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MONTREAL, DECEMBER, 1891.

AN HONOR TO CANADA.

We learn with a great deal of pleasure that the Council of the British Medical Association, the most influential medical body in the world, has invited Dr. Hingston of Montreal to read the address on surgery at its next meeting. This honor, which is held in great esteem by the profession in Great Britain, is generally conferred upon the leading surgeons of London, Edinburgh, Glasgow, Dublin, or other great cities, last year devolving upon Professor Chiene, of Edinburgh. We congratulate the association upon the choice it has made and can assure it that it will be appreciated not only as an honor to Montreal, but to the whole of Canada, between which and the Mother country it will add one more to the many bonds of affection already existing. As the surgeon-in-chief of the oldest, as it is one of the largest hospitals in Canada, Dr. Hingston has for nearly a third of a century enjoyed a position which may be said to be unique on this continent, and if his address deals at all with his experience we venture to predict that it will prove both interesting and instructive even to such a large body of the ablest surgeons of the day, as will be found in the surgical section of the British Medical Association.

CHANGES IN THE MEDICAL ACT.

At a recent meeting of the Canada Medical Association there was a generally expressed feeling that the present four years of six months was not a sufficiently lengthy period for the learning of the greatly increased amount of knowledge which the practitioner of to-day is obliged to possess. There is also a growing feeling among medical men that the time is rapidly approaching when any great increase in the proportion of practitioners to the community at large would lead to a serious struggle for existence, and that the best way to keep the number of physicians within a safe limit would be to raise the standard required both for admission to the study and also to the practice of medicine. To this salutary provision there are always ill-advised objectors who raise the cry that elevating the standard, which means increased cost of obtaining a medical education, would shut out many able but poor young men. If these gentlemen would push their argument a little further they might say that the course should be reduced to one three months' session; for then certainly a great many more poor but able men might enter our ranks. But of what use is it to admit all those poor but clever young men if there are no patients for them to exercise their skill on. For us we can only see one result from reducing the standard and the cost and that is the flooding of the country with *doctors* who are far from *learned*, who would prefer to earn their living honestly if they could, but failing that must earn it in any way they can. When a man is starving we cannot ask him to be very particular how he obtains bread. We regret to say that the sacrificing of the welfare of the whole profession for the sake of obtaining another fifty students is seen most, not among the teachers of small colleges who work without any pay, but among the well paid professors of the larger schools. For this reason the establishment of a central examining board to be