

from any college or school of medicine and surgery, requiring a three years' course of study, a diploma of qualification, provided, also, that the applicant shall furnish to the Council satisfactory evidence of identification, and pass before the members thereof, or such of them as may be appointed for the purpose, a satisfactory examination touching his fitness and capacity to practice as a physician and surgeon."

THE SUMMER SESSION.

The large attendance at the Summer Session conducted in the Toronto General Hospital affords ample proof of the necessity for such a course of instruction, and of its appreciation by the students. It is absurd to suppose that students can in three or four Winter Sessions master all the details necessary in the preparation for so difficult a profession as that of medicine. It is a well-known fact that the great majority of medical students spend the summer either in idleness, or in work other than professional.

The course of instruction now given is of a very practical character. About three-fourths of the work is clinical, and the didactic lectures are fully illustrated.

Our Medical Council should discuss at an early day the propriety of making one Summer Session compulsory. A large amount of practical work can be done in a Summer Course which cannot possibly be overtaken in the Winter Session. In these days when so much practical work is demanded of the students, it is becoming almost a necessity for them to devote part of their summer to its accomplishment. We make these remarks rather in the interest of the students than of the lecturers of the Summer Course. The attendance now is as large as is desirable, considering the number engaged in teaching and the facilities for work. If such a course, however, were made compulsory students would have to pay for their instruction once for all. As it is at present they pay a fee for a practical course in the summer when they feel they can do it more justice, and in the winter they have to pay for it again to procure the necessary ticket, although they have no

time to attend properly to the work connected with the course.

Another benefit of such establishment would be a more thorough organization of the Summer Session faculty, and an increase in its numbers. More thorough and better teaching would thus be done. The lecturers, who are young men, would in this way receive an excellent training for positions on the Winter Faculty. We hope the Council will take this matter into consideration.

ONTARIO MEDICAL ASSOCIATION.

The next meeting of this Association, which will be held on Wednesday and Thursday, June 2nd and 3rd, is likely to be the largest in the history of the organization. As we informed our readers in last issue, all the preliminary arrangements have been completed. The meeting will be opened by the President, Dr. Tye, of Chatham, in the Normal School building, St. James' Square, Toronto, at 10 a.m., on Wednesday.

Instead of the usual annual reports in medicine, surgery, and midwifery, the chairman of each committee, as appointed by the President, has been requested to choose some question of interest in connection with his subject, and read a paper on the same. It is expected that the members of the committee will join in the discussion on each paper. Such discussion, however, is not to be confined to these gentlemen, as all members taking interest in the subject are expected to take part in it. This plan was adopted for the first time in connection with this Association in London last year, and worked admirably.

The following are some of the papers promised, including the papers by chairmen of the various committees:

Dr. Gillies, Teeswater, Pneumonia (Medicine); Dr. Atherton, Toronto, Fracture of Thigh (Surgery); Dr. Eccles, London, Puerperal Albuminuria (Obstetrics); Dr. Palmer, Toronto, Disease of Eye in Pregnancy (Ophthalmology); Dr. Reeve, Toronto, Inflammation of the Frontal Sinus; Dr. Ferguson, Toronto, 50 cases of Chorea in the Lower Animals experimentally produced; Dr. McKeough, Chatham, The In-