

in as close proximity to where they seemed to be needed as it was possible to obtain the required land. The air of a crowded city has given excellent results in hospital work. For illustration, take the London Hospital of nearly 800 beds, in the very worst part of the great metropolis. Is not the cry, then, about the site, from those who favor it, somewhat of a sentimental character. Then the acceptance of the site would, as will be seen, have to be followed by dividing the work at the old General. Another very serious objection to this would be in the matter of medical education—medical instruction at one, surgical at another—a condition of things that would seriously injure the city of Montreal as a centre of medical education. To this objection it has been urged that the surgical department at the General would only be a receiving house and that the patients would subsequently be transferred to the Victoria on the side of the Montreal mountain. To this we reply that the great proportion of surgical cases, when able to be transferred, would be eligible patients for a convalescent home, not subjects for an hospital. Surgical patients, as a rule, must be treated to the end in the hospital to which they are at first admitted. All the other proposals from the Royal Victoria hinge on the acceptance of the site, so we need not discuss them. The only statement we have ever heard in favor of amalgamation, worthy of discussion, was the question of cost, and the impossibility of collecting money enough to support the General after the Royal Victoria was in operation. The first should be susceptible of proof, but we have yet to know that that any one has attempted it. Our opinion is that the statement is not correct, or at least only correct in a degree, so slight that it should not weigh a feather against all the other very serious objections. The second is not yet susceptible of proof; but, judging the past by the present, we believe that it also is not correct. Fifteen years ago many of those who to-day voice this

assertion most loudly said that it was impossible to collect more money for hospital work. Has this statement been true? It has not. Let the somewhat recent establishment of the Notre Dame Hospital and Western Hospital prove our assertion, to which we add that much of the support of these new hospitals comes from the friends of the General Hospital. Montreal is growing rapidly; to-day it has a quarter of a million of inhabitants, in twenty-five years we believe it will have half a million, if not more. Our hospital accommodation has not kept increasing with the demand. There is not a day in the week that one or more most deserving cases are not refused admission to the General Hospital. The place is crowded to overflowing and beds are made on chairs to meet the demand. We know of what we write from personal experience. In the interest of the sick poor, we are glad, therefore, that not a thing will be done to limit the present usefulness of the Montreal General Hospital. In the interest of Montreal, as a center for medical education, we congratulate the Governors that they have decided to continue the work of the General Hospital on its present site and in all its branches. Let them guard our old hospital well in the future as they have in the past. It has always had friends, and generous ones, too. Its financial position is a good one—the outlook for doing its old work could not be better—so that with faith in the future of our city we hope to see the old name of "Montreal General Hospital" handed down intact to future generations.

MARRIED.

SYMONDS—SHAW.—At St. Mary Abbots, Kensington, London, on the 10th ult., by the Rev. S. Main Walrond, Vicar of St. Lawrence Jewry, Charters J. Symonds, F.R.C.S., to Fannie Marie, youngest daughter of Major-Gen'l David Shaw.