

a number triple that of any other country and a professional environment most undesirable.

The essentials of efficient medical legislation will incorporate the following features:

(1) The adoption of more rigid rules governing the admission of students to medical schools.

(2) The determination of the applicant's fitness to practice by an examination upon all the branches of medicine.

(3) The right to refuse or revoke licenses for unprofessional or dishonorable conduct.

(4) An adequate penalty for violation of the provisions of this variety of legislation.

(5) The boards of examiners to be appointed by the Governor, with proportionate representation by different schools of practice. In support of demands for an adequate entrance requirement, it is conceded that medicine is now more nearly practised from a scientific basis than at any time in its history. Without adequate preliminary fitness, the broad field cannot be grasped nor its practice entrusted to persons without well trained minds.

Persons contemplating medicine as an avocation should give the scientific branches particular attention in preparation. A thorough course in the scientific department of our better equipped colleges or universities will permit of the successful accomplishment of the course now provided in the four years' curricula in a period of three years. I fully concur in the position taken by Professor Vaughan, however, in that the classical course does not prepare the student in a manner that he can safely abridge the work now required in the four years' curricula. The necessity of a thorough college training is more apparent now than at any previous time. While an immediate attempt, looking to the demand as above suggested, would probably meet with defeat, I am of the opinion, however, that by concert of action we can secure the adoption at this time of an elevation of the standard of fitness, requiring a college or university matriculation, or its equivalent, of all students wishing to commence the study of medicine. If the student cannot furnish a matriculation ticket from a recognized college or university, he or she should be required to undergo an examination that would admit to such course.

Under existing relations we cannot safely entrust this examination to the representatives of the teaching body. Except in a few of our high grade schools the entrance examination has been a farce as at present conducted. The factors leading to this condition are the same as outlined earlier in this paper. It is the result of college competition with an unnecessary multiplication, in recent years, of the number of teaching bodies. It is my judgment, based upon a somewhat varied and extended experience, that the majority of the schools in

this country exists to serve the personal interests of the respective faculties rather than to serve the legitimate demands of the people. About twenty-five per cent. of our schools have a matriculation of less than sixty pupils.

The determination of the fitness of the students to commence the study of medicine should be placed in the hands of a body of men entirely disinterested. I know of no body better qualified to superintend the execution of this important trust than a State board of medical examiners. If not such a body, then a committee composed of members of a faculty of a college or university.

The minimum of entrance requirements should be uniform between the different States. Under the operations of the New York law regulating the examination of students commencing the study of medicine, much good is being accomplished. I desire to urge upon the profession the necessity of provisions in future acts looking to a rigid protection of the gateway to the study of medicine.

(To be Continued.)

Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting Dec. 28, 1894.

G. P. GIRDWOOD, M. D., PRESIDENT, IN THE CHAIR.

Dr. J. C. CAMERON, speaking in regard to the treatment, said the proper course to pursue, in these cases depends (1) upon where the arrest has taken place—whether it is at the brim, or whether it is low down; (2) whether the liquor amnii is present; whether it has only a short time escaped, or whether it has been long drained away. When the arrest is high up (at or above, the brim) which is a common occurrence, and the hand can be introduced, the manual breaking up of the wedge is indicated. He did not, however, think it necessary to pass the hand up as far as the fundus for this purpose; by passing the fingers along the posterior surface of the thighs, the flexure of the knees could be reached, then abduct the limb, pressing at the same time on the thigh, and the leg will generally fall into the operator's hand. This treatment, known as Pinard's manœuvre, is also indicated when sufficient liquor amnii is present to permit the introduction of the hand. When, however, the breech has descended, or when the liquor amnii has all drained away, leaving the uterus contracted round the fetus, it may be impossible to introduce the hand