

to the Ontario Medical Association. Whilst we have retained our autonomy, and are thriving and prosperous, we are at the same time—I think I may say without boasting—the most important branch of the Dominion Association, and can feel that our interest is not merely provincial, but that we have a larger and wider outlook through our connection with the National Association.

I think it very desirable that there should be an increase in the number of small County Medical Societies, and I should like to suggest that for this purpose the Province be divided into ten districts, corresponding to the ten health districts recently established by the provisions of the new Health Bill. As there are forty-seven counties in the Province, this would mean that each society would include four or five counties, which appears to me to be a practical arrangement. Then the method of securing membership in the Ontario Medical Association would be simplified by accepting the members of these smaller societies, which would obviously be in a better position to determine their qualifications.

When the Ontario Medical Council was first established there were three Licensing Boards in Canada, in addition to the medical schools and universities, namely, the Upper Canada, the Homeopathic and the Eclectic Medical Boards. The universities, in addition to conferring degrees, really possessed licensing power, inasmuch as the holder of a university degree was entitled to practise medicine on proving his identity and paying a small fee. The Provincial license enabled the holder of it to practise in the Province conferring it, or, in fact, in any other Province, so that as a matter of fact there were in Upper and Lower Canada, exclusive of the other Provinces now constituting the Dominion, seven or eight Licensing Boards responsible to no central authority. On the establishment of the Ontario Medical Council it became the central authority and the only licensing body.

Before this time the schools and universities fixed their curricula, both for matriculation and professional examinations; some of the Licensing Boards required no standard of matriculation at all, and the professional acquirements necessary to become a practitioner of medicine were of a very inferior character.

The first step taken to remedy this state of things was the "Parker Act," passed in 1865, providing for the formation of a Council with power to fix the standard of matriculation and that of the medical curriculum, but giving it no power to enforce this standard. The Homeopathic and Eclectic Boards were not interfered with, and the provisions of the Act were found to be very defective. An arrangement was then made with the homeopaths