appeal must be taken to the lawyers, farmers and merchants of the Legislature before even the opinion of the doctors was taken. The Legislature accepted this view of the situation, and our opponents were to some extent successful. At the same time the changes made in the Medical Act in 1893 were all in line with the avowed sentiment of the Council; and while certain clauses might be objectionable to individual members, or to special interests herein represented, yet there is little doubt that with the exception of the gerrymandering of the constituencies, the entire amended Act would have received the support of a majority of the Council.

But against some of the details of the rearrangement of the divisions, the Council has, and does protest—as being evidently intended to prevent the re-election of some of our best members. This should have been remedied at the last session of the Legislature; and it would have been, had the medical opponents of the Council in that body consented. But they gave palpable proof of the real object of the gerrymander by refusing to agree to the slightest alteration. In view of the decided objections raised by our friends in the Legislature, as well as other members, to a re-opening of the medical conflict until after the general election, it was thought advisable not to seek any amendments to the law until we could go with renewed authority from the profession.

The Council now approaches the most important election ever held—important not only because of changes that will be made in the constitution of the body under the new law, but important because the profession at large will take greater interest in the choice of their representatives than ever before. It may not be amiss, therefore, in this, the closing session of the Council, as constituted by the Act of 1874, to take a brief retrospect, sufficient to enable us to answer the question whether as an organization we have to any reasonable extent accomplished the object of our existence.

That the Medical Council has been an infallible body no one has claimed—least of all, the members themselves. We have never claimed to be above criticism: nor have we professed to be any better than the constituencies we represent. The Council, in the shape in which it has existed since Confederation, may, during that time, have made mistakes, as all representative or appointed bodies may do. It denies nothing it may have done, and has no apologies to offer. But it does claim, that honestly and faithfully, biassed by no improper prejudices and influenced by no unworthy motives, it has tried to advance the best interests of the profession and of the public.

It is fortunate that the same legislation will conserve the interests of both these classes, otherwise physicians would receive scant attention from the average legislature. It is possible that somewhere laws may have been enacted by the civil authorities for the sole benefit of doctors, but I have seen no record of so remarkable a transaction. The first medical legislation in Canada—the Act of 1815 (55 Geo. III., Chap 10)—struck the key-note of medical laws. It was enacted, it expressly states in the preamble, because "Many inconveniences have arisen to His Majesty's subjects in the province from unskilful persons practising physic and surgery." It was a law in the public interest; and so have been all medical laws since that day. Fortunately, the public interest can only be conserved by laws which will to some extent benefit the profession.

Prior to the organization of the Medical Council, professional matters were practically under the control of the colleges. There were separate examining boards for those not holding a Canadian or English diploma; but by far the greater proportion of our physicians were of the latter class; and the boards had no control over the curriculum which was enforced upon the applicants who came before them. The colleges fixed their own curriculum to suit themselves; and the college diploma entitled its holder to the provincial license. Our critics who accuse these bodies to-day of usurping powers to which they are not entitled, and of exercising undue influence by means of their representation in the Council, are, under the most charitable view, ignorant of the history of medicine in Canada.

Without enquiring closely as to the origin of the Council, or discriminating as to whom credit is specially due, this may be said, that the various colleges and examining boards in Ontario deserve the gratitude of the profession for surrendering the rights they possessed under the old law, a surrender necessary to make the Council a success, but which they were strong enough to resist had they been so disposed. Without their consent the Council would never have been organized. And if the profession is disposed to admit that a united corporation, with full powers of self-government, is of any benefit to us, it would be but a poor return, either to harshly censure or attempt to injure those to whom we are so largely indebted for whatever of value we now possess.

It should not be forgotten that the Council is a coalition. It is a federation of several bodies having an independent existence, with equal powers. These powers were surrendered under well-defined conditions. For example: The homœopathic physicians had their own examining and licensing board. They consented to its abolition on condition that they should have a certain representation in the Council. They were to have five members, while the profession at large had twelve. It was never claimed that they were receiving representation according to actual numbers. That