

public institutions appear but as poor imitations of the greater and wealthier old country ones from which they are called. Some of the new towns in the North-West bear witness to a movement in the right direction. But there is room for much improvement elsewhere.

MEDICAL EDUCATION OF WOMEN.

An announcement has lately appeared in our daily papers, to the effect that the Woman's Medical College, at Kingston will not be carried on after the close of the present session. Such a report attracts the attention of the GAZETTE on general educational grounds, and also in the light of the recent agitation for Medical Instruction for Women, in connection with our own University.

One cannot but feel sorry to see the brave little city, the first of Canadian Medical schools to open its doors to women, obliged to lower its standard, and shut them fast again. But even if it is failure that Kingston has to face she may well rest on her laurels, for her college has done a noble pioneer work that will always be alive in history, and it will leave behind it a substantial reminder of its existence in every Woman's Medical school subsequently opened in the Dominion. The time has passed when on-lookers will point to the closing of this college as a mark of the undesirability of Women's Medical Education in general. The causes of the failure must be extrinsic, and perhaps lie in the fact that Kingston as a small city, must find it difficult to cope with her upper-Canadian rival. For Toronto is possessed of the facilities for study which a large city alone can offer.

But it is too soon to take the gloomiest view of affairs. Later reports have been more hopeful, and Kingston possesses, at the head of her educational matters, Principal Grant, a man said to be almost capable of resuscitating the dead.

With regard to the question of Medical Education for women in Montreal, the law of demand and supply and the city's Medical good-fame alone lead us to the conclusion that this will some day be an established fact. But there are many approvers of the abstract principle, who do not hold this opinion, not only doubting the reality of the demand, but also the possibility of the supply. Such, pointing to the critical condition of the Kingston college, will doubtless warn the supporters of the movement begun among us last spring, to take an object lesson therefrom. Kingston, they say, had its *raison d'être* as opening medicine in Canada to women; its career,

therefore, however short lived, was not in vain. But for Montreal to embark upon an enterprise that is to fail in a few short years, which will scarcely benefit even its graduates, would be a huge waste of energy and, as such, a misfortune. Therefore, society should look carefully into the causes of this failure at Kingston, that a similar undertaking may not be begun under like conditions among us.

This is very sensible. That Women's Medical Education should not be attempted if failure is a foregone conclusion, is undoubtedly true. But, on looking at the matter more carefully, it is at once seen that the cases of Medical Education in Kingston and in Montreal are not parallel, and that therefore while the object lesson may point out the safest course for such education to take, it is not close enough in its application to absolutely veto any. The failure at Kingston (if such it turns out to be) while springing directly from lack of funds, is indirectly (but really) due to the smallness of the city, the proximity of Toronto, and other like causes. Montreal, on the other hand, is a large city, with excellent hospital advantages and supporting several Medical Schools, the flourishing state of all of which testifies to the excellent conditions under which such education here prospers. Again, Montreal is the principal city in its own province—a province where no opportunity for Medical training has as yet been offered to women, and which has, consequently, been a constant feeder both of the Kingston and Toronto schools.

Thus there is to be observed at Kingston a failure, (if such it is to be), whose proximate cause—the want of a good monetary basis for a separate Medical school—would not necessarily be a source of failure here, but which nevertheless points out that a school started here on a like basis is to be regarded largely in the light of an experiment, and, as such, should be attempted, but only when other methods are unavailable.

It is seen from the case of Kingston, that it is difficult for an educational institution to be run on other than business principles laid upon a sound financial basis. For this reason the strongest hopes for medical education in Montreal lies in two sources. Either that some wealthy benefactor should see fit to undertake the full endowment of a medical college for women, or that one of the institutions in the city should throw open its doors to female students. The first of these alternatives is of course out of the hands of all but the supposed benefactor, and the second lies with the authorities; although in the latter case the initiative move might be taken by the would-be students in presenting petitions.