

erysipelas, fever, etc. For some years past the building which was erected to accommodate small-pox patients has received patients suffering from all contagious and infectious diseases except small-pox, that disease, when we have it, being accommodated in the Civic Hospital. Now, however, that the two new surgical wings are about ready for occupation, it has been discovered that the contagious building is too near them. Moreover, it is required for purposes of administration, made necessary by increased accommodation and proposed alterations in the old buildings.

What to do with these contagious patients is the dilemma. The Medical Board has been appealed to. They discussed the question, and inspected two very old-fashioned stone houses, arranged in the Montreal style of fifty years ago, and now Hospital property. We believe they have recommended their being used. Unsanitary in their arrangements, low in ceiling, small in room area, we fear, although it appears to have been Hobson's choice, that patients sent to them will show an increased mortality.

Perhaps the opening of the Royal Victoria Hospital in May next may come to the rescue and help the General out of its present difficulty.

Then there is another knotty question in connection with the decision to completely gut the old hospital, and make everything new except the walls. Shall the old hospital be taken to pieces as a whole, or shall it be done in sections. If the former way is adopted, it is said it can be done many months sooner, and at a cost very much less than if the latter plan is adopted. Again the Medical Board has been consulted.

Rarely has a more difficult question been submitted to that most learned and scientific body. Why difficult? Simply because there are so many interests concerned. Verily its venerable chairman must have thought of the good old times when he was Attending Physician, Surgeon, Occulist, Aurist, Gynæcologist, Dermatologist, Laryngologist, and one voice spoke for all these. Now they are divided—each has a

voice. Each has an interest, and almost each interest is considered supreme.

The wings were built for surgical work. If the old building is all gutted at once, accommodation must temporarily be provided in them for medical cases. Terrible sacrilege! Therefore the surgeons go for doing the work gradually.

Surgeons deal with objective symptoms mainly, and they naturally *object* to medical men sharing anything in common. It is their science which has made such gigantic strides of late years, that they wonder a simple medicine man can even exist.

In fact they have hard work to do so. In old times Medicine included everything; now it is the reverse.

Then there is the teaching interest to be thought of. That is truly something to be well considered. But if now carried on entirely in the old building, why not entirely in the new. Again comes to the front the objection of doing medical and surgical work *under* the same roof.

Who has gained the day? We are informed that Surgery is in the ascendant, and that the old hospital, its interior at least, will, like a stereopticon dissolving view, disappear gradually, at a decidedly increased cost. Truly the modern division of medicine is very often a costly affair. The world has known this for some time. Hospital Committees are gradually being enlightened.

SMALL REMUNERATION!

We learn by the Charlotte, North Carolina, *Medical Journal* that Dr. Elliwood, of San Francisco, who charged a wealthy family named Hobart thirty thousand dollars for a year's attendance, has had his bill cut down by the Court to ten thousand dollars. The bill was made up of two items: eight months attendance on Mr. Hobart and four months attendance on Mrs. Hobart. Our contemporary considers the action of the judge very unjust, and mentions several cases, in one of which the Doctor was allowed at the rate of fifty thousand dollars a year, and others in which specialists have been paid from