

The 3,280 regular practitioners have 18 representatives, and if we add to these the six representatives from the colleges, making 24 altogether, we may say that they have one to every 136. Amongst the members elected from the colleges we find that there is a representative for Victoria University, for Trinity University and for Ottawa University, none of which have medical faculties, and I can see no reason whatever why they should continue to have representatives on the Council.

I would suggest that the Ontario Medical Council consist of ten members, one to be elected by the homeopathic physicians, and three to be elected by the universities having medical faculties, leaving six to be elected by the general profession. Even this gives the homeopaths a predominance in the Council quite unjustified by their numbers, and with the diminished amount of work required from the Ontario Medical Council this should be a sufficiently large body.

MEDICAL EDUCATION.

The question of medical education is at the present time receiving a considerable amount of attention, and both the teaching and practice of medicine are passing through a period of evolution. In the United States medical education has been a subject of discussion for a number of years, and committees have been appointed by various societies, more especially the Association of American Medical Colleges, in conjunction with the Confederation of Examining Boards of the United States and the Council of Medical Education of the American Medical Association, to enquire into the equipment, entrance requirements and curricula of the medical schools.

In 1905 the Carnegie Foundation was established by Mr. Andrew Carnegie¹ to investigate the subject of University Education in general, and a special committee was appointed to consider medical education in the United States and Canada. The report of this committee and the recommendations of the Council on Medical Education of the American Medical Association² show that the most urgent indications are reduction in the number of medical schools, elevation and uniformity of entrance requirements, maintenance of well equipped laboratories with capable teachers, and clinical training in a hospital in intimate relationship with the medical faculty—that is to say, in a properly constituted teaching body, there should be a hospital under the direct control of that body. The report of the Carnegie Committee also emphasizes the fact that the medical profession, both in the United States and