committees working independently one in New York (well financed) and one in Canada (without funds) should reach almost identical conclusions regarding the improvement of health services.

This report on "Medicine in the Changing Order" should be read and studied in conjunction with the Canadian Medical Association principles and policy by every doctor in Canada who has any interest whatever in the future of medicine in this country.

MEN and BOOKS

OSLER: THE TEXTBOOK, AND EDUCATION IN MEDICINE*

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THE MAN AND THE BOOK

The fourth Osler Lecture was given by Sir Humphry Rolleston, his personal friend and contemporary, and the fifth by Dr. C. D. Parfitt, a pupil and friend. The generation that worked with Osler in his prime is passing from our ken, but his spirit and wisdom are still with us in his writings. The rich inspiration of his crowded and purposeful life lies

* Read at the Seventy-eighth Annual Meeting of the Canadian Medical Association, General Session, Winnipeg, June 25, 1947. The first Osler Oration was by Dr. F. J. Shepherd, the second by Dr. F. R. Packard, and the third by Dr. L. F. Barker.

open to anyone who cares to turn the pages of that devoted biography by Harvey Cushing.

Osler represents Canada's greatest contribution to medical culture: scholar, teacher, master of English style, lover of books and literature, classical scholar and philosopher, collector, investigator, and having with it all the capacity for humour and pranks, and an ability to charm every child with whom he came in contact. Dr. Alan Gregg¹ has recently said "You will never see the beauty and power of a liberal education until you have known some person who has reached out into the world of ideas and brought together in himself, self-taught, a large number of fields of interest". Osler was indeed such a man, and it is right and fitting that his memory should be kept alive at your gatherings. As a pilgrim to your great country I am appreciative of both the signal honour you have done me and of my own inadequacy for this occasion.

Osler's energizing influence spread through North American and English medicine. There was no aspect of medical education on the two continents which he did not illuminate. The builder of a great school of medicine at Johns Hopkins, the founder of the American Association of Physicians, he finally came to the cloistered atmosphere of Oxford. Here with minimal teaching duties he played a key part as the founder of our *Quarterly Journal of Medicine* and Association of Physicians. Even on his travels between the Old and New Worlds he gathered the doctors on board ship into the "North Atlantic Medical Society", created for the occasion to while away the time with discussions—serious and bogus! No move in medical education or planning in the first twenty years of this century was made without his being consulted.

My own introduction to the spirit of Osler began with the famous textbook over 20 years ago, and as I have never since escaped from medical schools, I feel impelled to make some commentary on that great medical masterpiece in relation to some of the problems of medical education that face us today.

Osler's textbook was first published in 1892, its author characteristically taking the opportunity to write the book during some delay in the establishment of the Medical School at Hopkins. Soundly trained and experienced in pathology at McGill, he welded this science closely to clinical practice, and with his magnificent command of our mother tongue and easy flow of language the textbook became literature. His parable of the "seed and the soil" in the genesis of tuberculosis marked the vivid teacher, and who can forget that classic metaphor which he chose to describe the neurasthenic: "So long as these individuals are content to transact a moderate business with their life capital all may go well, but there is no reserve, and in the exigencies of modern life

these small capitalists go under and come to us bankrupts".

His love of pathology made him insist on *diagnosis*, meaning *full comprehension*, as the essence of our art and science. As far back as 1891 he poured scorn on those who saw "only pills and potions in the profession of medicine . . .".² His scanty paragraphs on therapeutics, while disappointing, were no more than truths from his wise and benevolent heart. This humble admission of the inadequacy of medicine, we are told, came to the ears of John D. Rockefeller and had much to do with the establishment of the Rockefeller Foundation which has done so much for the advancement of research.

Osler's revisions of his textbook were so masterly, so complete, that no rivals could approach his success. He saw his book translated not only into Chinese and Spanish, but also—unique tributes from countries which have usually regarded their own medicine as self-sufficient—into French and German. While Osler knew how to prune, his many successors, who nearly all patterned their books on Osler, have tried to keep all Osler's basic facts and add on to them potted synopses of recent advances in the various specialties into which medicine threatens to divide.

THE PROBLEM OF THE TEXTBOOK IN MODERN MEDICINE

This accumulation of material—I nearly said facts—to be learned, has become huge and unwieldy. Yet those of us who are university teachers of medicine must bear the responsibility for sifting out from this vast conglomeration the basic ideas which constitute, for the time being, the principles of the practice and theory of medicine. In doing so we must achieve a balanced system based on up-to-date knowledge, and this demands much ruthless pruning and paring. Some fifteen years ago Lord Moran³ outlined our problem in these vivid words: "Educational roads are blocked by cars and lorries and great motor buses, by victorias drawn by high-stepping horses, and tricycles and high old bicycles, with here and there a sedan chair, all jumbled up anyhow and out of control". Someone should "run amok with shining axe among these articles of belief and hoary rites and too fashionable cures which trip our feet like a thick undergrowth of weeds".

Today, however, a vast change has come over the scene of medicine even since those words were written. When Osler's "Medicine" first saw the light, endocrinology was unknown, bacteriology was just beginning, diphtheria antitoxin had not yet been discovered, and physiology was primitive in comparison with the subject into which it has now grown. Since Osler's death we have been equipped with insulin, cortin, and the anti-anæmic principles

of liver, sulphonamides, penicillin, to mention only a few advances which have meant gifts of life to countless thousands. The gaps in the science of medicine so clearly perceived by Osler are being filled in with a rapidity little short of miraculous. The conquest of diabetes, pernicious anæmia, cerebrospinal fever, pyogenic septicæmia, and most pneumonias, is a formidable and creditable achievement in two decades, and now the development of antibiotics for tuberculosis already gleams in the dawn of the future. Think what a revolution bacteriology and radiology, combined with efficient means of therapy, have wrought on our conceptions of the living pathology and symptomatology of pneumonia.

The trouble for the teacher is that these new and changing outlooks are too rapid for incorporation in current textbooks. Lengthy sections on lobar pneumonia are now hopelessly out of date, but, by contrast, the multitude of circumscribed pneumonias of mixed or virus etiology with which the student must later deal in his professional career are given as a rule but scant attention. I recently had the experience of sitting beside an examiner in the finals who, in enquiring about the treatment of pneumonia, wasted most of the time in asking a student how to make a linseed poultice! The poor student is thus compelled to learn much that is redundant and valueless, and often his interest in a new development is ruined because he feels it will be of no "use" to him in the immediate short-term plan to get his degree. Our educational and examination system has thus put a premium on textbook knowledge which is often outworn.

THE VICIOUS CIRCLE OF TEXTBOOKS AND EXAMINATIONS

The textbook and the formal examination with emphasis on written answers together create something of a vicious circle in medical education, undergraduate and postgraduate. Osler saw the problem clearly and voiced his opinions courageously:⁴

"The student should have more time for quiet study, fewer classes, fewer lectures, and above all the incubus of examinations should be lifted from his soul. . . . He should be enabled to seek knowledge for itself, without thought of the end, tested and taught day by day, the pupil and teacher working together on the same lines, only one a little ahead of the other. The pity of it is that we should have made an intolerable burden of the study of one of the most attractive professions, but the reform is in our own hands and should not be far off. . . . let us emancipate the student and give him time and opportunity for the cultivation of his mind, so that in his pupillage he shall not be a puppet in the hands of others, but rather a self-relying and reflecting human being."

In some of your North American schools, for example Harvard, this pattern is already followed, formal examinations being reserved for honours and doubtful candidates. In Europe,

shackled by ancient traditions, formal examinations not only burden the undergraduate, but are carried on well into adult life. In France men of 30 to 35, comparable in years and repute with our best teaching hospital staffs, sit examinations for the position of *professeur agrégé* in the medical schools. Such a system Osler witnessed and found infuriating,⁵ for the candidates could only hope to succeed by uncritical repetition of the views and thoughts of their seniors.

THE POSTGRADUATE EDUCATIONAL PROBLEM

In the United States and in Canada you have standards for the recognition of physicians which depend on training and experience, an example which must soon be followed in England now that a National Health Service will create a greater demand than ever before for specialists. At present the examination for Membership of the Royal College of Physicians can frequently be passed by a graduate of six months' standing, a fact which clearly indicates its textbook character, and lack of concern with experience and training. It merely marks a stage in the acquisition of knowledge little beyond the undergraduate. The possession of this diploma gives no guarantee of capacity as a physician. Unfortunately a high percentage of failures in the examination has given it a spurious reputation, and too many good men of original mind waste valuable educational years in the effort to clear this hurdle.

In 1918 Osler, annoyed beyond endurance by the results of one of these so-called higher examinations, wrote an open letter to *The Times* to the president of one of our Royal Colleges.⁶

"Dear Mr. President; all who have at heart the interests of medical students must have been gratified to see . . . the continued high percentage of rejections—82! But must we wait for a total rejection before the College realizes the rottenness of the present system? . . . In your skill and judgment the profession has unusual confidence. Induce the College to relieve an intolerable situation. Abolish a system which is a reproach alike to teachers and examiners and, worst of all, a cruel perversion of values to the student at the very time of life when such values count. The alternative? Back to John Hunter: (1) Do away with the necessity for Fellowship classes. (2) Make the candidates spend their time (now wasted in cramming) in the laboratories and hospitals. (3) Let them come to the examiners . . . with proof of personal study and research."

It should be more widely appreciated in this and other Dominions that the acquisition of the M.R.C.P. is *not* the objective of a postgraduate education in England. The good examinee is usually conservative in outlook and unquestioning in his faith in the written word. This is the wrong outlook in a young man who should be opening his mind to critical perception of the dramatic events of living medicine rather than prolonging a juvenile memorization of the "correct" and orthodox answers to examination questions. Daily observation even of com-

mon diseases reveals ever new and thought-provoking reactions to those who permit themselves to look, to see and to think. Our young physicians should be trained in the accurate scientific appraisal of these phenomena.

REFORM OF TEXTBOOKS

Textbooks, as well as examinations, have had much to do with putting a premium on stagnant and out-dated information. In his day Osler was a reformer of textbooks. Before his first edition the field had been held by the text of Sir Thomas Watson dating from the eighteenth-fifties. Osler created a new synthesis based on the maturing science of pathology. The microscope had come into its own in the elucidation of disease processes. Structural alterations as an explanation of disease phenomena were the order of the day, but that day is passing. We stand now at a time when we realize that scars in organs may mean little from the point of view of satisfactory functioning. Liver necrosis may heal and cirrhosis may burn itself out, leaving its bearer with life almost unimpaired. We are now more concerned with physiological tests and assessment of activity or quiescence of disease. Our remedies have multiplied in efficacy and our understanding of the mechanisms of production of common symptoms is growing rapidly. The ever accelerating pace of medical progress demands that we should face up to the textbook problem. For the emancipation of our students, undergraduate and postgraduate, we must envisage a new approach which will equip them better to cope with clinical problems met in their professional lives.

Let me try to lay down some principles on which the student's manual of the future might be constructed. The practice of medicine is multiplied experience, and the principles of medicine must be based on the lessons we have from that ever-growing experience. Reading and experience should go hand in hand with perfect balance, both being cumulative throughout the doctor's professional career. The student should be given a text with an adequate discussion of the pathological and physiological bases of the phenomena of disease as he will see them in his daily work. Subjects which are beyond his experience or likely to occur but rarely should be disposed of with corresponding brevity except in so far as they illustrate important general principles or progressive phases of medicine (like the problems of myasthenia gravis).

Close and detailed familiarity with all the easily demonstrable phenomena of common diseases and their variations of clinical course, together with a full knowledge of medical emergencies, constitute the best training in fundamental medicine and medical diagnosis. The recognition of the rarity will follow as the night the day: the rarity should be discussed

only briefly in the student manual, perhaps as a few lines on differential diagnosis, though references should be given to sources of more detailed information, and the student should be encouraged to seek these out when faced with particular problems. Methods of study and the principles of interpretations of observed results should be heavily emphasized, and their significance understood.

TRAINING IN THE SCIENCE OF MEDICINE

The static character of medicine based on pathology has given way to the development of medicine as a science with its own techniques and making use of the methods of the basic sciences. In the medical schools the basic sciences should be closely integrated with medicine. Atchley⁷ reminds us that "the teaching problem is a common faculty responsibility and the final product is a Doctor of Medicine". Time was when the doctor could learn all chemistry, but he now concentrates only on those points which are necessary for the understanding of his work. So today much anatomy, physiology and pathology, redundant for the practising physician, could be pruned away in favour of a close study of certain parts of these subjects which illuminate the science of internal medicine.

The modern approach to the science of medicine is above all physiological. In Osler's time most of our physiology was based on broad principles derived from mammalian and other animal experiments. The realization that man himself could be studied directly, systematically, and accurately was just beginning to dawn. J. S. Haldane's classical experiments on respiration had shown the way. Lewis followed with his exquisite studies of cardiac irregularities and the vascular reactions of the skin in health and disease. Lewis adopted Sir James Paget's term "clinical science", and we in Britain are under a deep debt to him for having established clinical investigation as a science standing in its own right. Looking further back, however, we find we are the heirs of other great clinical scientists: James Lind and Thomas Barlow discovered vitamin C in all but name, Thomas Addison and George Murray were pioneers in endocrinology, and the methods of the immortal Harvey constitute a shining example of accurate observation and reasoning.

The extension of systematic studies of human physiological reactions in health and disease made great strides during the recent war, particularly in relation to the stresses of climatic extremes, deep diving, oxygen lack and centrifugal force. In this latter subject the excellent studies of Kerr, Rose and Franks⁸ must be to you a source of considerable national pride. The fine detail achieved could not have been discovered by the use of animals alone. The habitual upright position of man has given him some circulatory mechanisms un-

known in other mammals. Our own studies on hæmorrhage⁹ have revealed one such "reflex" in the study of the faint which follows hæmorrhage, a phenomenon unknown in the ordinary animal laboratory. The sudden slowing of the heart is accompanied by an active vasodilatation in the muscles of the body which is of nervous origin, as it is absent in sympathectomized limbs. Such differences between man and animals are apparent in other fields. Liver in the control of red cell formation seems peculiar to man, while in the nutritional field the differences are often wide. The production of liver damage in animals by specific dietetic deficiencies has not yet found a clearly established counterpart in man, and the therapeutic trials so widely pursued as a consequence of the animal work have been disappointingly sterile.

The impetus of direct researches on man and the methods by which they have been achieved are being widely applied to the problems of civil medicine. We can already discern in the application of physiological methods a new integrating influence based on function which will prevent medicine from falling apart into impossible anatomical subdivisions. Dyspnœa must be considered by the physician versed in the broad principles of cardiology, pulmonary and blood diseases, and in the physiological interrelations of these systems. In the deeper consideration of the breathless man he must be aware of the inter-connections of renal disturbances of biochemical equilibria, arterial disease, diabetes and thyroid disorders, iron deficiency and alimentary sources of blood loss, any of which may impinge on the picture. And in the final assessment the physician must also be a humanist, knowing his patient's life and intimate problems, his background and his family, as only then can he help the sick man with due consideration of his social environment. This human outlook is readily taught by example by the good physician in his handling of the individual, and is acquired by most mature practitioners. The broad training of the specialist physician, however, must lie in the inculcation of habits of accurate observation and critical reasoning from the assembled data, and it is here that I believe the methods of human physiology are all important: as important in the consideration of the living as pathology in the problems of death.

Human physiology with its emphasis on function is thus in a position to become the greatest influence in medical teaching. Until medicine grew into a science half a century ago, anatomy and surgery were closely welded into a unity. The modern anatomist, however, is often more interested in function than in structure, and a recent welcome announcement from the Faculty of Medicine in Birmingham¹⁰ indicates that in that school, at least, anatomy and physiology are to be integrated into a joint study. At last

the bones will come to life, not with surfaces, tuberosities and condyles, but as living hives of osteoblasts engaged in a life-long business of building and renovation, regulated by a pabulum of calcium salts together with enzymes and endocrine secretions. All that is needed to complete this great forward step is continuous emphasis on the application of physiological methods to man and the use of clinical material for physiological demonstrations. Much basic endocrinology and neurology could be clearly taught with physiology and anatomy. Such a development would smooth out many of the problems of training in medicine and, by continuous familiarity with, and experience of the problems of disease, our students would undoubtedly be better equipped for their life-work.

The essence of the postgraduate period of training of the physician should be intern experience in general medicine, surgery and pædiatrics, with other specialties like neurology, ophthalmology or dermatology according to the direction of individual interest. A year of study abroad, or in some school other than his own, under selected masters, should be followed by a residentship with steadily increasing clinical and even teaching responsibility which should round off a postgraduate five-year period. During these last three years he should begin the systematic study of some research problem, either in the laboratories of one of the basic sciences, or in the laboratories of the medicine department itself. Everyone worthy of specialist training should find his interest: the rich stores of pathological, clinical and radiological records tell stories of the natural history of disease still to be gathered by the gleaner. The follow-up clinic, with its occasional revelations of astonishing well-being after, or even recovery from, serious illness, is a fertile source of new ideas for advanced study. There is work for everyone to do, no matter where his interests lie, and from the quality of this work, together with his experience and the opinions of his colleagues, one may judge the man.

SPECIALIZATION WITHIN MEDICINE

Our foremost need is for a large number of competent well-trained general physicians, but each will naturally have special interests within the wider field. A few will by nature narrow their interests down to a particular branch. Their advice should be sought as third rather than as second opinions. On the subject of specialization, let us again listen to the words of Osler:¹¹

"To two great groups of minds the world has been indebted for its progress, the hypermetropic, the wide-
visioned man of the type of Aristotle, Darwin and Spencer, and the myopic, the man of concentrated vision of the type of Pythagoras, Vesalius, Harvey and Pasteur. Who shall say which is the more important? Those who think that at the present day specialization has run riot are purblind critics who cannot see that

we are safe so long as each generation in each department produces a few men with hypermetropia enough to synthesize the work of their colleagues, and so far those have never been wanting. In the cultivation of a specialty as an art there is a tendency to develop a narrow and pedantic spirit . . . but every special branch carries with it a corrective of this most fatal tendency. Problems in physiology and pathology touch at every point the commonest affections and, exercised in these, if only in the early years of professional life, the man is chastened, so to speak, and can escape the deadening effect of routine. The other radical defect of specialism is the failure to recognize that it deals as a rule with partial truths which must be correlated with facts obtained by wider study."

Specialists and general physicians can thus be regarded as mutually complementary. In the early period of training of the young physician, however,—to quote the master again¹²—"as he values his future life—let him not get early entangled in the meshes of specialism".

In addition to the integrating influence of physiology in medical teaching, I can see further reasons for confidence in the future of general medicine. Firstly, the prolongation of life is shifting the age distribution of the population so that the frequency of combined diseases—prostatism, hypertension and bronchitis for example—is increasing. The assessment of the part played by each in the production of disability and wise decisions on management of the patient will best be made by the man with a wide and extensive rather than a narrow and intensive training. Secondly, the need for specialists who rely on skill in particular techniques will steadily decline in the face of broad therapeutic advances. The work of the venereologist, for example, has at one stroke been so simplified that it may well be undertaken by the practitioner. The work of the cardiologist will ultimately decline, not from his own direct researches, but indirectly from advances in the fields of rheumatism and hypertension.

I fear I have been discursive, but I am comforted to realize that Osler's timeless wisdom strikes a ready harmonic echo in my thoughts. Listen once more to Osler¹³ on the obligation that rests on the physician:

"The obligation to study the natural history of diseases, and the means for their prevention, to know the true value of regimen, diet and drugs in their treatment, ever testing, devising, thinking, and . . . to teach . . . students habits of reliance, and to be to them examples of gentleness, forbearance and courtesy in dealing with their suffering brethren".

In the faculties of the medical schools there is a further duty to ensure that the student shall drink from a living stream of knowledge rather than from a stagnant pool. This duty is happily epitomized in the lines of Lascelles Abercrombie:

"This then is yours: to build exultingly
High, and yet more high,
The knowledgeable towers above base wars. . .
That so man's mind, not conquered by his clay,
May sit above his fate."

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ASSOCIATION NOTES

The Annual Meeting 1948

Preparations for the Seventy-ninth Annual Meeting of the Canadian Medical Association are already well in hand, and we anticipate one of the greatest medical gatherings ever held in Canada. The Ontario Division is host to the National Association, the place is Toronto, and the dates are Monday, June 21 to Friday, June 25. The first two days of the week will be devoted to the meeting of General Council and to the meetings of various affiliated medical societies. On Wednesday, June 23, the Scientific Sessions will commence, and for the next three days there will be provided as good a program of postgraduate education as the committee in charge can assemble. A continuous showing of selected medical films will interest you. In addition to the customary fine display of the commercial exhibit, the Committee on Arrangements has decided that scientific exhibits will be resumed at this meeting. There will be social events for you and your wife to enjoy, old friends to meet and new acquaintances to encounter, altogether a gathering of the clan which you cannot afford to miss.

It would be our desire that all attending this meeting could be accommodated at convention headquarters which is the Royal York Hotel. However, this will not be possible, and the Committee on Housing has reserved the maximum number of rooms at the following Toronto hotels:

Hotel	Address
Alexander Palace	600 University Ave.
Barclay	174 Front St. West
Ford	Bay St. at Dundas
Frontenac Arms	306 Jarvis St.
King Edward	37 King St. East
Park Plaza	4 Avenue Road
Prince George	91 York Street
Royal York	100 Front St. West
St. Regis	392 Sherbourne St.
Walker House	121 Front St. West
Waverley	488 Spadina Avenue
Westminster	240 Jarvis Street
Wilton Court	212 Dundas Crescent
Windsor Arms	22 St. Thomas St.