

erect a building solely for the use of the college, it should be done. It will confer a boon upon the profession in this Province by supplying a common centre for all matters pertaining to medicine and to medicine only, not the least of which, in addition to what we already possess, will be surgical and anatomical museums and larger library space." I still hold this view, but while doing so, submit, first, that the investment may not as yet have proved as profitable as expected, but it has been a fairly advantageous one; secondly, that of all time since the erection of the Council's building, the present is the least opportune to sell; and thirdly, situated as it is upon one of the best streets in the city, and most central and convenient for all purposes, its near future value can hardly be estimated.

Granting that the opinion of a medical man upon fluctuations of value of real estate in Toronto might not be considered as of much weight, I venture to say no real estate agent in this city would at present consider it good business to advertise the property for sale. I may only point out to your readers that since the Council completed its building, within a radius of two blocks of it have been erected some of the largest office structures in Ontario; for instance, the Canada Life, Confederation Life, Bank of Commerce, Freehold Loan, Methodist Book Room, etc., structures which have cost from \$100,000 to three-quarters of a million dollars each, and it must be remembered, these institutions are managed by the best financial ability in Ontario.

Are we to assume that medical men actively engaged in practice could fairly criticise the investments of such men as Geo. A. Cox, J. K. McDonald, A. G. Ramsay of Hamilton, Hon. S. C. Wood, J. C. Kemp, and numbers of others familiar in every financial circle in the Dominion? And yet the Medical Council has done what these gentlemen have endorsed by investing their trust funds in precisely the same way. Would these financial experts accept the advice of a medical man and sacrifice their properties at this present juncture? I think not. The Council did not undertake the erection of a building until driven to do so from a sense of decency, for it was a disgrace to the profession in Ontario that its representative body should meet in the "ram-shackle" old building formerly in use.

Permit me to say further that in ten years' service in the Medical Council, I never heard that it was financially embarrassed. While at times the Treasurer and Registrar, with the assistance of the Finance Committee, found it convenient to "finance" in order to meet the requirements of the Council, yet there never was the slightest difficulty in procuring all the money that was necessary to carry it on. Whatever slight hindrances there might have been in having ready money at hand sufficient for its wants, would have been easily met if the profession throughout the Province had one and all sent, as they should have done, their annual fee of one dollar promptly on time.

Yours, etc.,

J. H. BURNS.

Toronto, Feb. 5th, 1893.

THE TORONTO GENERAL HOSPITAL.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—The letter of Dr. Ferguson, in the last issue of the JOURNAL, brings before the profession in the city a question which is felt by many to be a great injustice to those who cannot attend patients of theirs who enter the private wards of the General Hospital.

Limited at all times must the staff be, and for obvious reasons the larger number must be chosen from the medical schools' professoriate. But why should the private wards be the monopoly of this same few? Especially does this monopoly prevent many of the public availing themselves of the excellent nursing advantages of that institution, the fact that they are, when there, debarred the attendance of their family physician, being the great hindrance.

The hospital is primarily for the public benefit; after that, for the education of the medical student. The out-door department, general and private wards, serve the first end, while the regular staff run the out-door department and general wards for the good of the coming medical man, but this is no reason why the private wards should be closed to the patient who wishes to retain the services of his family physician who is not a "staff" officer.

I trust this remnant of ancient exclusivism will be removed by the hospital trustees, and we may soon hear of them having thrown open the