

Nor is it deemed wise to create a new profession along the lines suggested on pages 41 and 42 of the report, wherein the Commissioner recommends that such a course should cover the following scope of study:

"(1) Sufficient knowledge in medicine to detect disease in the body, disclosed or indicated by the eye.

"(2) Sufficient acquaintance with the physiology and pathology of the eye itself to recognize local diseased conditions.

"(3) A thorough knowledge of practical optics and refraction."

The latter clause is all that is required for the Optician. The suggestion 1 and 2 could only be carried out as part of a medical course. It does not seem possible for the Medical Colleges to arrange special courses for such purposes, nor to fit Optometrical students into the regular classes now in existence. The only other course open would be to establish a separate college, with proper equipment and clinical facilities, for the Optometrical classes. This has all the objections of creating a quasi profession, and multiplying the difficulties now existing rather than simplifying them.

The alternative and consistent course is to voice strong opposition to such a plan, and to urge a more thorough course of refraction work in the Medical Colleges. This would logically meet the situation fully, and avoid the creation of another profession. It, therefore, follows that recommendation No. 9 on page 73 must be rejected. At the same time we approve of a good training for Opticians, or so-called Optometrists, provision for which can readily be secured in technical schools and from practical and experienced Opticians.

VII. Nurses.

The great importance of the nurse in modern medicine fully justifies the attention given to this subject by the Commissioner. With the many suggestions in the portion of the report dealing with nurse, and found on page 42, little exception can be taken.

In carrying out any scheme of shifting nurses in training from one hospital to another, great care must be taken not to impair the nursing service in the smaller and rural hospitals. This would result from any plan whereby the nurses would be transferred from these hospitals to the larger city hospitals for their final training. This would have the effect of keeping junior and less trained nurses all the time in the small and rural hospitals.

The interchange of nurses between special and general hospitals would prove advantageous to the nurses, and give them a much more complete training.

Recommendations 10, 11 and 12, on page, 73, if embodied in statutory form, will be useful. The people would be better served by the two classes of nurses, namely, the fully trained and the experienced, practical home nurse. The Ontario Medical Association supports the suggestion made for the establishment of a register and Home Nursing Association for Nurses to take care of the home as well as the patient.

VIII. The Ontario Medical Council.

The recommendations on page 61 as to the size of the Medical Council, the representation from the Colleges, and the regular and homeopathic practitioners, meet with approval, and should become law.