

the study of medicine. In each one there was a central board to supervise the entire subject of medical education. The boards in Ontario and Quebec were selected by election by the general profession, and the College of Surgeons in each province was a representative body, with this peculiarity, that while it sent representative men from the general profession, each teaching body had the right to send its representatives, so that both systems were represented in the medical council. The teaching institutions had their rights and representatives, and the general profession had, of course, an overwhelming representation. One of the first results of this arrangement was a uniform system of education throughout the Dominion. No student could now enter upon the study of medicine without first passing a preliminary examination in general education. That was a fixed fact in Ontario, Quebec, Nova Scotia and New Brunswick. Students were required to study four academic years, during which three sessions of winter study, of six months each, were to be spent at a medical college. A peculiarity in this country was that, with one exception, all our schools were teaching bodies in the sense of being universities; not hospitals and private schools attached to hospitals, but institutions possessing the power of conferring degrees in medicine. The important question was, in what way could we advance medical education? Firstly, as regarded preliminary education, could we elevate the present standard? In Ontario a student had to pass a High School examination, which included Latin, and was a thorough foundation of a liberal kind. In Quebec experts conducted the examination. These experts consisted of professors from four different institutions in the province, and the subjects of examination were perhaps slightly in excess of those of the sister provinces. The important question was whether we could raise the standard at present of preliminary examinations, and considering that in the States but one or two institutions insisted on a preliminary examination at all the question was a difficult one. In the Mother Country there were still institutions which allowed students to enter the study of medicine without a preliminary examination.

Dr. HURLEY—There are none now.

Dr. HOWARD said he was glad to hear this. The change was a recent one. It was questionable whether in a young country like this we were prepared to go much further in this matter than we

had gone. It had been suggested by the president that we might dovetail into the preliminary examination a little chemistry and botany, but he questioned whether this would be an advantage. His own feeling was that the examination should be thorough, and although it covered sufficient ground at present, it might be made more general. When education was being much more generally distributed among the people it behooved the medical profession to keep pace with the advance if it would continue to be considered a learned profession. The time was not far distant when a B. A. or a B. Sc. would be considered a preliminary requirement. But it was not considered so in the Mother Country. Passing from preliminary examination to medical education in what way could we advance the latter? The most obvious was, lengthen the time of study. But there were four academic years with the option of spending one with a private practitioner. It was not too soon to make these four years compulsory in the teaching body, and add to them a summer session. Permitting the education to be intermediate for half a year was a great blunder and loss of time, and he was glad to say that the university to which he belonged had decided that in future the course of study should be four years, with one compulsory summer session. One of the outcomes of this meeting should be four academic years of nine months each, six months of a winter session, and three of a summer session. The summer session should be largely devoted to practical work, particularly in those subjects which require training in the use of instruments of precision. Our medical education should be of a more practical character, and greater attention should be paid to the teaching at the bedside. No American or Canadian graduate could obtain a license to practise in Ontario without going before a special medical board of independent examiners. That system, although it worked well, was not the only good one. We could adopt an equally good one in this province by appointing examiners to act with the professors of the respective schools having co-ordinate power and equal rights to accept or reject students. The system of this province was that all who presented themselves with diplomas from a British university and had complied with the requirements of the law should get a license. But we had the right to send two assistants to be present during the examination. As an association they should feel proud at