

subdivided in these sections. After alluding to matters of routine, he touched upon the question of legislation in the Province of Quebec, where three bills went in last session to satisfy three orders of mind, and came out as one bill, and in a shape that satisfied no order of mind. The Province of Ontario system—a central Examining Board—had been favorably pronounced upon by the medical press and profession of that Province. The Province of Quebec had no such system; yet nothing short of it would satisfy those who looked only to the well-being of the profession and the community. The compulsion, requiring persons licensed in one part of the Dominion to procure license in another, seemed an anomaly; it was one, however that could only be remedied by a parity of medical legislation in the several Provinces. Much more liberal was the action of the English College of Physicians in Great Britain, which had passed a by-law legalizing even foreign practitioners in England, and on certain conditions exempting them from re-examination. It appeared to him the duty of the Canadian Association to endeavor to obtain such legislation as would lead to a like generous action. It was useless to speak of medical legislation for the whole Dominion, but local legislation could easily introduce measures simultaneously so that a practitioner in one could be a practitioner in all the Provinces. This could be done by central examining boards and a uniform system. In drawing attention to the act as at present existing, he showed that by the manipulation of proxies one active man might control matters at any time for the whole Province, making practitioners in the country and towns, unknown to themselves, his instruments in so doing. Having called attention to the refusal of the British Board of Trade to recognize Canadian qualifications for emigrant and passenger ships, so recently before the public, he explained that although the Board of Trade had rescinded the order, it was nevertheless a law, to be used by the British authorities at any time. The diplomas were not recognized, but their holders were allowed to be employed. And how could Canadians ask for the recognition of their diplomas in Britain while they refused to do so in their own country. Alluding to the ungenerous act of a member of the profession in Ontario towards a surgeon of distinction from Detroit, he was certain that his associates in convention would allow him to interpret their views in assuring Dr. Jenks, and through him the members of the profession in the adjoining Union, of their honest offered courtesy, and of their continued desire for reciprocity in matters which even governments cannot control, and in which science and humanity demanded the most unfettered civility.

Coming from the question of the education and qualifications of a medical student before entering upon the practice of his profession, to the question,

what should be his qualifications on entering our medical schools? he said the education he would advocate should give a delicate taste, a candid, equitable, dispassionate mind, a noble and courteous bearing in the conduct of life; should open the mind, correct, refine, enable it to master, know and digest, rule and use its knowledge, and give it power over its own faculties, application, flexibility, method, critical exactness, sagacity, resource, address. With the intellect thus tutored, the student might enter into the study of that most difficult profession of which we are members and pursue with advantage a particular course of study that might issue in some definite and perhaps remunerative work. He shared not with those who advocated a low utilitarianism, but rather with those who think the student should be formed "not by a parsimonious admeasurement of studies to some definite future object, but by taking a wide and liberal compass and thinking a great deal on many subjects with a better end in view, perhaps, than because the exercise is one which made them more rational and intelligent beings." But this was not what had been thrust upon them recently in an ill digested law relating to their profession, in an important Province of this Dominion, where our colleges and seminaries of learning have been degraded from their position. The graduate in arts, the student who had completed his eight or nine years curriculum at any of our colleges should by that fact alone be qualified to enter upon the study of medicine. But no, our universities may grant degrees in arts, but the colleges and affiliated medical schools override them and subject the candidate to a new ordeal, from which he should be exempt. In the day of Samuel Johnston the physician was admitted to be the most cultivated and learned in any society. Could this be said to-day of many countries in the world—of Canada? There were cases, and notably Ireland, where the physician is still among the best educated gentlemen, and his social standard related accordingly. Dr. Stokes in a conversation had with him (Dr. Hingston) in 1867, explained this by saying: "Nearly all our graduates in medicine are graduates in arts. Of the last 98, all but degrees in arts." In some other countries the same condition of things obtains. Continuing on this theme, he discriminated in favor of a liberal as in contradistinction to a crammed education. They must be above their knowledge, not under it. It was with medicine as with politics. There were two classes of those—one versed in the science and art of government, and capable of an abstract view of the contentions of parties—the other a mere transcript or copy of the last editorial in the journal of his party, and unequal to methodically ranging or digesting facts. To which class should the guidance of the affairs of the country be entrusted? He could easily anticipate their answer. It was a question of far more moment than party which

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