

When overtaken by serious accident or illness, all other means of relief fail, and the most wealthy, the most powerful, the most illustrious must, like the poor and unknown, cast their dependence upon the skill which, under God's guidance, the physician shall display in battling with disease and death. No other study presents difficulties and complexities so great as those which beset the study of medicine. In no other occupation in life are such varied culture of the mind and training of the senses demanded. Yet I learn on inquiry that the average time of apprenticeship to the following trades or callings is: For barbers, three years; for carpenters, printers, turners, plumbers, pattern-makers, at least four years; for machinists, five years; and for pilots, seven years. Can it be that the apprentice must practise five years before he is regarded as a skilled workman, fitted to mend or make machines of iron or brass, and that in this land of intelligence, progress, and common sense one who has studied medicine less than one-third that time may have his license to meddle with and make or mar that most wonderful machine — *man's body* — infinitely complex, gifted with boundless capacities, and freighted with the awful responsibility of an immortal soul? Can it be that seven long years of pupilage must pass ere the young pilot may be trusted in charge of a vessel to guide it through the crooked, narrow channel, where only the hidden dangers of sunken rocks or treacherous shoals beset him, while in less than one-fourth of that time we profess that one may qualify himself to pilot the most precious craft — a human life — through the long, dark, intricate windings of disease, where at every turn death lies concealed, so close at hand and so difficult to avoid that nothing but the most intimate knowledge of his profession and consummate skill can insure safety? A strange seeming contrast, and yet the following careful examination of the state of medical education as it exists in all the medical schools on this continent, with a few honorable exceptions, fully supports the paradox. He then goes on to give the curricula, course of study required, and methods of examination of most of the medical schools of the United States, and compares them with the colleges of other countries. But I need not follow him further in this direc-

tion, and have only introduced his remarks to show the state of medical education as it exists where there is no central governing power having supervision over the different teaching and degree-conferring bodies, as was the case in Canada up to the year 1868. But I am pleased to say that to-day Canada, as a whole, has one of the highest standards of medical matriculation as well as medical teaching to be found in the world; and what we want particularly at the present time is to assimilate the systems existing in the different provinces, thereby making one uniform standard for the whole Dominion.

And this brings me to the second part of my subject, viz., the question of medical reciprocity between the provinces. In reading over the Medical Acts of the different provinces, I find that Ontario is the only one that has a central examining board appointed by the council, before whom every student desirous of practising in that province, no matter from what country he may come or from what university he may have a degree, has to pass. I further find in the Ontario Medical Act this clause: "When and as soon as it appears that there has been established a central examining board similar to that constituted by this Act, or an institution duly recognized by the legislature of any of the provinces forming the Dominion of Canada, other than Ontario, as the sole examining body for the purpose of granting certificates of qualification, and wherein the curriculum is equal to that established in Ontario, the holder of any such certificate shall, upon due proof, be entitled to registration by the Council of Ontario if the same privilege is accorded by such examining board or institution to those holding certificates in Ontario."

I find in the Manitoba Medical Act that the University of Manitoba is the sole examining body for the province, and in that respect comes nearer to the requirements of Ontario than any other, and I see no reason why as long as this remains so reciprocity should not exist between Manitoba and Ontario. Now it appears to me there are just two ways whereby reciprocity between the provinces can be brought about, and these are, first, the repeal of that portion of the British North America Act which gives the various provinces sole control over all educational matters, by taking from them this right