

Then we are told, too, that the Toronto Medical Association have a rather fine time; that they were paying one hundred dollars a year rental for another building, but that they now use our hall, in the building of the College of Physicians and Surgeons, without cost. The facts are, the Library Association have sub-let to the Toronto Medical Association, the right to meet in their library once a week. The Council has no responsibility in any sense whatever; neither do they contribute, nor do the Toronto medical men derive one single cent's worth of benefit from this building, other than the indirect benefit every other practitioner derives.

Again it is stated, that the college has no need of a hall for more than a few days in the year, and that one could be hired more cheaply. This needs very little in the way of reply. The experiment was tried from 1869 to 1874, and was so unsatisfactory that power was sought and obtained to own property. We mistake the profession if they would willingly return to trying the experiment again. There are those who do not learn by experience: they are not of the medical profession.

After obtaining the right to own property for the purposes of the Act in 1874, the building on this corner, an old church, was purchased at the earliest practical moment. It was utilized for Council purposes until about 1886. It was found inadequate for the purpose, partly because of original construction, and partly because the progress of time brought greater necessities.

But it is urged a much less expensive building would meet the purpose, a building with less capacity, and why not erect such as would provide merely for your necessities. The answer is plain. It is because the larger building is cheaper to the profession. To obtain the required hall room to accommodate the students from the four medical schools in Ontario (not to mention the schools for ladies), together with those coming from Quebec and other places, it will readily be understood that large premises are required. If this were provided, and nothing more, there must be much waste space. Converting this space into offices, and renting them, affords the income that pays the interest on the indebtedness, and leaves a good margin towards maintenance, which would otherwise be borne out of funds from other sources, hence it is cheaper for

the profession than a smaller building with no apartments to let.

We said at the Medical Association some days since, that the Council had a net income from this building of upwards of \$500.00 per annum. On looking into this more critically, I find I had mistaken the Treasurer's statement; I will now give you some figures which I think are correct. We have a mortgage on the building for \$60,000.00, bearing interest at five per cent., that costs us \$3,000.00 a year for interest; the insurance is about \$80, taxes about \$625, man in charge of elevator \$260, water rates \$400, fuel \$600, gas \$150, making a total annual expenditure of \$5,142.

Now we will look at the receipts. The last year before we came to occupy this building we paid rents for premises required \$750. We have a right to place to the credit that sum; for while it does not come in, we have prevented it going out by owning this building. We have rents amounting to \$4,090: a total of \$4,840. Deducting that from the \$5,142 expenditure, it leaves \$302 to be met annually from other sources. This represents the burden of the building at present. We have still a number of rooms that may be leased. If leased at the same rate as those at present in use, they will bring in about \$3,000 per annum in addition to what we are already receiving. The City of Toronto buildings are being put up in the immediate vicinity, and offices in this locality will be easily rented, in fact will be at a premium, and I think we may safely count that those apartments will be rented in a short time.

The revenue will be somewhere in the neighborhood of \$7,840. Deducting our present expenditure, will leave us a margin of \$2,600 or so. I do not think this is calculated unfairly. It is what may reasonably be expected, and would be very satisfactory.

Gentlemen, there is just one other feature that I wish to bring to your attention. I pointed out in the early part of my remarks, that an attempt had been made to secure the repeal of the legislation of 1891, and to make other amendments to the Medical Act as well. As I have already told you, while the profession has not secured a Medical Act as perfect in all particulars as we could wish, yet we have made progress in our present status. Practically, the profession has been given self-