

five years this association will rival in numbers, as it does now in ability, its great neighbor, the American Medical Association, and I hope before we close our labors some steps will be taken by the formation of a committee or in some other way to promote this object.

It will be in the recollection of some present to-day the condition of things as they existed prior to the formation of this society in 1867, and the passage of the Upper Canada Medical Act about the same time. You will remember that there were three licensing bodies in old Canada at that time, independently of the medical schools and universities. The latter were degree-conferring institutions, but they virtually possessed the licensing power, inasmuch as the holder of a degree from any of these bodies was entitled to practise medicine on proving indenture, paying a small fee, and having a license signed by the Governor-General. All he had to do was to send his degree with an affidavit to the Provincial Secretary, when his Excellency, taking for granted that he was fully qualified, having secured a degree from some college or university in Canada or Great Britain, would attach his signature to the provincial license, which enabled him to practise in that or, in fact, any other province; so that in reality we at that time had in Upper and Lower Canada, to say nothing of the other provinces now constituting the Dominion, seven or eight licensing bodies responsible to no central authority, vieing with each other in their efforts to turn out the greatest number of doctors independently of quality. The licensing boards in Canada consisted of the Upper Canada, the Homœopathic, and the Eclectic Medical Boards, all constituted by royal charter, and electing or appointing their members in different ways. The Upper Canada Board was appointed by the Governor-General for life, or during good behavior. How the others were appointed I cannot say, but probably in the same way, on the advice of one or two of the more prominent members of these schools. You can imagine it was not so very difficult to become a full-fledged doctor in those days. The schools and universities fixed their own curricula both for matriculation and professional examinations, and the licensing boards, some of them at least, I believe, required no standard

of matriculation at all, and almost none of a professional character; consequently the education required to become a doctor at that time was not of a very high order. So low had the requirements sunk that not only the profession, but the schools as well began to think it was time to make some change, and demand a higher standard. I am speaking now more particularly of Ontario. The first step taken to remedy the then existing state of things was by the Act of 1865, known as the Parker Act, whereby a council was formed who had the power to fix the standard of matriculation as well as that of the medical curriculum. But while they had the right to make a standard, they were powerless to enforce it, no authority being given them to appoint examiners or conduct the examinations, which was left to the colleges as heretofore; and although the provincial board was done away with by this Act, the Homœopathic and Eclectic Boards were not interfered with, which, instead of remedying, rather increased the evil, as the number of licenses from these boards for the next year or two amply testified; and while this Act was an improvement in some respects (being a starting point), it was found to be still very defective. It was felt that the plan of allowing each school to examine its own students, even although the council fixed a standard, did not prevent a great many unqualified men from getting into the profession; for if the curriculum was difficult, the examinations were in many cases made easy, and in the event of a student being rejected by his college (which was a rare occurrence) there was nothing to prevent him from going before one or other of the remaining medical boards, and I fail to recollect a single instance where a student taking this course was not granted a license to practise medicine, surgery, and midwifery.

This state of affairs induced the council to consider what steps they should take to remedy this evil, and the conclusion they arrived at was a wise one. They thought that if it were possible to unite all branches of the profession and bring them all under one law, they could then control and direct medical education. In order to do this it was necessary to give and take, and a compromise was effected with the homœopathics and eclectic, as well as the different medical